



21 June 2017

Dear Sir/Madam

A meeting of the Community Safety Committee will be held on Thursday 29 June 2017 in the New Council Chamber, Town Hall, Beeston commencing at 7.00pm.

Should you require advice on declaring an interest in any item on the agenda, please contact the Monitoring Officer at your earliest convenience.

Yours faithfully

Chief Executive

To Councillors: D Bagshaw	J Goid (Chair)
M Brown (Vice Chair)	G Harvey
B C Carr	S Kerry
E Cubley	J M Owen
T A Cullen	J C Patrick

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are requested to declare the existence and nature of any disclosable pecuniary interest and/or other interest in any item on the agenda.

3. MINUTES

PAGES 1 - 4

The Committee is asked to confirm as a correct record the minutes of the meeting held on 20 April 2017.

4. PRESENTATION FROM WOMEN'S AID INTEGRATED SERVICES

The Committee will hear a presentation from Women's Aid Integrated Services regarding services for those experiencing domestic violence in Broxtowe.

5. PRESENTATION FROM THE NEIGHBOURHOOD POLICING INSPECTOR

The Committee will hear a presentation from the Neighbourhood Policing Inspector regarding policing in Eastwood.

6. FOOD SAFETY AUDIT REPORT AND ACTION PLAN PAGE 5

To inform Councillors of the outcome of a Food Safety Audit and seek endorsement of the action plan prepared in response to the audit. The action plan is circulated separately with this agenda.

7. ANIMAL BOARDING ESTABLISHMENTS ACT 1963 PROPOSED DAY CARE (DAY CRECHE) LICENCE CONDITIONS PAGES 6 - 15

To seek approval for the introduction of new specific licence conditions relating to the day boarding of dogs at commercial premises.

8. WORK PROGRAMME PAGE 16

To consider items for inclusion in the Work Programme for future meetings.

COMMUNITY SAFETY COMMITTEE

20 APRIL 2017

Present: Councillor J Goold, Chair

Councillors: D Bagshaw
M Brown
J Briggs
T A Cullen
G Harvey
S Kerry
R I Jackson
J M Owen
J C Patrick
M Radulovic MBE

Apologies for absence were received from Councillors B C Carr and M R Kee.

52. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

53. **MINUTES**

The minutes of the meeting held on 2 March 2017 were confirmed and signed.

54. **PRESENTATION BY VICTIM CARE**

The Committee noted a presentation by a representative of Victim Support, a charity that had been commissioned to work with victims of crime to help them with their experiences. It was stated that Victim Support worked closely with Catch 22 another charity who made representation to the Committee, who had been appointed by the Police Crime Commissioner to look for restorative justice solutions in circumstances where victims of crime express an interest in entering a dialogue with those who have committed crimes against them.

It was noted that Victim Support was working with two families in the borough offering practical support and restorative justice. The Committee was informed that referrals to Victim Support could come from councillors and that victims of crime could refer themselves for support, regardless of whether the crime had been reported to the police.

There followed a debate on the efficacy of restorative justice. It was noted that offenders did not have their sentences reduced if they engaged with restorative justice and also the restorative justice solutions were only sought

at the request of the victim or families of the victim. There was a lack of awareness of restorative justice and the role it could play in getting closure for victims which was now being addressed through Victim Support and Catch 22. It was noted that 85% of the victims who sought a restorative justice solution felt they got a benefit.

55. NOTTINGHAMSHIRE HYGIENE ACCREDITATION SCHEME

The Committee considered the Nottinghamshire Hygiene Accreditation Scheme which was aimed at premises at which activities including cosmetic piercing, tattooing and semi-permanent makeup application were taking place. The scheme was voluntary because the Council had no legislative power to force businesses to take part. However, it was considered that consumer support for the scheme would encourage business engagement. The cost of the scheme would be offset by charges to the businesses for participation. Each business would get a certificate with an issue date and a sticker with their accreditation to display on the window. Their rating would determine the frequency at which further inspections would take place. These items would remain the property of the Council and would be removed should the business withdraw from the scheme or if the standard of hygiene declined.

The Committee asked that the recommendation be amended to include a suggestion that all registered businesses be listed on the website, so that consumers could see whether they had applied for accreditation in addition to the level of accreditation achieved. It was also asked that gender specific terms be removed from the policy.

RESOLVED that:

- 1. The adoption of the Nottinghamshire Hygiene Accreditation Scheme within Broxtowe be approved.**
- 2. The fees and framework for the scheme's implementation be approved.**
- 3. The policy be gender neutral.**
- 4. All registered businesses be listed on the website so that members of the public can view whether they have applied for accreditation, as well as the level of accreditation achieved.**

56. FOOD HYGIENE STAFFING

The Committee considered the request to increase the resources available to the Food Hygiene Inspection Team. Discussion centred on concern that even if the extra resource allowed the team to catch up, they were still understaffed when compared with other authorities. It was requested that the item be brought back to the Committee for review at the next meeting.

RESOLVED that a recommendation be made to the Finance and Resources Committee that the expenditure for the appointment of

contractors to complete the backlog of outstanding food hygiene inspections be approved.

57. CORPORATE ENFORCEMENT POLICY

The Committee considered the Corporate Enforcement Policy.

RESOLVED that the Corporate Enforcement Policy be approved.

58. EASTWOOD SOUTH ACTION PLAN

The Committee noted the Eastwood South Action Plan. Some members of the Committee asserted that there had been an increase in crime in Eastwood and that much of it had gone unreported. It was noted that an increase in crime, in line with county-wide increases, had been reported in Eastwood South. It was stated that the schemes that comprised the action plan were small and innovative, with limited budgets. The difficulties in associating scheme with a decrease in crime were discussed as was the need for schemes to show results. Concern was voiced that there was a lack of a police presence in Eastwood South. It was noted that Inspector S Wragg would be attending the next meeting of the Committee and that he would be able to answer questions about crime and enforcement in Eastwood South.

59. EASTWOOD TOWN CENTRE PUBLIC SPACES PROTECTION ORDER

The Committee considered the conversion of the Designated Public Spaces Order in Eastwood Town Centre into a Public Spaces Protection Order.

There was concern that a lack of police presence in Eastwood would mean that the order would not be enforced.

RESOLVED that in accordance with the Anti-Social Behaviour, Crime and Policing Act 2014 the Designated Public Spaces Order in Eastwood Town Centre be converted to a Public Spaces Protection Order with extended area as detailed in appendix 2.

60. STAPLEFORD PUBLIC SPACES PROTECTION ORDER

The Committee considered the conversion of the Designated Public Spaces Order in Stapleford Town Centre into a Public Spaces Protection Order.

There was concern that no Stapleford councillors were present to discuss the item.

RESOLVED that in accordance with the Anti-Social Behaviour, Crime and Policing Act 2014 the Designated Public Spaces Order in Stapleford Town Centre be converted to a Public Spaces Protection Order with extended area as detailed in appendix 2.

61. WORK PROGRAMME

There was a discussion concerning the invitation of Inspector S Wragg to the meeting and whether he was sufficiently senior to address the core problems. It was decided that the Committee would hear from Inspector Wragg and then make a decision as to whether or not to escalate the matter.

The invitation of Inspector S Wragg and the update on the Food Inspection Regime were added to the work programme for the meeting on 29 June 2017.

RESOLVED that the Work Programme, as amended, be approved.

Report of the Chief Executive

FOOD SAFETY AUDIT REPORT AND ACTION PLAN

1. Purpose of the report

To inform councillors of the outcome of a Food Safety Audit and seek endorsement of the action plan prepared in response to the audit.

2. Detail

At the last meeting of the Committee it was agreed to recommend to the Finance and Resources Committee that additional expenditure be committed in respect of temporary staffing resources to address a backlog of food safety inspections which had been highlighted as part of a Food Safety Audit by the Food Standards agency (FSA).

The report following the inspection has now been made available and is circulated separately with this agenda along with an action plan prepared and submitted to the FSA.

Councillors are invited to consider the appendix document and endorse the action plan.

Recommendation

Committee is asked to NOTE the FSA report and APPROVE the action plan set out at appendix 1.

Background papers

Nil

Report of the Head of Public Protection

ANIMAL BOARDING ESTABLISHMENTS ACT 1963 – PROPOSED DOG DAY CARE (DAY CRECHE) LICENCE CONDITIONS1. Purpose of report

To seek approval for the introduction of new specific licence conditions relating to the day boarding of dogs at commercial premises.

2. Background

The boarding of dogs is a licensable activity under the above legislation. National model licence conditions are in place for traditional boarding establishments (kennels with individual sleeping and exercise areas for each animal) and conditions have been implemented within Broxtowe for many years for the boarding of cats and dogs and the home boarding of dogs.

Enquiries have been received for establishments which intend to look after dogs during the day in commercial premises, but where individual sleeping and exercise areas are not provided and dogs from different households will be mixed together in defined areas. Historically the council has not been prepared to licence such arrangements due to the high risk of cross infection and risks to the safety and welfare of dogs and staff working within such premises. The activity is becoming more common and premises have now been licensed in other authorities within and outside of Nottinghamshire. The implementation of licence conditions for this activity will enable such businesses to be regulated and provide clarity in respect of the conditions and facilities they must provide to ensure appropriate animal welfare standards are maintained.

Licence conditions will be reviewed following implementation and if additional licence conditions are introduced nationally in the future, these would also be incorporated into amended conditions. In order to cover the cost of licensing this activity it is intended to charge:

- Inspection and Renewal £140.

Veterinary Fees are recharged where an inspection is required. Veterinary Inspection is carried out before the grant of a new licence or as required. Fees will be reviewed annually in accordance with the annual review of fees and charges.

The proposed conditions are attached at the appendix.

Recommendation

The Committee is asked to APPROVE the adoption of the specific licence conditions for Dog Day Care at commercial premises and the future revision of the conditions (pending review after implementation or if future national conditions are published with additional requirements) within Broxtowe and APPROVE the fees for this activity.

Background papers

Nil

BROXTOWE BOROUGH COUNCIL

LICENCE CONDITIONS

DOG DAY CARE

(Non Domestic Premises)

ANIMAL BOARDING ESTABLISHMENTS ACT 1963

PREFACE

Unless stated otherwise, these conditions shall apply to all buildings and areas to which dogs have access and/or which are used in association with the care and boarding of dogs.

N.B. Home Boarding / Dog Sitting of dogs in a private residence (which is not their own home) is subject to separate specific licence conditions.

Boarding of dogs within individual kennels (sleeping with exercise areas) and overnight is subject to separate specific licence conditions.

1.0 NUMBER OF DOGS PERMITTED

- 1.1 The maximum number of dogs to be kept at any one time is **XX**
- 1.2 The maximum number of dogs permitted in any one area/room at any one time is 6.
- 1.3 Dogs must only be kept in accordance with the Schedule of Occupation.
- 1.4 The establishment must, at all times, be laid out and operated in accordance with an approved plan, endorsed by the licensing authority. One copy of the plan is to be retained by the licence holder and one copy to be retained by the licensing authority. Changes to the plan must be submitted and approved by the Licensing authority prior to use. Rooms, areas and facilities must be clearly identifiable. The premises must be operated in accordance with the current plan. **N.B. This is separate to the requirement to ensure appropriate planning permissions and building regulation approval have been obtained.**
- 1.5 No dog registered under The Dangerous Dogs Act 1991 must not be accepted for day care.
- 1.6 Dog hybrids licensed under the Dangerous wild Animals Act 1976 As Amended (e.g. Wolf Hybrids) must not be accepted for day care.
- 1.7 Any dog subject to a Dog Control Order/Community Protection Warning or Notice requiring muzzling must not be accepted for day care.
- 1.8 Dogs and bitches over 1 year old should be neutered/spayed. (Bitches in season

under 1 year old not to be cared for during season and for 1 week after bleeding has stopped.

- 1.9 Puppies under 6 months of age must not be cared for with other dogs until completion of full initial vaccinations and a socialisation programme.
- 1.10 Stray Dogs must not be boarded.
- 1.11 No animals other than dogs are to be boarded within the licensed facilities without the written approval of the local authority.
- 1.12 A written procedure must be in place for any potential new day care boarders to be comprehensively assessed for temperament and suitability by a competent person. Assessments must be documented and include information on the dog and its ability to mix with other dogs and people. The written procedure must be provided to the licensing authority. Records of all assessments must be kept for at least two years from the date of the dogs' last attendance at the establishment.
- 1.13 There must be no overnight boarding of dogs.
- 1.14 All dogs must be provided with adequate facilities to ensure their welfare, including bedding materials and toys.
- 1.15 There must be an equal number of rest/sleeping areas provided at all times for the number of dogs present each day. Sleeping areas/bedding must be large enough to allow the dog to lie comfortably.
- 1.16 All dogs must be adequately exercised each day. This should include at least one half hour walk daily.
- 1.17 All dogs must wear a collar with identity tag whilst being boarded. The tag must display the name of the dog and owners contact details, or the contact details of the dog boarding establishment
- 1.18 If dogs are walked outside the premises (with written consent of the owner), all dogs must be secure (lead, lead and harness). Only persons over 16 years of age shall walk the dogs in a public place.
- 1.19 A maximum of 2 dogs per person shall be walked outside the boarding establishment at any one time. An adequate supply of dog waste bags must be available and dog waste must be picked up as required.
- 1.20 If a boarded dog is lost during their stay, the Licensing Authority must be notified immediately.

2.0 GENERAL CONSTRUCTION

- 2.1 The establishment must be maintained in a suitable and safe condition and in a good state of repair.
- 2.2 All materials used in the construction of walls, floors, partitions, doors, door frames and windows must be durable, smooth and impervious. There must be no projections or rough edges liable to cause injury.
- 2.3 The premises, buildings, grounds and perimeters must offer a safe and secure

environment for dogs at all times. A double gated and fenced entrance area must be provided. Self-closing devices must be fitted to entry gates and doors.

- 2.4 The premises must have its own entrance and have not have shared /communal access.
- 2.5 External fencing material must be safe and secure with no gaps between sections or between the ground and fence panels. Where metal grilles are used, they must be of suitable gauge (14 Standard) with spacing adequate to prevent dogs escaping or becoming entrapped.
- 2.6 Where wood has been used in construction it must be smooth and treated to render it impervious. All exterior wood must be treated against wood rot. Only products which are non-toxic to dogs shall be used.

3.0 WALLS AND PARTITIONS

- 3.1 The interior surfaces of all walls of buildings must be of smooth impervious materials, capable of being easily cleaned and disinfected. Where concrete or other building blocks or bricks are used, they must be so rendered and/or sealed as to be smooth, impervious and must be resealed annually or, more frequently if necessary.
- 3.2 Junctions between vertical and horizontal sections must be coved.
- 3.3 Partition walls between rooms/areas must be of solid construction to a minimum height of 1.2m (4ft) and prevent direct nose to nose contact of dogs from separate rooms/areas.

4.0 FLOORS

- 4.1 Floors of all buildings must be of smooth, impervious materials capable of being easily cleaned and disinfected and incorporate a damp proof membrane.
- 4.2 All internal floors and external hard surfaces must be constructed and maintained to prevent ponding of liquids. Drainage channels must be effectively covered.
- 4.3 Floor surfaces must provide sufficient grip for dogs to walk or run without sustaining injury.

5.0 CEILINGS

- 5.1 Ceilings must be constructed of smooth, impervious materials and be capable of being easily cleaned and disinfected.
- 5.2 Ceilings must be of suitable height to ensure light and other fittings do not pose a risk of danger to dogs. Height within rooms must be at least 1.8m.

6.0 DOORS

- 6.1 Doors must be capable of being easily cleaned and disinfected.
- 6.2 Doors should be strong enough to resist impact and scratching and be fitted so as to be capable of being opened and effectively secured from both sides.

- 6.3 Door openings must be constructed such that the passage of water/waste is not impeded, or allowed to gather due to inaccessibility.

7.0 WINDOWS

- 7.1 All windows must be escape proof.
- 7.2 Windows must be capable of being easily cleaned and disinfected.
- 7.3 Windows must be of suitable size and placement to allow natural lighting into areas where dogs are cared for.

8.0 ACCOMMODATION, SIZE, LAYOUT AND FACILITIES

- 8.1 Accommodation for dogs must be suitable as regards to construction, size, exercise facilities, temperature, lighting, ventilation and cleanliness.
- 8.2 All dogs must be provided with sufficient space to allow normal behaviour. A minimum of 10 m² must be provided for each dog. Internal areas must have a minimum of 1.8 metre height.
- 8.3 There must be sufficient space/facilities to keep all dogs separate when necessary.
- 8.4 No dog shall be kept in any kennel, cage, hutch, box or other receptacle as to expose it to interference or annoyance by persons or other animals.
- 8.5 All areas to which the dogs have access must be free from physical and chemical hazards.
- 8.6 All reasonable precautions must be taken so dogs do not cause a nuisance or annoyance to neighbouring properties.

9.0 FOOD AND WATER

- 9.1 Wholesome water must be available at all times.
- 9.2 All water vessels must be cleaned and disinfected regularly and at least daily.
- 9.3 All dogs if fed on site must be fed in isolation to other dogs.
- 9.4 Dogs must be supplied with suitable food in accordance with the owner's prior agreement. All eating requirements must be documented in the dogs' records.
- 9.5 Eating vessels must be cleaned and disinfected after each use
- 9.6 All dog food must be kept in sealed pest proofed containers.

10.0 KITCHEN FACILITIES

- 10.1 Exclusive facilities (separate room or area) hygienically constructed and maintained must be provided for the storage and preparation of food for dogs and for the washing, disinfection and storage of all food and drink receptacles.
- 10.2 Such facilities must include adequate washing facilities with hot and cold (or

appropriately mixed) running water and connected to mains drainage.

10.3 Where fresh and cooked meats and fish are stored, separate refrigeration facilities must be provided.

10.4 Adequate separate hand washing facilities must be provided and include hot and cold (or suitably mixed) running water, antibacterial soap and hygienic hand drying facilities. Hand washing facilities must be provided within the kitchen in addition to

hand washing facilities in other areas. (Ideally hand wash basins should be fitted with non-hand operable taps).

11.0 OTHER CLEANING FACILITIES

11.1 Adequate facilities must be provided for the effective cleaning and disinfection of all laundry, articles, equipment, toys, bedding etc. used within the facilities. This will include a minimum of a sink with hot and cold (or appropriately mixed) running water and mains drainage for the exclusive use of dog equipment.

11.2 All items must be cleaned and disinfected between dogs.

11.3 Where a washing machine is provided, it must be for the exclusive use of dog articles.

12.0 CLEANLINESS AND HYGIENE

12.1 All areas which are used in connection with the boarding of dogs, must be kept clean and free from accumulations of dirt and dust, and must be kept in such a manner as to be conducive to maintenance of disease control and dog comfort.

12.2 All excreta, urine, bodily fluids and soiled materials must be removed from all areas used by dogs regularly throughout the day.

12.3 Measures must be taken to keep establishments free of rodents, insects and other pests.

12.4 Facilities must be provided for the proper reception, storage and disposal of all waste.

12.5 Arrangements must be made with the Waste Collection Authority or waste management contractor authorised for the purposes of the duty of care, for the removal of other wastes from the establishment under the Environmental Protection Act 1990, for removal of other wastes from the establishment. Foul waste water must be disposed of by discharge to the approved drainage system.

12.6 Only veterinary approved products shall be used for cleaning.

13.0 DISEASE CONTROL AND VACCINATION

13.1 Adequate precautions must be taken to prevent and control the spread of infectious and contagious diseases and parasites amongst the dogs, staff and visitors.

13.2 No animal which is believed to be suffering from, or come into recent contact with an infectious disease shall be brought into the premises.

13.3 Adequate isolation facilities must be provided and must be used when the presence of infectious disease is suspected.

- 13.4 Dogs boarded must be accompanied by an up to date record of vaccination against Canine Distemper, Infectious Canine Hepatitis (Canine Adenovirus), Canine Parvovirus, Leptospirosis and other relevant diseases. Evidence of up to date broad spectrum de-worming and flea treatment must be provided for each dog boarded. Dogs must have had their last vaccination at least two weeks prior to the first date of boarding or in accordance with the manufacturer's instruction.
- 13.5 A documented policy must be put in place for dealing with a contamination incident (such as diarrhoea in the indoor or outdoor area). The procedure must include measures for isolating the area and cleaning and disinfecting all affected areas and equipment. Appropriate separate equipment must be available for dealing with such incidents.
- 13.6 Advice from a veterinary surgeon must be sought without delay where any dog suffers injury, illness, or shows symptoms of illness or disease. Any advice, instruction or treatment given by a veterinary surgeon must be strictly followed.
- 13.7 A well-stocked first-aid kit suitable for the use on dogs must be available and accessible on site.
- 13.8 An adequate number of staff trained in animal first aid should be available on site whilst dogs are boarded.
- 13.9 The premises must be registered with a veterinary practice to provide help and advice. The name of the veterinary practice used must be notified to the Licensing Authority. The clients own veterinary practice must be known, recorded and consulted as necessary.
- 13.10 A documented policy must be put in place that includes a regular parasite control programme. The programme must include effective control of worms, fleas, ear mites, mange, lice and where necessary ticks and ringworm. Proof must be retained of all routine and emergency treatment for parasites.

14.0 EMERGENCY PROCEDURES AND FIRE PRECAUTIONS

- 14.1 Appropriate steps must be taken for the protection of the dogs in case of fire or other emergencies including an adequate means of raising the alarm in case of fire or other emergency. Fire protection advice must be sought from the Fire Prevention Officer and implemented.
- 14.2 Adequate provision must be made for the detection of smoke and fire. Fire fighting equipment must be provided and maintained.
- 14.3 A proper emergency evacuation plan and fire warning procedure must be drawn up and posted on the premises. This must include an instruction as to where the dogs are to be evacuated to in the event of a fire or other emergency (e.g. flooding).
- 14.4 Dogs should be kept in a manner so as not to obstruct or render difficult, access and egress in case of fire or other emergency.
- 14.5 Precautions must be taken to prevent any accumulation, which may present a risk of fire.
- 14.6 A current electrical certificate should be issued by an approved member of the National

Inspection Council for Electrical Installation Contractors (NICEIC) or The National Association of Professional Inspectors and Testers (NAPIT) or equivalent to show that the electrical installation is maintained in accordance with current legislation. The electrical contractor must have approval appropriate with the scope they are working on/certifying (e.g. Commercial Installer, Inspection and Testing (under commercial), Approved Contractor, Portable appliance Testing etc.). There must be an automatic electrical cut out system on each block of units.

- 14.7 Gas appliances and pipework must be maintained in a safe condition.
- 14.8 Where gas appliances are present within the premises a current gas safety certificate should be issued by a GAS SAFE registered engineer.
- 14.9 Heating appliances must not be sited in a location or manner where they may present a risk of fire, or risk to dogs.

15.0 REGISTER

- 15.1 A register must be kept of all dogs boarded for the day. The information kept must include the following:-
- date and time of boarding (arrival and departure)
 - name of dog, as well as any other identification mark such as microchip number or tattoo.
 - description, breed, age and gender of dog.
 - name, address and telephone number of owner or keeper.
 - name, address and telephone number of contact person whilst boarded.
 - name and address and telephone number of dog's veterinary surgeon.
 - health, welfare and nutrition requirements.
 - Proof of current vaccinations.
 - Medical history and specific medication requirements., including any treatment administered whilst the dog is being cared for.
 - Date and details of assessments including socialisation sessions and any reviews.
 - Signed consent from the owner of any boarded in communal shared facilities with other dogs.
 - Walking information.
 - Any other relevant information.
- 15.2 The register and associated records must be kept available for a minimum of 24 months and kept in such a manner as to enable an authorised officer to easily access such information. The register must be available to members of staff of the establishment at all times.

16.0 SUPERVISION AND COMPETENCY OF STAFF /MANAGEMENT OF PREMISES

- 16.1 A fit and proper person aged 18 or over must always be present to exercise supervision and deal with emergencies whenever dogs are boarded at the premises.
- 16.2 Boarded dogs must not be left unsupervised or unattended at any time. The ratio of dogs to staff shall **NOT EXCEED** six dogs to one member of staff at the premises or two dogs to one member of staff whilst out walking. If dogs are kept in smaller groups or separate rooms to accommodate compatibility or preferences, one member of staff must be provided per room/area.
- 16.3 A written management plan, assessment of dogs and socialisation procedures to deal with the management of the number of dogs allowed under the licence shall be devised, reviewed and updated as necessary.
- 16.4 A written training policy for all staff must be provided. Systematic training of staff must be demonstrated to have been carried out to include: Animal welfare, Cleanliness and Hygiene, Feeding and Food Preparation, Disease Control, Health and Safety, Emergency Procedures, Recognition and treatment of sick animals etc.
- 16.6 Untrained staff must not be left alone with any boarded dogs at any time.
- 16.7 Staff must not carry out assessments of dogs for compatibility unless they have completed appropriate animal behaviour training.
- 16.8 The Licensee/Manager must provide written evidence of training and competence. Upon first application, a signed letter from a registered Veterinary surgeon stating in their opinion the applicant is considered suitable and competent to manage a dog day care facility for up to a specified number of dogs and has been known to the Veterinary surgeon for at least 5 years.
- 16.9 The Licensing Authority must be informed of the death or injury of any dog whilst boarded, as soon as is possible and in any event within 24 hours of the death/injury occurring.
- 16.10 The Licensing Authority must be informed of any attack incident (either dog on dog or dog on person) involving any boarded dog regardless of whether there is any injury as soon as possible and in any event within 24 hours.
- 16.11 Following any attack involving a boarded dog, it should be isolated and re-assessed. The incident investigation, review of any dog and any further action taken should be recorded.

17.0 INSURANCE

- 17.1 The establishment must be covered by an adequate current insurance policy which insures the undertaking against any liability for any damage which may be caused by the animal and public liability as appropriate. Such insurance must include dog on dog attacks and where appropriate employer's liability cover.

18.0 LICENCE DISPLAY

- 18.1 A copy of the licence must be suitably displayed to the public in a prominent position in, on or about the boarding establishment. A copy of the current conditions must be suitably displayed or made readily available.

19.0 POWERS OF ENTRY

19.1 The authorised officer of the Licensing Authority can, at any reasonable time, have a right of entry onto the premises for the purpose of carrying into effect any of the relevant statutory provisions. To enable these provisions to be carried out, the appointed officer may take any other person authorised by the council that may be considered necessary.

SCHEDULE 1 - KENNEL OCCUPATION

Block/Room	Maximum Dogs	Other Details

Report of the Director of Legal and Planning Services

WORK PROGRAMME1. Purpose of report

To consider items for inclusion in the Work Programme for future meetings.

2. Background

Items which have already been suggested for inclusion in the Work Programme of future meetings are given below. Members are asked to consider any additional items that they may wish to see in the Programme.

3. Work Programme

21 September 2017	<ul style="list-style-type: none"> • Presentation from Change, Grow, Live • Strategies for preventing terrorism • Food hygiene service plan
-------------------	--

4. Dates of future meetings

The following additional dates for future meetings have been agreed:

- 28 November 2017
- 20 February 2018

(All meetings to start at 7.00pm)

Recommendation

The Committee is asked to consider the Work Programme and RESOLVE accordingly.

Background papers

Nil

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

Broxtowe Borough Council
9 March 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	8
5.4 Database	11
5.5 Staff Training and Authorisation	11
5.6 Documented Policies and Procedures	12
5.7 Enforcement	13
5.8 Liaison	14
5.9 Ensuring an Effective and Consistent Service	14
ANNEX A - Action Plan for Broxtowe Borough Council	17
ANNEX B - Audit Approach/Methodology	20
ANNEX C - Glossary	22

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 **Broxtowe Borough Council** on the **9th March 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 low percentage of planned interventions achieved 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 the Council Offices, Foster Avenue, Beeston, Nottingham, NG9 1AB.

3.0 Background

- 3.1 Broxtowe has a population of 109,487. It covers 81.08 square kilometres (approximately 31 square miles), making the borough one of the most densely populated in the East Midlands. It is characterised by a largely urban south with the separate settlements of Beeston, Chilwell, Bramcote, Stapleford, Attenborough, Toton and part of Trowell. This comprises over 60% of the borough's population and forms part of the western side of the built up area of Greater Nottingham. The north of the borough is more rural, with the largest settlements being the towns of Eastwood and Kimberley.

4.0 Executive Summary

- 4.1 This audit of Broxtowe Borough Council sought to gain assurance that key 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 Broxtowe Borough Council was selected for audit as Local Authority Enforcement Monitoring Scheme (LAEMS) data submitted by the Authority indicated there were a high number of overdue interventions. An assessment of the database prior to the audit showed that there were 480 overdue categories of B-E risk rated premises which equated to 88% of those premises due an intervention by end of March 2017. The Service Plan and internal monitoring reports did not accurately reflect the scale of premises overdue an intervention to senior management and Members.
- 4.3 The Service Plan lacked sufficient detail comparing the service delivery demands against the resources available and auditors were unable to gain assurance that sufficient resources had been provided to deliver the food law enforcement service.

- 4.4 The Authority provided assurance that these issues would be discussed with senior management and Members and that the Authority would give priority to looking at ways to deal with the overdue interventions and then implement the necessary remedial measures without delay.
- 4.5 The Authority was endeavouring to meet many of the requirements of the Framework Agreement. The Authority had developed a documented and appropriately approved Service Plan and a range of policies and procedures. Officer's competency had been appropriately assessed and they had generally received suitable training. The level of authorisation and duties of officers were generally consistent with their qualifications, training, experience and the requirements of the FLCoP. A range of enforcement actions were being undertaken when necessary to deal with non-compliance. Evidence of internal monitoring was provided but based on the audit findings the following key areas of improvement to improve delivery of the food law enforcement service were identified:

Key areas for improvement

- 4.6 **Service Planning:** The Authority should ensure that Service Plans include an accurate statement concerning the numbers of food premises due an intervention in accordance with the FLCoP. A clear comparison of the resources required to effectively undertake the full range of food law activities against the resources available to the Service and any resource shortfall should be identified.
- 4.7 **Resources:** Having estimated the resources required, the Authority should ensure it has sufficient numbers of authorised officers to carry out all food hygiene law activities required by the Framework Agreement and the FLCoP.
- 4.8 **Food Premises Interventions:** The Authority was carrying a backlog of overdue food hygiene interventions which had existed over a number of years. Whilst the majority had been classed as lower risk the overdue premises interventions included catering premises, care homes, schools, and nurseries. The length of time that premises had not been visited raised concerns about the accuracy of the risk rating. This had potential impacts on consumer protection due to possible changes in the type and nature of business operation and carried an increased reputational risk to the Authority. 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, the FLCoP and the Authority's documented enforcement policy and intervention procedure.

4.9 **Internal Monitoring** – While the Authority was undertaking internal monitoring across a range of activities it should review the monitoring procedure to ensure a full range of activities are monitored using a risk based approach to verify conformance with relevant legislation, the FLCoP, centrally issued guidance and the Authority’s own documented policies and procedures. The Authority needed to identify the root cause of the error in reporting the numbers of overdue interventions as part of their quantitative monitoring to ensure accurate figures were being reported to the Authority’s management and the Agency.

5.0 Audit Findings

5.1 Service Organisation & Management

5.1.1 The Food Safety Service formed part of the Environmental Health Section within the Public Protection Division .The Service was directly managed by the Chief Environmental Health Officer (CEHO) who was the appointed Lead Food Officer (LFO) for the Authority. The CEHO also had wider responsibilities for other disciplines including environmental protection, public health, licencing, private sector housing and health and safety. The CEHO reported to the Head of Public Protection (HoPP) who in turn reported directly to the Chief Executive. Officers undertook a wide range of environmental health duties including the delivery of food hygiene controls. Auditors were advised the current full time equivalent (FTE) available for food law enforcement was 2.4 but following a review of posts within the Division an additional 0.2 FTE had been identified to carry out food law enforcement activities. Administration support was provided by a generic team.

5.1.2 The CEHO was responsible for drafting the Food Service Plan (Plan) overseen by the HoPP who was the operational budget holder for the Service. The food safety service reported to the Environment and Community Safety Committee elected members who were responsible for the approval of the annual Service Plan.

5.2 Service Planning

5.2.1 The Authority had developed a Plan for 2016/2017 and the structure was generally in line with the Service Planning Guidance in the Framework Agreement. The Plan also identified links in delivery to business growth and health priorities in the Corporate Plan and to service objectives detailed in the Community Safety Delivery Plan which supported the Corporate Plan priorities. The Service had a number of key performance indicators which were monitored as part of the Community Safety Delivery Plan. These included targets to

respond to service requests, business satisfaction with the regulatory service and targets to inspect 100% of high risk rated category A-C food premises and 75% of lower risk rated category D-E premises. The target for lower risk rated premises was, however, contrary to the FLCoP and the Plan's objective to carry out interventions in accordance with the minimum inspection frequencies specified. The Plan did not clearly set out the Authorities alternative enforcement strategy (AES) to maintain surveillance of lower risk rated category E premises to detect any change in the nature and type of business operated which may increase the potential risk.

5.2.2 The current Plan lacked sufficient detail in regard to a comparison of service delivery demands against the resources available to the Service. Resources needed to assess the quality of the Service and the relevant monitoring arrangements in place to verify that food law enforcement conformed to the Standard, relevant legislation and guidance should also be included in the Plan. The absence of such information made it difficult to quantify for members and senior management the resources required to deliver the food law enforcement service effectively and auditors were unable to gain assurance that sufficient resources had been provided. It was recommended this detail was included in future Plans.

5.2.3 The Plan included details by risk category on the due interventions achieved during the previous year and those due during 2016/17. However the figures for the lower risk rated category D-E premises reported as outstanding both in the Plan, and on the 2015/16 LAEMS return, did not accurately reflect the total number outstanding on the database. It is essential the Plan makes clear the numbers of historic overdue interventions carried forward so an accurate assessment of the demands faced and resources required to carry out the due interventions is presented to members and senior management. Auditors discussed the need to investigate the cause of this discrepancy and take remedial action to ensure accurate figures were reported as part of the Service's quantitative internal monitoring and reflected in the Plan and the LAEMS returns.

5.2.4 The review section of the Plan made some reference to the percentage shortfall in food hygiene interventions delivered. However, both the Plan and Community Safety Delivery Plan (CSDP) could have been strengthened by identifying this as a priority for improvement and included more detail on the total number of overdue interventions and the impact and implications of the shortfall. The potential impacts on consumer protection due to possible changes in the type and nature of business operation and increased reputational risk to the Authority should also be considered. Auditors discussed including this in the CDSR summary of key risks and for both the CDSR and the Plan to specify what mitigating measures are required to address the backlog of interventions and reduce the risk to consumers. This is useful data

for Members to consider when the Plan is submitted for approval and when progress against CDSP key tasks and priorities are reviewed. It was noted the Plan had been approved by the appropriate Member forum.

Recommendation 1 - Service Plan

[The Standard - 3.1& 3.3]

- (i) The Authority should ensure that Service Plans include a clear comparison of the resources required to effectively carry out the full range of food law activities against the resources available to the service and any resource shortfall should be identified.
- (ii) Any variance in meeting the Service Plan shall be addressed by the Authority in subsequent Service Plans.

Recommendation 2 - Sufficient Authorised Officers

[The Standard - 5.3]

The Authority should ensure it has sufficient numbers of authorised officers to carry out all food hygiene law activities required by the Framework Agreement and Food Law Code of Practice

5.3 Service Delivery

Interventions

- 5.3.1 The Authority was responsible for enforcement at just over 1000 food business establishments at the time of the audit. The Authority's performance in addressing the due interventions from April 2014 to March 2016 illustrated a focus on completing high risk interventions before lower risk.
- 5.3.2 The Authority had reported the profile of food businesses at 31 March 2016 through the Local Authority Enforcement Monitoring System (LAEMS) as follows:

Business Type	Number
Primary Producers	3
Manufacturers/Packers	22
Importers/Exporters	2
Distributors/Transporters	8
Retailers	236
Restaurants/Caterers	793
Total Number of Food Premises	1064

5.3.3 Resources and key area of activity reported in the 2015/16 LAEMS return were as follows:

Resources and Key Areas of Activity 2015/16	Number
FTEs allocated to food hygiene	1.70
Enforcement actions	344
Complaints	116
Samples taken	76
Due interventions Achieved	426
Due Interventions Outstanding	213

5.3.4 A detailed analysis of those interventions achieved and due interventions reported as outstanding on LAEMS over the last two years were as follows;

Premises Risk Rating	Interventions carried out 2014/15	Interventions overdue 2014/15	Interventions carried out 2015/16	Interventions overdue 2015/16
A	12	0	10	0
B	61	4	64	0
C	234	46	151	48
D	38	34	69	40
E	15	69	18	125
Unrated	121	0	114	0
Total	481	153	426	213

5.3.5 In an attempt to introduce a risk based approach to the delivery of official controls, the Authority had developed an intervention strategy that prioritised delivering official controls at higher risk non-compliant businesses. A list of those high risk category A-C risk rated premises due an intervention was issued to officers at the beginning of the year and progress was reviewed monthly with officers. A list of category D-E risk rated premises was held on a central list for officers to draw on if they had spare capacity to undertake these inspections.

5.3.6 Auditors were advised the main approach to carrying out interventions was by inspection and that specific questionnaires had been developed

as part of the Service's AES for certain categories of food businesses e.g. child-minders. These were monitored by designated officers and scheduled for an intervention if required. Unrated premises were allocated to an officer to inspect.

- 5.3.7 Based on the information provided it was noted that this intervention strategy had meant that a large number of businesses remained overdue an intervention. An assessment of the database prior to the audit showed that there were 480 overdue premises (as of the end of December 2016), equating to 88% of the total number of premises due an intervention across all risk ratings by end of March 2017. The overdue premises included 3 higher risk category B premises but the majority were classified as medium and lower risk, with 78% category C, 83% category D and 97% category E premises overdue. A number of these overdue interventions went back several years, with the longest being a category B premises that had been due to receive an intervention in 2008.
- 5.3.8 On examination of the database auditors identified that the overdue lower risk rated category D-E risk rated premises included a mix of catering, nurseries, residential, and child-minder type categories of food businesses. A number had a higher weighting allocated for the type of food handled and for the provision of food to vulnerable groups.
- 5.3.9 Auditors discussed the need to ensure sufficient competent resource was provided to undertake the due interventions in accordance with the FLCoP and that the highest risk overdue inspections should be addressed as a priority. Any unrated and any remaining overdue inspections should be integrated into the intervention programme on a risk basis. The range of flexibilities available within the FLCoP, including the use of surveillance and monitoring controls and partial inspections, was discussed for the Authority to consider when planning the intervention programme.
- 5.3.10 The Head of Public Protection provided auditors with an assurance that the issue would be discussed with senior management and Members and that the Authority will give priority to looking at ways to deal with the backlog of inspections and then implement the necessary remedial measures without delay.

Recommendation 3 - Frequency of Interventions

[The Standard – 7.1]

The Authority should carry out intervention/inspections at a frequency which is not less than that specified by the Food Law Code of Practice and centrally issued guidance.

5.4 Database

- 5.4.1 The Authority operated a computerised database system that was capable of providing an accurate return for the FSA's LAEMS. However, a problem was identified with the accuracy of reports run to verify the number of overdue interventions. This required further investigation to identify the root cause of this error and for corrective action to be taken to ensure accurate figures were reported to the Authority's management and the FSA. The LFO advised the lack of dedicated administration support had been a significant issue in the database and report capabilities.
- 5.4.2 Examination of the database found no evidence of duplicate records or in general, any other anomalies or missing data. It was noted there was an anomaly at a few premises with the weighting allocated for vulnerable groups which was contrary to the FLCoP scoring guidance.
- 5.4.3 The Authority was unable to run a report during the audit to confirm the latest outstanding intervention figures. Auditors were advised the LFO was able to run standard reports as part of the monthly monitoring of allocated inspections but required support from the database administrator for more bespoke reports concerning the overdue interventions. The LFO had identified this as a training need and recognised the benefits of being able to run the reports independently.
- 5.4.4 Auditors were informed there was a database procedure but it had not been reviewed for some years and discussed including this as part of the procedural review to take into account the audit findings

5.5 Staff Training and Authorisation

- 5.5.1 Auditors were advised that, under the Authority's Constitution, the HoPP and CEHO were delegated powers to authorise food officers. The Authority's training and authorisation procedure included a development plan which set out the level of authorisation and training officers required based on the level of qualification held.
- 5.5.2 An appropriate assessment of officer competency had been carried out in accordance with the FLCoP and auditors were advised that a peer review of LFO competency assessment was being undertaken across

the county. The level of authorisation and duties of officers were generally consistent with their qualifications, training, experience and the requirements of the FLCoP. However, no officers had been authorised to exercise any powers under the Trade in Animal and Related Products Regulations (TARP) 2011, possibly compromising the Authority's capability to respond quickly to any incident involving certain unfit or illegally imported foods.

Recommendation 4 - Authorisation – level of authorisation

[The Standard 5.3]

Review officer authorisations and ensure those officers whose duties would extend to exercising powers under the Trade in Animal and Related Products Regulations 2011 are appropriately authorised in line with their competencies and the Codes of Practice.

5.5.3 Qualification and training records of six officers were examined. All staff checked had received the necessary 20 hours continuous professional development (CPD) training in accordance with the FLCoP. Training undertaken included key topics such as HACCP, E. coli O157 and cross contamination risks and allergens. The Authority had appointed a LFO with the necessary specialist knowledge to carry out the role and to meet the competency requirements of the FLCoP. Auditors discussed the need for the LFO to maintain 10 hours CPD on core food matters and to consider the provision of refresher training for some officers on HACCP, approvals and imported food.

5.5.4 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 From the information provided prior to and during the audit, auditors noted that an appropriate infra-structure for the delivery of the Service had been provided for officers. This included appropriate procedures and work instructions for the range of activities carried out, such as interventions, approval of establishments, complaints, incidents and alerts and enforcement. Auditors were advised these were available to officers via a central data drive.

5.6.2 The Authority's intervention procedure included reference to the need to undertake interventions at the minimum frequency specified in the FLCoP, which included pre-inspections planning, the conduct of the intervention focusing on risk, use of an intervention aide memoire and the importance of follow up action. In addition, the intervention

procedure made appropriate reference to carrying out unannounced inspections and the reasons were to be documented if advance notice had been given.

- 5.6.3 The Authority had an appropriate intervention visit aide-memoire in place, which included prompts for officers to record decisions around food safety management, cross contamination, complex equipment and food safety training. Auditors were advised historically LACORS sector specific aide's memoire had been used for approved establishments and the Service were proposing to adopt the FSA template forms.
- 5.6.4 Auditors noted some procedures had not been reviewed for some years and discussed the need to ensure they were regularly reviewed and updated when necessary and to take into account the findings of the audit.

Recommendation 5 – Policies and Procedures – review and updating

[The Standard 4.1]

Ensure documented policies and procedures for each of the enforcement activities covered by the Standard are reviewed at regular intervals and when there are changes to legislation or centrally issued guidance.

5.7 Enforcement

- 5.7.1 The Authority had developed a documented Enforcement Policy and Procedures dated 2014 which applied to the food law enforcement service. The policy set out the key tasks needed to achieve the council's objective of 'ensuring that food intended for human consumption is safe' which included carrying out food hygiene interventions in accordance with the minimum frequencies and to standards determined by the Agency. The policy was supported with specific procedures detailing the councils approach to dealing with non-compliance and an Enforcement Protocol set out what businesses and the community can expect from environmental health enforcement officers.
- 5.7.2 The LA had provided details of enforcement actions in the last two years which included;
- 1 prosecution
 - 5 Simple cautions
 - 3 food hygiene improvement notices served

1 Emergency Prohibition Notice and Prohibition Order

Auditors discussed a slight discrepancy with the enforcement action figures under reported on LAEMS 2015/16 to those provided by the Authority for this period

5.8 Liaison

5.8.1 The Authority was represented at the Nottinghamshire Food Liaison Group by the LFO. Minutes of the meetings of the Food Group demonstrated the Authority attended regularly and that effective liaison arrangements were in place. Auditors discussed including reference to the liaison arrangements with other organisations in the Plan.

5.9 Ensuring an Effective and Consistent Service

Internal Monitoring

5.9.1 The Service had an internal monitoring procedure which had not been updated since 2002. The LFO was able to demonstrate undertaking a number of quantitative monitoring of performance activities against the planned intervention programme and qualitative monitoring of officers work. This included:

- Reporting performance against key performance indicators to senior management.
- Monthly reports of completed inspections (number by risk and list of premises/missed inspections). The LFO discussed with officers any overdue, what to prioritise next and decide whether any needed reallocating.
- Officers provided a hand written summary of the visits and work they have completed to the LFO which was cross referenced with the database.
- Reports for food complaints not linked to commercial premises and number of service requests received and not responded to within the specified response time.
- A rolling programme of qualitative monitoring of officers activities which included premises file checks, complaints, infectious disease, alerts and incidents, food premises database and food sampling. Auditors discussed the need to have more structured questions to support and record the LFO's assessment of the officer's delivery of food law enforcement activities undertaken.

- The LFO advised most letters were checked prior to sending and officers discussed if any premise's risk rating was being adjusted. However this was not always documented.
- 5.9.2 Auditors discussed the need to ensure overdue interventions identified as part of quantitative monitoring were prioritised for reallocation based on risk and for the monitoring reports run to accurately reflect the number overdue by risk category.
- 5.9.3 Auditors were advised that enforcement letters from the Agency were monitored and, where necessary, acted upon promptly. Auditors discussed the recent enforcement letters from the FSA on the subject of "less than thoroughly cooked burgers" which required returns from the Authority on both a specific business chain and the undercooked burger business sector. The Authority confirmed a nil return had been provided.
- 5.9.4 Based on the audit findings, auditors recommended the monitoring procedure is reviewed and that a more risk based strategy for monitoring is developed and implemented for the range of qualitative / quantitative internal monitoring and peer review activities that are carried out across all areas of the Service. This risk based 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.
- 5.9.5 Auditors discussed various possible risk based approaches to internal monitoring and referred to the FSA's Top Tips document "Making Every Inspection Count" (<https://www.food.gov.uk/enforcement/enforcetrainfund/inspection-tips>) which includes some guidance on effective internal monitoring. .

Recommendation 6 – Internal Monitoring

[The Standard –19.1, 19.2 and 19.3]

(i) Review, maintain and implement a documented internal monitoring procedure in accordance with Article 8 of Regulation EC no 882/20014 (Official Feed and Food Controls) to verify conformance with relevant legislation, the Food Law Code of Practice, centrally issued guidance and the Authority's own documented policies and procedures.

(ii) Ensure that accurate reports concerning the number of interventions due and overdue are provided as part of the quantitative monitoring.

(iii) Maintain records of all internal monitoring undertaken.

Third Party or Peer Review

- 5.9.6 Evidence was provided of the Authority's Internal Audit carried out in November 2016 with regard to systems and procedures in respect of Environmental Health. The areas subject to review included food hygiene inspections and that the food hygiene ratings were appropriately calculated and awarded. Internal Audit concluded that controls within the system provided substantial assurance that risks material to the systems objectives were adequately managed.
- 5.9.7 The Authority had not participated in any inter authority audit in the two years preceding the audit but a peer review of the LFO competency assessment was planned.

Audit Team: Chris Green - Lead Auditor
Robert Hutchinson - Auditor

Food Standards Agency
Regulatory Delivery Division

ANNEX A - Action Plan for Broxtowe Borough Council

Audit date: 9 March 2017

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>Recommendation 1 - Service Plan [The Standard - 3.1& 3.3]</p> <p>(i) The Authority should ensure that Service Plans include a clear comparison of the resources required to effectively carry out the full range of food law activities against the resources available to the service and any resource shortfall should be identified.</p> <p>(ii) Any variance in meeting the Service Plan shall be addressed by the Authority in subsequent Service Plans.</p>	<p>30/09/2017</p> <p>30/09/2017</p>	<p>Service Plan for 2017/18 to include resources available and resources required and ensure any shortfall is identified.</p> <p>Future Service Plans will show any variations in meeting the plan and how these are to be addressed.</p>	<p>Target date takes into account Committee cycles and deadlines. Most appropriate Community Safety Committee date is 21/09.</p>
<p>Recommendation 2 - Sufficient Authorised Officers [The Standard - 5.3]</p> <p>The Authority should ensure it has sufficient numbers of authorised officers to carry out all food hygiene law activities required by the Framework Agreement and Food Law Code of Practice</p>	<p>31/06/2017</p> <p>31/07/2017</p> <p>31/07/2017</p>	<p>Data Cleansing completed.</p> <p>Seek Approval for additional funding for staff to complete overdue interventions.</p> <p>Additional Staff resource to be in place.</p>	<p>Review adequate inspection rates and progress on a monthly basis.</p> <p>Premises data cleansing commenced.</p> <p>Approval obtained from Community Safety Committee on 20/04/2017 to request funding for temporary staffing at the next Finance and Resources Committee (13/07/2017)</p>

<p>Recommendation 3 - Frequency of Interventions [The Standard – 7.1]</p> <p>The Authority should carry out intervention/inspections at a frequency which is not less than that specified by the Food Law Code of Practice and centrally issued guidance.</p>	<p>30/04/2017</p> <p>30/04/2017</p> <p>31/01/2018</p>	<p>Re-allocation of food premises to officers</p> <p>Monthly monitoring of intervention frequency.</p> <p>Review whether numbers of overdue premises have been reduced, and undertake appropriate action if not.</p>	<p>All premises including low risk have been allocated to individual officers' workload.</p>
<p>Recommendation 4 - Authorisation – level of authorisation [The Standard 5.3]</p> <p>Review officer authorisations and ensure those officers whose duties would extend to exercising powers under the Trade in Animal and Related Products Regulations 2011 are appropriately authorised in line with their competencies and the Codes of Practice.</p>	<p>30/06/2017</p>	<p>Review of Authorisations to be undertaken. Necessary amendments made to include these Regulations.</p>	<p>Council's Constitution has been consulted.</p> <p>Regulations made under the European Communities Act 1972 can be delegated by the Chief Executive directly and individual authorisation cards drafted.</p>

<p>Recommendation 5 – Policies and Procedures – review and updating [The Standard 4.1]</p> <p>Ensure documented policies and procedures for each of the enforcement activities covered by the Standard are reviewed at regular intervals and when there are changes to legislation or centrally issued guidance.</p>	30/06/2017	Review of all documented policies and procedures with a bi-annual refresh if not reviewed before following changes in legislation or centrally issued guidance.	
<p>Recommendation 6 – Internal Monitoring [The Standard –19.1, 19.2 and 19.3]</p> <p>(i) Review, maintain and implement a documented internal monitoring procedure in accordance with Article 8 of Regulation EC no 882/20014 (Official Feed and Food Controls) to verify conformance with relevant legislation, the Food Law Code of Practice, centrally issued guidance and the Authority’s own documented policies and procedures.</p> <p>(ii) Ensure that accurate reports concerning the number of interventions due and overdue are provided as part of the quantitative monitoring.</p> <p>(iii) Maintain records of all internal monitoring undertaken.</p>	30/06/2017 31/08/2017 30/04/2017	<p>Procedure to be implemented then reviewed on a triennial basis or sooner following changes in guidance.</p> <p>Quarterly progress on interventions to be reported to the Head of Public Protection and the Chair of the Community Safety Committee.</p> <p>All internal monitoring will be collated by Chief EHO.</p>	

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
- Community Safety Delivery Plan
- Environment and Community Safety Committee minutes November 2016
- Training and Authorisation Procedure 2016
- Authorised Officer Competency Assessment
- Food Safety Inspection and Intervention Procedure 2016
- Food Incidents/ Alerts Procedure 2008
- Food Sampling Policy and Procedures 2014
- Food Safety Enforcement Policy and Procedures 2014
- Enforcement Action Procedure 2005
- Enforcement Protocol
- Internal Monitoring Procedure 2002
- Internal Audit Report Environmental Health 2016/17
- Food and Hygiene of Premises Complaints Procedure 2016
- Inspection report forms
- Nottinghamshire Food Liaison Group Minutes

(2) Review of training and authorisation records

(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 Public Protection Division
- Chief Environmental Health 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 Management System	A written permanent procedure, or procedures, 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.