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BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Steve Wood
stephen.wood@bromley.gov.uk

DIRECT LINE: 020 8313 4316

FAX: 020 8290 0608

DATE: 19 June 2017

PUBLIC PROTECTION AND SAFETY POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Meeting to be held on Thursday 29 June 2017

Please see the attached report(s) marked "to follow" on the agenda.

13.5 FOOD STANDARDS AGENCY AUDIT OF FOOD HYGIENE SERVICE DELIVERY (PAGES 1 - 32)

Copies of the documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

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Report No.
ES17041

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Public Protection and Safety Portfolio Holder

For Pre-decision scrutiny by the Public Protection & Safety PDS Committee on

Date: Thursday 29 June 2017

Decision Type: Non-Urgent Executive Non-Key

Title: **FOOD STANDARDS AGENCY - AUDIT OF FOOD HYGIENE SERVICE DELIVERY APRIL 2017**

Contact Officer: Paul Lehane, Head of Food Safety, Occupational Safety and Licensing
Tel: 020 8313 4216 E-mail: Paul.Lehane@bromley.gov.uk

Chief Officer: Nigel Davies, Executive Director of Environment & Community Services

Ward: (All Wards);

1. Reason for report

To update Members on the findings of the Food Standards Agency audit of the food safety team undertaken on 27 April 2017.

2. **RECOMMENDATION(S)**

The Portfolio Holder is asked to

2.1 Note the findings of the Food Standards Agency audit – appendix 1

2.2 Agree the action plan to be submitted to the Food Standards Agency – appendix 2

2.3 Subject to the views of the PDS Committee, consider whether a bid for additional resources be submitted to the Executive as detailed in paragraph 3.8.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Premises providing food for vulnerable adults and children will continue to be inspected according to the risks they present to food safety.
-

Corporate Policy

1. Policy Status: Existing Policy: The Food Safety Service publishes a service plan annually.
 2. BBB Priority: Children and Young People Excellent Council Safe Bromley Supporting Independence Vibrant, Thriving Town Centres Healthy Bromley Regeneration:
-

Financial

1. Cost of proposal: Estimated Cost £123k for 2017/18, £245k for 2018/19 and then £98k per annum thereafter
 2. Ongoing costs: Recurring Cost: £98k per annum
 3. Budget head/performance centre: Food Safety and Licensing Service
 4. Total current budget for this head: £287.6k
 5. Source of funding: Existing revenue budget 2017/18 and a supplementary estimate
-

Personnel

1. Number of staff (current and additional): Current 5.76ftes (incl 0.76fte admin)
To comply with the FSA audit requirements a further 2 fte Food Safety Officers and 3 fte temporary Food Safety Officers for 18 months is required.
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement: The Council is the Food Safety Authority under the Food Safety Act 1990 and has a duty to enforce food safety, food standards and feed requirements. Our performance is monitored by the Food Standards Agency against the Food Law Code of Practice.
 2. Call-in: Applicable:
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are some 2600 registered food businesses in the Borough that come under the remit of the team for inspection. The protection afforded though those businesses being inspected extends to everyone who buys or eats food in the Borough.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 Member's received a report in January 2016 on the Food Safety Service (Ref ES 16008). Among other things the report highlighted the reduced resources available within the team and the consequent impact on performance and compliance with the Food Standards Agency (FSA) framework agreement, in particular the increase in the backlog of uninspected premises.
- 3.2 At that time the backlog was 600 premises, however these were of a lower risk as the team prioritised high risk premises. Following the report, short term measures were implemented to support the team using contract Food Safety Officers and a full time post was transferred from the Health & Safety team.
- 3.3 Members were advised that the FSA monitors the performance of local authorities through an annual LAEMS (Local Authority Enforcement Monitoring System) return and that the FSA could undertake a formal audit where there are concerns.
- 3.4 The FSA notified the Council that an audit of the Food Safety Service would be undertaken on 27 April 2017. This was prompted by the relatively high numbers of overdue and unrated premises based on data submitted by the Authority to the FSA via the Local Authority Enforcement Monitoring System (LAEMS).
- 3.5 The FSA sent the draft audit report to the Council on 5 June 2017. The Executive Summary is set out below and a copy of the full report is attached to the report as appendix 1.

Executive Summary

This audit of London Borough of Bromley Council sought to gain assurance that key local authority food hygiene law enforcement systems and arrangements were effective in supporting business compliance, and that local enforcement was managed and delivered effectively. The audit focused on the Authority's service organisation, management and internal monitoring arrangements.

The Authority had, since 2008, undergone a gradual reduction in terms of staff resources which had resulted in a significant number of overdue and unrated premises. The Authority had compensated for this by concentrating its resources on the higher risk premises. This had resulted in a substantial number of overdue inspections in the lower risk categories and a high number of unrated establishments. Recently, after a Service review, reported to the Council in January 2016, there had been a small rise in staff numbers and the appointment of two temporary contractors. However, the Authority acknowledged that there continued to be a shortfall in resources that needed to be addressed to bring the intervention programme in line with the Food Law Code of Practice (FLCoP).

Strengths:

The Authority was committed to providing a good quality service, as demonstrated by its participation in inter authority audit, peer review, regional consistency exercises and regional sampling programmes.

The Authority had implemented an effective system to ensure officers were authorised commensurate with their qualifications training and experience. A competency matrix linked to authorisation procedures had also been developed and maintained.

Key areas for improvement:

Service Planning: *The Authority needed to improve its service planning arrangements to ensure senior delegated officers and appropriate council member forums are fully aware of any shortfalls in resources and the full demands on the Service.*

The Authority should carry out a review and ensure that it had enough full time equivalent (FTE) food safety officers to complete the work specified in the annual Service Plan, including outstanding interventions in accordance with the FLCoP. The Authority should ensure that there is resilience in resources to meet the demands on the Service to ensure food safety activities are carried out in line with the FLCoP.

Food Premises Interventions: *The Authority had a significant number of overdue lower risk food hygiene interventions and unrated premises outstanding. The Authority needed to review the overdue interventions including unrated premises and implement a risk based intervention programme to ensure all food premises receive an intervention at the frequency required in accordance with the Framework Agreement and the FLCoP*

Database: *The Authority should set up a procedure and implement monitoring to ensure the database is kept accurate and up to date.*

Internal Monitoring: *The Authority should review and implement documentary internal monitoring procedures across all areas of food law enforcement. Carry out internal monitoring on a risk basis and ensure that it is fully documented.*

- 3.6 The approach taken by the FSA during their audits has recently changed and they now comment directly on the level of resources available to the Food Safety Service as well as compliance with the Food Law Code of Practice.
- 3.7 Following the audit the FSA requires the Council to prepare an Action Plan indicating how the findings will be addressed, to be reassured that the Food Safety Service has sufficient resources to be resilient and that the backlog of uninspected premises will be dealt with within 12 months.
- 3.8 The Food Standards Agency has requested that a response to the audit along with a draft Action Plan is provided by 3 July.

A draft action plan is attached for discussion and comment at appendix 2.

In order to comply with the FSA audit to address both the backlog of inspections as well as the resilience/compliance issues, additional resources will be required: -

- 2 additional full time permanent food safety officers are needed to provide the resilient service required by the FSA and to meet the requirements of the Food Law Code of Practice on an annual basis. The estimated annual cost for this would be £98k.
- In order to clear the inspection backlog an extra 3 full time temporary food safety officers for up to 18 months are needed. These are likely to be agency staff and the estimated cost would be £221k.

- 3.9 Further details on the Councils legal position are set out in Para 8 (Legal Provisions).

- 3.10 Failure to satisfy the FSA that we are providing a food safety service that meets the Food Law Code of Practice could result in a Direction being issued or the Secretary of State could intervene.
- 3.11 The draft action plan set out in appendix 2 should fully satisfy the FSA. The key being the provision of additional food safety officers. If the level of that resource is less than that recommended the Council will need to satisfy the FSA that it could still meet the Food Law Code of Practice both in addressing the backlog in a timely way and providing a properly staffed and resilient service in the future. The priority for the FSA will be consumer protection.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 The inspection of premises where there are vulnerable adults and children continue to be undertaken based on individual risk assessments, e.g. residential homes, schools and nurseries.

5. POLICY IMPLICATIONS

- 5.1 Providing a resilient Food Safety Service as the FSA want, supports Building a Better Bromley through being an Excellent Council and maintaining minimum standards in food business helps to ensure Bromley is both safe and healthy.

6. FINANCIAL IMPLICATIONS

- 6.1 The additional two full time permanent Food Safety Officers will cost £98k per annum, to ensure that the Council provide a resilient service as well as meeting the requirements of the Food Law Code of Practice on an annual basis as recommended by the FSA report.
- 6.2 The cost of employing 3 full time Food Safety Officers for 18 months, to deal with the backlog of uninspected premises would be up to £220k.
- 6.3 The table below summarises the financial implications of the proposal:-

Additional staffing resources	2017/18	2018/19	2019/20
	£'000	£'000	onwards £'000
Permanent food safety officers (2 ftes)	49	98	98
Temporary food safety officers (3ftes)	74	147	0
Total additional staffing resources	123	245	98

- 6.4 Members need to consider whether part of this additional cost can be contained within the existing Portfolio budget.

7. PERSONNEL IMPLICATIONS

- 7.1 If the Action Plan with its attendant resource implications are approved 2 new full time Food Safety Officer posts will be required and 3 full time temporary food safety officers.
- 7.2 There is national shortage of qualified Food Safety Officers and it may prove difficult to recruit to these posts.

8. LEGAL IMPLICATIONS

- 8.1 The Council is the Food Authority under the Food Safety Act 1990. Our performance is monitored by the FSA who have undertaken an audit and published its findings. They will continue to monitor our performance closely until we have reduced our backlog of inspections and have established a resilience service.
- 8.2 The powers of the FSA are derived from Section 40 Food Safety Act 1990. The Secretary of State may issue code of practice as regards the execution and enforcement of the Act and Regulations. This is the 'Food Law Code of Practice (England). Where a Food Authority fail to comply with the Code of Practice the FSA can issue a direction to them requiring them to take specified steps to comply. The recent audit by the FSA is not a formal Direction under Section 40 of the Food Safety Act 1990 but is an informal intervention designed to assist the Council comply with its duties.
- 8.3 The Council as the Food Authority shall have regard to the Code of Practice and shall comply with any direction given by the FSA (Food Safety Act 1990 Section 40(2)).
- 8.4 Under Section 42 Food Safety Act 1990 the Secretary of State may order another food authority or the Food Standards Agency to discharge our duties.

9. PROCUREMENT IMPLICATIONS

- 9.1 We need to recruit up to 2 full time (permanent) and 3 full time (temporary) Food Safety officers. As there is a shortage of qualified Food Safety officers, we may have to use the Councils preferred employment agency, if normal recruitment channels are unsuccessful.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	Review of Food Safety Service January 2016 Ref: ES 16008

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**Audit of Food Hygiene Service Delivery
Focusing on Service Organisation,
Management and Internal Monitoring
Arrangements**

London Borough of Bromley Council
27th April 2017



Table of Contents

1.0	Introduction	3
2.0	Scope of the Audit	4
3.0	Background	4
4.0	Executive Summary	4
5.0	Audit Findings	6
5.1	Service Organisation & Management	6
5.2	Service Planning	6
5.3	Service Delivery	7
5.4	Database	11
5.5	Staff Training and Authorisation	11
5.6	Documented Policies and Procedures	13
5.7	Ensuring an Effective and Consistent Service	13
	ANNEX A - Action Plan for London Borough of Bromley Council	16
	ANNEX B - Audit Approach/Methodology	17
	ANNEX C - Glossary	18

1.0 Introduction

- 1.1 This is a report on the outcomes of the Food Standards Agency's (FSA's) audit of Food Hygiene Service Delivery, focussing on Service Organisation, Management and Internal Monitoring Arrangements, conducted at **London Borough of Bromley Council** on the **27th April 2017**. The audit was carried out as part of a programme of audits on local authorities (LA) in England. The report has been made available on the Agency's website at:

www.food.gov.uk/enforcement/auditandmonitoring/auditreports

Hard copies are available from the FSA by emailing the FSA at LAAudit@foodstandards.gsi.gov.uk or telephoning 01904 232116.

- 1.2 The power to set standards, monitor and audit local authority feed and food law enforcement services was conferred on the Food Standards Agency by the Food Standards Act 1999 and the Official Feed and Food Controls (England) Regulations 2009. This audit was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.
- 1.3 Regulation (EC) No. 882/2004 on official controls performed to ensure the verification of compliance with feed and food law, includes a requirement for competent authorities to carry out internal audits or to have external audits carried out. The purpose of these audits is to verify whether official controls relating to feed and food law are effectively implemented. To fulfil this requirement, the Food Standards Agency, as the central competent authority for feed and food law in the UK has established external audit arrangements. In developing these, the Agency has taken account of the European Commission guidance on how such audits should be conducted.^[1]
- 1.4 The Authority was included in the Food Standards Agency's programme of audits of local authority food law enforcement services because of the relatively high numbers of overdue and unrated premises based on data submitted by the Authority to the FSA via the Local Authority Enforcement Monitoring System (LAEMS).
- 1.5 For assistance, a glossary of technical terms used within the audit report can be found at Annex C.

^[1] Commission Decision of 29 September 2006 setting out the guidelines laying down criteria for the conduct of audits under Regulation (EC) No. 882/2004 of the European Parliament and of the Council on official controls to verify compliance with feed and food law, animal health and animal welfare rules (2006/677/EC)

2.0 Scope of the Audit

- 2.1 The audit examined arrangements for organisation, management, and internal monitoring arrangements with regard to food hygiene law enforcement. Assurance was sought that key authority food hygiene systems and arrangements were in place and effective, including suitable arrangements for the internal monitoring of official controls delivered by the Service. The on-site element of the audit took place at London Borough of Bromley Council, Civic Centre, Stockwell Close, Bromley BR1 3UH.

3.0 Background

- 3.1 The London Borough of Bromley is the largest Borough in London and covers some 152.8 km². There are four main town centres: Bromley, Orpington, Beckingham and Penge. The area is classed as Metropolitan Green Belt with 30% of the land being farm land.
- 3.2 Bromley's population is approximately 325,000. The population is predominantly white with other ethnic groups making up 16% of the population
- 3.3 The Borough has high employment rates, with only 1.1% of the economically active population recorded as unemployed and over 12,000 businesses, mainly operating in property, finance, retail and construction.
- 3.4 The Council is a Unitary Authority operated through a Council Leader and Cabinet structure.

4.0 Executive Summary

- 4.1 This audit of London Borough of Bromley Council sought to gain assurance that key local authority food hygiene law enforcement systems and arrangements were effective in supporting business compliance, and that local enforcement was managed and delivered effectively. The audit focused on the Authority's service organisation, management and internal monitoring arrangements.
- 4.2 The Authority had, since 2008, undergone a gradual reduction in terms of staff resources which had resulted in a significant number of overdue and unrated premises. The Authority had compensated for this by concentrating its resources on the higher risk premises. This had resulted in a substantial number of overdue inspections in the lower risk categories and a high number of unrated establishments. Recently, after a Service review, reported to the Council in January 2016, there had been a small rise in staff numbers and the appointment of two temporary contractors. However, the Authority acknowledged that there

continued to be a shortfall in resources that needed to be addressed to bring the intervention programme in line with the Food Law Code of Practice (FLCoP).

Strengths:

- 4.3 The Authority was committed to providing a good quality service, as demonstrated by its participation in inter authority audit, peer review, regional consistency exercises and regional sampling programmes.
- 4.4 The Authority had implemented an effective system to ensure officers were authorised commensurate with their qualifications training and experience. A competency matrix linked to authorisation procedures had also been developed and maintained.

Key areas for improvement:

- 4.5 **Service Planning:** The Authority needed to improve its service planning arrangements to ensure senior delegated officers and appropriate council member forums are fully aware of any shortfalls in resources and the full demands on the Service.
- 4.6 The Authority should carry out a review and ensure that it had enough full time equivalent (FTE) food safety officers to complete the work specified in the annual Service Plan, including outstanding interventions in accordance with the FLCoP. The Authority should ensure that there is resilience in resources to meet the demands on the Service to ensure food safety activities are carried out in line with the FLCoP.
- 4.7 **Food Premises Interventions:** The Authority had a significant number of overdue lower risk food hygiene interventions and unrated premises outstanding. The Authority needed to review the overdue interventions including unrated premises and implement a risk based intervention programme to ensure all food premises receive an intervention at the frequency required in accordance with the Framework Agreement and the FLCoP
- 4.8 **Database:** The Authority should set up a procedure and implement monitoring to ensure the database is kept accurate and up to date.
- 4.9 **Internal Monitoring:** The Authority should review and implement documentary internal monitoring procedures across all areas of food law enforcement. Carry out internal monitoring on a risk basis and ensure that it is fully documented.

5.0 Audit Findings

5.1 Service Organisation & Management

5.1.1 The Food Team sits within the Public Protection Division of the Environmental and Community Services Department. The service is delivered under the direction of the Head of Food, Safety, Licensing, Emergency Planning and Corporate Safety, reporting directly to the Assistant Director (Street Scene). The Assistant Director (Street Scene) reported to the Executive Director of Environmental and Community Services. The Food Team was headed by the Lead Practitioner who also acted as the Lead Officer for food law enforcement.

5.2 Service Planning

5.2.1 The Authority had put in place a Food Service Plan for 2016-17 which was generally in accordance with Service Planning Guidance in the Framework Agreement. The Service Plan had been linked to the Council's strategic objectives and had been approved by the appropriate Member forum.

5.2.2 The Service Plan contained a documented annual intervention programme which prioritised A, B and non-compliant C premises. Any overdue premises in the A, B and C risk categories were also given priority in the next year's intervention programme. Premises risk rated D and E were only inspected if subject to a food hygiene complaint, although auditors were informed that the Authority ensured that some D and E rated butchers shops were included in the annual intervention plan. In addition, auditors were informed that there was no further prioritisation of overdue premises in terms of type of food handled, type of processes conducted, vulnerable groups or the amount of time since the last inspection, although the inclusion of schools had been discussed.

5.2.3 A Performance Review was carried out annually and included in the Service Plan. The Service Plan was specific in highlighting the fact that resources, in terms of full time equivalents (FTE), was significantly below that needed to complete the Authority's statutory food hygiene enforcement duties in accordance with the FLCoP. In addition, a review of food safety service delivery had been carried out and a report submitted to the appropriate Member forum in January 2016. The report highlighted the shortfall in resources and the potential risk to consumer safety (see Section 5.5 for further details).

5.2.4 Auditors discussed improving the Service Plan to include a comparison between the numbers of FTE needed to fulfil food hygiene enforcement duties in line with the FLCoP and those that were available to the

Service. Auditors also discussed whether it would be beneficial for any potential risks to consumer safety due to the overdue interventions and lack of FTE resource to be identified on the corporate risk register.

- 5.2.5 Auditors discussed the resilience of present and future finances and their likely impact on resources. Over recent years the Authority has had to implement budget reductions which had resulted in the FTE shortfall and auditors were informed that another £25,000 reduction needed to be implemented over the next three years. Auditors were informed that reduced FTE numbers had impacted on the management's ability to implement an effective annual programme of work.
- 5.2.6 The Authority's Key Performance Indicators (KPIs) were related to the Food Hygiene Rating Scheme (FHRS) and these were to improve five zero rated premises and 56 out of 80 one rated premises. Auditors discussed whether it would be beneficial to ensure that there was a KPI to measure improvements to the numbers of overdue premises.

Recommendation 1 - Service Planning

[The Standard 3.1, 3.2 & 3.3]

The Authority should ensure that future Service Plans include the following information:

A comparison of the full time equivalents (FTEs) required to ensure the delivery of food safety activities in accordance with the Food Law Code of Practice against those available to the Service. Any shortfall should be reported to the senior delegated manager and/or the appropriate Member forum.

5.3 Service Delivery

Interventions

- 5.3.1 The Authority was responsible for enforcement at 2619 food business establishments at the time of the audit. Due to an increased focus on prioritising the completion of high risk interventions before lower risk, the Authority had recently built up a backlog of inspections mainly in the compliant C and the D and E risk categories as seen in Table 1 below (data taken from LAEMS 2014/5 and 2015/16).

5.3.2 **Table 1: Recent performance data – interventions (source: LAEMS)**

Premises Risk Rating	Interventions Carried out 2014/15	Interventions Carried out 2015/16	Interventions overdue 2014/15	Interventions overdue 2015/16
A	9	34	0	0
B	243	183	20	28
C	501	341	293	319
D	53	87	58	151
E	12	9	15	33
Unrated	N/A	N/A	252	370
Total	818	654	638	901

5.3.3 The 2016/17 Service Plan included the planned intervention targets of 100% for premises risk rated A-C. As reported above there were no planned intervention targets, in the Service Plan, for premises risk rated D and E, although auditors were informed that any non-compliant D premises would be included in the annual programme. Table 2 below shows the overdue status of each category based on an analysis of the Authority's database.

Table 2: Planned targets 2016/17 and overdue premises at time of audit – interventions

Intervention categories	Planned 2016/17	Overdue at the time of the audit
Category A	100%	0 outstanding
Category B	100%	6 outstanding
Category C	Non-compliant premises and those subject to a complaint or with an FHRS score 0-2.	188 outstanding
Category D	Those subject to a complaint or with an FHRS score 0-2.	499 outstanding
Category E	Not specified	328 outstanding
Overdue Interventions Category A- E	N/A	1021 outstanding
Unrated	High risk within 3 months of registration. Low risk premises are not routinely inspected.	671 outstanding
Total Overdue Interventions		1692

- 5.3.4 Auditors discussed current and future capacity within the Authority in the context of reduced resources and the number of overdue interventions at the time of audit. The Authority reported that, as a result of the January 2016 review, the Service had been able to recruit two contractors and another FTE had been reallocated from Health and Safety to help deal with the current backlog of inspections. However, the contractors were coming to the end of their contracts and there were no plans for them to be renewed.
- 5.3.5 Auditors noted that the vast majority of overdue interventions were compliant C rated premises and lower risk D and E risk rated establishments. However, a substantial number of the premises were several years overdue, shown in Table 3 below, and some of the premise types, such as restaurants and caterers, had the potential to have become high risk since the last visit by the Authority. Table 3 also shows that many of the overdue D and E rated premises prepare and/or handle high risk food. This presented a risk to consumer safety and to the reputation of the Authority and this risk had been highlighted in the Service Plan. Auditors discussed the implementation of alternative enforcement strategies and FLCoP flexibilities to aid the intervention programme, including the use of intelligence gathering exercises.

Table 3 – Number of years food premises have been overdue their intervention

Intervention Categories	Type of food score	Years over due							Total
		<1	1-2	2-3	3-4	4-5	5-10	10-15	
Category B	N/A	5	1						6
Category C	N/A	156	16	6	3	2	5	0	188
Category D	30	127	83	23	17	0	2	0	252
	10	30	29	23	55	36	22	1	196
	5	1	8	14	14	8	5	1	51
Category E	30	1	0	0	0	1	0	0	2
	10	16	28	19	28	22	16	14	143
	5	21	19	10	20	16	44	53	183

- 5.3.6 The Authority also carried a number of unrated premises which were awaiting an inspection. It was the Authority's policy to only visit new premises that were deemed to be high risk by way of a desk top assessment.

Recommendation 2 – Overdue interventions and unrated premises

[The Standard 7.1]

The Authority should carry out interventions at all food hygiene establishments in their area, at a frequency which is not less than that determined under the intervention rating schemes set out in the relevant legislation, Food Law Code of Practice or other centrally issued guidance.

Sampling

- 5.3.7 The Authority developed a food sampling policy in accordance with the Standard in the Framework Agreement which also contained sampling procedures.
- 5.3.8 The Authority was actively taking part in national and local sampling programmes and was proactive in developing their own sampling activities.
- 5.3.9 The Authority had a documented sampling programme for 2016/17. The sampling programme had been co-ordinated in co-operation with Public Health England, Alehm and Hampshire and Kent Scientific Services and included:
- Hygiene in catering premises (fridge swabs);
 - Allergens and gluten; and
 - Meat speciation

Enforcement

- 5.3.10 The Authority had developed an appropriate Enforcement Policy in accordance with the Framework Agreement, FLCoP and centrally issued guidance.
- 3.3.11 The Authority had been proactive in taking enforcement action, including the issuing of Hygiene Improvement Notices (HINs), Hygiene Emergency Prohibition Notices and undertaking prosecutions when necessary. File checks of four premises where HINs had been served showed that they had been served and followed up in a timely manner, and where FBOs had requested a time extension this had been confirmed in writing and new HINs served. However, of the two HINs that were available and reviewed, officers had required the businesses to undertake remedial actions above that of what the law requires. In addition, the notes of one HIN made reference to regulations that are now revoked.

Recommendation 3 – Enforcement

[The Standard 15.3]

The Authority should ensure food law enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance.

5.4 Database

- 5.4.1 The database was capable of reporting information reasonably requested by the FSA and the Authority was maintaining appropriate backup systems and security measures.
- 5.4.2 Data analysis carried out by the auditors identified some anomalies in terms of premises duplicates, visit frequencies, and disparities in the allocation of risk scores and these were discussed with the Authority.
- 5.4.3 The Authority reported that they carried out some monitoring of database accuracy but that this had not always been recorded.

Recommendation 4 – Accuracy of the database

[The Standard 11.2]

The Authority should set-up, maintain and implement a documented procedure to ensure that its food premises database is accurate and up to date.

5.5 Staff Training and Authorisation

- 5.5.1 The Authority reported that they presently had 5.7 FTEs to carry out food safety enforcement activities. The present total of FTE had been arrived at after a gradual reduction from 2008 when the Authority had approximately nine FTE. The review report dated January 2016 clearly stated that the Service was unable to deliver its food law enforcement duties in accordance with the FLCoP and that the overdue inspections were likely to increase with the current level of resources. The report highlighted that FTE had approximately halved since 2008 from nine to 4.7 and that potentially consumer safety had been undermined. Although it was clear that some attempt had been made to alleviate the resource issue, primarily with the aforementioned allocation of an extra FTE and the recruitment of contractors, the fundamental issue of

insufficient staff resources had not been fully addressed. In addition, the Authority had not carried out any analysis to identify how many FTE were needed to fully deliver food safety activities and compared this against what was available.

Recommendation 5 – Authorised Officers

[The Standard 5.3]

The Authority should ensure that sufficient officers have been appointed to carry out interventions in accordance with the FLCoP.

- 5.5.2 All officer authorisations had been signed by the appropriate delegated officer in accordance with the Council's Constitution and the documented Authorisation Procedure.
- 5.5.3 The Authority had appointed a Lead Food Officer (LFO) with the necessary specialist knowledge to carry out the role and meet the competency requirements of the FLCoP.
- 5.5.4 The training and qualification records of officers were checked and it was found that the Authority had an appropriate competency assessment protocol and matrix in place. The level of authorisation and duties of officers were consistent with their qualifications, training, experience and the requirements of the FLCoP.
- 5.5.5 Officers had generally been authorised under relevant legislation. However, we discussed the need to include authorisation under the Trade in Animals and Related Products Regulations 2011 for officers where appropriate and ensure that there is an officer authorised and recorded with the FSA under the Food and Environmental Protection Act 1985.
- 5.5.6 All staff checked had received the necessary 20 hours continuous professional development training in accordance with the FLCoP. Training undertaken included key topics such as HACCP, E. coli O157 and cross contamination risks and allergens. Auditors discussed the monitoring of LFO competency including the use of peer review within the local liaison group.
- 5.5.7 Records of academic qualifications, training and competency assessments had been maintained by the Authority in accordance with the Framework Agreement.

5.6 Documented Policies and Procedures

- 5.6.1 The Authority had set up and implemented a number of suitable documented procedures for food safety activities. They included procedures for interventions, approval of establishments, complaints, incidents and alerts and enforcement. Auditors were informed there was no specific overarching document for the review and updating of operating policies and procedures. Reviews were carried out on an adhoc basis or when there had been a change to legislation or centrally issued guidance.
- 5.6.2 All procedures were readily available to officers.
- 5.6.3 The Authority had an appropriate intervention visit aide-memoire in place. The aide-memoire included prompts for officers to record decisions around Food Safety Management, cross contamination and food safety training. The Authority had also developed a number of standardised phrases that could be appended to the visit record left with the food business operator (FBO) which reduced the need to draft follow-up letters.
- 5.6.4 In addition the Authority had procedures and aide memoirs covering the Approval of Product Specific Premises.

Recommendation 6 – Documented Procedures [The Standard 4.1]

The Authority should ensure that all documented policies and procedures are reviewed for each of the enforcement activities covered by the Standard at regular intervals and whenever there are changes to legislation or centrally issued guidance.

5.7 Ensuring an Effective and Consistent Service

Internal Monitoring

- 5.7.1 The Authority had developed a documented procedure.
- 5.7.2 The Authority was able to provide evidence of structured quantitative monitoring being carried out in regard to the annual inspection programme on a monthly, quarterly and annual basis. Progress against the annual inspection programme list was discussed at monthly officer one to one meetings, although these were not always documented. These meetings included discussions regarding the prioritisation of premises on a risk basis.

- 5.7.3 The Authority had developed a Procedure for Ensuring the Accuracy of the Food Premises Database. Qualitative checks were carried out on the database at regular intervals and any anomalies were communicated to officers via e-mail. However, there was no system for recording officer's corrective actions. Pre-audit checks carried out on the database only highlighted some anomalies on the system and these were discussed.
- 5.7.4 The Authority informed auditors that the monitoring of the qualitative aspects of the Service had not been carried out formally for two years due to resource issues. Some checks had been carried out on an ad hoc basis and included checks on inspection reports, letters and risk rating scores by the Lead Officer. However, this monitoring activity was not always recorded. Auditors discussed ensuring that internal monitoring was effectively resourced and documented and carried out on a risk basis. A risk based monitoring strategy should help the Authority to more effectively verify conformance with the Standard, relevant legislation, Codes of Practice, Guidance and the Authority's documented policies and procedures.
- 5.7.5 Accompanied inspections for monitoring purposes had been discussed but not implemented except for initial checks on contractors and where officers requested additional support.

Recommendation 7 – Internal Monitoring

[The Standard 19.1 and 19.2]

The Authority should:

- i. Review the documented internal monitoring procedures to ensure that it covers the full range of food law enforcement activities in accordance with the Food Law Code of Practice and centrally issued guidance.
- ii. Carry out internal monitoring to verify conformance with the Standard, relevant legislation, Food Law Code of Practice, relevant centrally issued guidance and the Authority's own documented policies and procedures.

Third Party or Peer Review

- 5.7.6 The Authority had taken part in an FSA sponsored inter authority audit programme in regard of FHRS on 9 October 2015. No report had been issued in respect of the audit but an action plan had been compiled. However, there had been no follow-up to ensure the recommendations in the action plan had been implemented. Auditors noted that one of

the recommendations in the action plan was to ensure inspections were carried out at the minimum frequency required by the FLCoP.

5.7.7 The Authority was an active member of the South East Sector Food Group (SESFG) and it was observed in the minutes of recent meetings that a representative had consistently attended food liaison group meetings. The minutes of SESFG meetings were circulated to all staff.

5.7.8 The Authority had participated in FSA consistency exercises on risk rating and FHRS scoring.

Audit Team: Robert Hutchinson - Lead Auditor
Michael Bluff - Auditor

Food Standards Agency
Regulatory Delivery Division

DRAFT

ANNEX A - Action Plan for London Borough of Bromley Council

DRAFT

ANNEX B - Audit Approach/Methodology

The audit was conducted using a variety of approaches and methodologies as follows:

(1) Examination of LA plans, policies and procedures.

The following relevant LA policies, procedures and linked documents were examined before and during the audit:

- Food Safety Service Plan 2016-17 and Performance Review 2015-16
- Review of the Food Safety Service (Committee Report)
- LB of Bromley Authorisation Procedure
- Service Requests Investigation Procedure
- Food Premises Interventions Procedure
- Food premises Inspection Record
- Approved premises aide memoir
- Food Safety Team Food Business Questionnaire
- Food Sampling Policy
- Food Sampling Programme
- Enforcement Policy
- Internal Monitoring Procedure
- Inter Authority Audit 09/10/15 Action Plan
- Liaison Group Minutes (3)

(2) A range of LA file records were reviewed – the following LA file records were reviewed during the audit:

- Internal monitoring records
- Qualification, competency and training records
- Authorisations
- Hygiene Improvement Notices

(3) Review of Database records:

- To assess the completeness and accuracy of the food premises database
- To assess the capability of the system to generate food law enforcement activity reports and the monitoring information required by the Food Standards Agency.

(4) Officer interviews – the following officers were interviewed:

- Head of Food Safety and Licensing
- Lead Practitioner (Lead Officer)

ANNEX C - Glossary

Authorised officer	A suitably qualified officer who is authorised by the local authority to act on its behalf in, for example, the enforcement of legislation.
Brand Standard	This Guidance represents the 'Brand Standard' for the Food Hygiene Rating Scheme (FHRS). Local authorities in England and Northern Ireland operating the FHRS are expected to follow it in full.
Codes of Practice	Government Codes of Practice issued under Section 40 of the Food Safety Act 1990 as guidance to local authorities on the enforcement of food legislation.
County Council	A local authority whose geographical area corresponds to the county and whose responsibilities include food standards and feeding stuffs enforcement.
District Council	A local authority of a smaller geographical area and situated within a County Council whose responsibilities include food hygiene enforcement.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety legislation.
Food Safety	A written permanent procedure, or procedures,

Management System	based on HACCP principles. It is structured so that this requirement can be applied flexibly and proportionately according to the size and nature of the food business.
Feeding stuffs	Term used in legislation on feed mixes for farm animals and pet food.
Food hygiene	The legal requirements covering the safety and wholesomeness of food.
Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to food and feed enforcement.
HACCP	Hazard Analysis and Critical Control Point – a food safety management system used within food businesses to identify points in the production process where it is critical for food safety that the control measure is carried out correctly, thereby eliminating or reducing the hazard to a safe level.
LAEMS	Local Authority Enforcement Monitoring System is an electronic system used by local authorities to report their food law enforcement activities to the Food Standards Agency.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Unitary Authority	A local authority in which the County and District Council functions are combined, examples being Metropolitan District/Borough Councils, and London Boroughs. A Unitary Authority's responsibilities will include food hygiene, food standards and feeding stuffs enforcement.

Draft

Action Plan for London Borough of Bromley Council

Audit date: 27th April 2017

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>Recommendation 1 - Service Planning [The Standard 3.1, 3.2 & 3.3]</p> <p>The Authority should ensure that future Service Plans include the following information:</p> <p>A comparison of the full time equivalents (FTEs) required to ensure the delivery of food safety activities in accordance with the Food Law Code of Practice against those available to the Service. Any shortfall should be reported to the senior delegated manager and/or the appropriate Member forum.</p>	<p>Done</p>	<p>Future Service Plans will be put before the PPS PDS Committee.</p>	<p>A review of the number of FTEs required to deliver food safety in accordance with the Code has been carried out and included on our 2017/18 Service Plan.</p> <p>It has been identified that an additional 2 FTE permanent food safety officer are required to deliver our food service in-line with the Code</p> <p>Additionally, a further 3 FTE food safety officers are required on a temporary basis to address the backlog of overdue and unrated inspections.</p> <p>This is to be reported to the PPS PDS Committee on 29/6/17.</p>

<p>Recommendation 2 – Overdue interventions and unrated premises [The Standard 7.1]</p> <p>The Authority should carry out interventions at all food hygiene establishments in their area, at a frequency which is not less than that determined under the intervention rating schemes set out in the relevant legislation, Food Law Code of Practice or other centrally issued guidance.</p>	<p>TBD</p>	<p>If the additional resource requested is made available, due and overdue C inspections will be added to the inspection programme. Due and overdue D inspections will be also be added to the inspection programme or an information gathering programme.</p> <p>The timescale for completion of this will depend on the decision taken by the Committee and, if favourable, the recruitment process</p> <p>An AES project will be undertaken this year.</p>	<p>The 2017/18 Service Plan still focuses on inspecting A and B rated businesses, non-compliant C& D businesses and overdue C rated businesses. Additionally, D rated businesses overdue for more than 2 years and with a method of handling of 30 or more, will be added to the inspection programme.</p> <p>Newly registered businesses deemed to present a low risk, following an assessment by questionnaire, will still not receive an inspection.</p>
<p>Recommendation 3 – Enforcement [The Standard 15.3]</p> <p>The Authority should ensure food law enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance.</p>	<p>31/12/17</p>	<p>A checklist will be devised for officers countersigning notices to ensure that all relevant areas are checked, including the legal remedies required.</p>	<p>Our template HACCP notice has been amended to remove the requirement for FBOs to document monitoring records where SFBB is implemented.</p> <p>Officers have been reminded that notices are not to be over-typed and our template notices must be used for each notice.</p>

<p>Recommendation 4 – Accuracy of the database [The Standard 11.2]</p> <p>The Authority should set-up, maintain and implement a documented procedure to ensure that its food premises database is accurate and up to date.</p>	31/3/18	A documented procedure on maintaining the accuracy of our database will be drawn up and implemented.	Some premises may have appeared more than once on excel spreadsheet submitted to the FSA even though there is only one record on the premises database (CAPS/ Idox). The reason for this is unknown. Also, there is an increasing trend for more than one business to register at the same address. However, our Technical Admin officer will ensure that old premises are closed when new registrations are received.
<p>Recommendation 5 – Authorised Officers [The Standard 5.3]</p> <p>The Authority should ensure that sufficient officers have been appointed to carry out interventions in accordance with the FLCoP.</p>	31/12/17	An officer will be authorised under the Food and Environmental Protection Act 1986.	All officers are authorised under the European Communities Act 1972 in relation to food safety and animal feedstuff. As the Trade in Animal Related Products Regulations 2011 (TARP) are made under this enabling Act, we do not feel a separate authorisation for TARP is required.

<p>Recommendation 6 – Documented Procedures [The Standard 4.1]</p> <p>The Authority should ensure that all documented policies and procedures are reviewed for each of the enforcement activities covered by the Standard at regular intervals and whenever there are changes to legislation or centrally issued guidance.</p>	31/3/18	A procedure on the updating and reviewing of our documented procedures will be devised and implemented.	
<p>Recommendation 7 – Internal Monitoring [The Standard 19.1 and 19.2]</p> <p>The Authority should:</p> <ul style="list-style-type: none"> i. Review the documented internal monitoring procedures to ensure that it covers the full range of food law enforcement activities in accordance with the Food Law Code of Practice and centrally issued guidance. ii. Carry out internal monitoring to verify conformance with the Standard, relevant legislation, Food Law Code of Practice, relevant centrally issued guidance and the Authority’s own documented policies and procedures. 	31/3/18	The existing monitoring procedure will be more fully implemented. This will include one to one meetings with officers which will be documented.	A review of the work of the Lead Officer has been undertaken. As a result she will no longer routinely engage in reactive work and her inspection target has been lowered to enable qualitative monitoring to take place.