

APPENDIX 2 – FSA Focussed Audit Action Plan – Blaenau Gwent Specific Actions

The information below details the specific areas for improvement relevant to Blaenau Gwent County Borough Council following the all Wales audit. The report paragraph identified links back to the specific sections of published audit report.

Report Paragraph Number	Issues Identified*	Actions Taken / Planned	Timescale
4.1 Organisation & Management			
4.1.3	Eleven local authorities made specific reference to the Scheme in their service aims and objectives, indicating a specific commitment to delivering the Scheme. In seven local authorities a reference was made to the Scheme in their Corporate, Strategic or higher-level Business Plans.	The 2020/21 Food Law Service Delivery Plan will contain a more detailed statement regarding Blaenau Gwent's commitment to delivering the Scheme.	Quarter 1 2020/21 Service Planning Development
4.1.11	In 11 service plans, insufficient information was provided on how the authorities intended to address all of their outstanding interventions.	The 2020/21 Food Law Service Delivery Plan will contain a more detailed statement confirming Blaenau Gwent's intention to deliver any outstanding interventions (if any) identified at the end of the reporting year in the subsequent financial year.	Quarter 1 2020/21 Service Planning Development
4.3 Database/Systems Management			
4.3.2	The database management of the Authority was not sufficient to demonstrate that back-up systems and procedures had been considered.	Update of database management procedure planned to incorporate business continuity arrangements in event of a failure of key systems.	January 2020

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4.4 Inspections/Interventions			
4.4.2	The authorities had completed almost all of their due interventions, indicating that their intervention programme was broadly in accordance with the Code.	Continue to plan interventions within 28 days of due date or of opening (new business).	Action ongoing (no end date)
Procedures			
4.4.12	The authority operated an intervention procedure that conflicted with their FHRS procedure regarding timescales for sending out inspection letters.	Updated FD1 inspection procedure to remove reference to 10 working days and amend to reflect specific wording of FHRS guidance (i.e.14 calendar days).	Completed.
4.4.23	The local authority had not included instructions relating to the checking and removal of all stickers in their procedures.	Update planned to operational FHRS procedure to document specific instruction to officers for checking and removing old FHRS stickers. This action is already being completed in practice by officers during inspections.	January 2020
Aides-Memoire			
4.4.27	Information on the number of public entrances or number of stickers requested by the business was provided was not being detailed on aides-memoire. There was no space allocated on the aide- memoire provided to record the new FHRS rating following an inspection.	Update planned to aide memoire to include specific section to capture information relating to the number of entrances/ stickers being requested. Any requests from businesses relating to number and nature of rating stickers are addressed. Any new rating issued is currently captured on a separate risk rating	January 2020 Completed

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		form which was not requested by the FSA during the pre-audit questionnaire. As there was no follow-up to the audit we were unable to clarify this point to them.	
4.4.29	The aides-memoire for low-risk food businesses did not prompt the capture of information on public entrances or number of stickers requested by the business.	Update planned to aide memoire to include specific section to capture information relating to number of entrances/ stickers being requested. Any requests from businesses relating to number and nature of rating stickers are addressed.	January 2020
4.4.30	Approved premises - The local authority had not prompted officers to capture information on the display of the FHRS rating. The local authority had not prompted officers to record the number of public entrances or number of stickers requested by the business.	Update planned to aide memoire to include specific section to capture information relating to number of entrances/ stickers being requested and agreement for location of display.	January 2020
4.4.32	The data from Nineteen authorities was assessed to determine if the total risk score had been calculated correctly. This score was calculated correctly in all cases by Eleven authorities. In the remaining Eight authorities almost all scores were correctly calculated, however, where anomalies were identified, these indicated that at least one of the Eight criteria may not be correct.	No information has been provided as to the identity of the premises to which this information relates despite a further request to the FSA. Routine review of information during intervention planning will continue to be used alongside internal monitoring to identify any errors on officer inputs of risk ratings. Any anomalies identified through this process have since been corrected.	Completed
4.5 Records and Interventions / Inspections Reports			
4.5.4	The authorities did not inform the business of the circumstance in which a rating and sticker ceased to be valid.	The routine inspection letter will be updated to include this information.	January 2020

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4.5.9	The local authority had not submitted a documented food hygiene rating scheme procedure which included safeguards.	FHRS specific operational procedure to be produced to compliment statutory guidance.	Completed
Re-Ratings			
4.5.13	Information on how and when the re-rating cost must be paid was not provided in full.	It was agreed that the All Wales Re-rating application form would be amended to include this information by the FSA.	Completed
Appeals			
4.5.20	The authorities had not provided some information on the process by which the appeal will be decided, and the business informed of the outcome.	This information is available on FSA website with the appeal information and is also provided to new businesses on registration in the form of the FSA leaflet. The post inspection letter will also be updated to include this information.	January 2020
4.6 Enforcement			
4.6.4	The authorities did not made specific reference to dealing with non-compliance in such establishments within documented enforcement procedures.	The current enforcement policy is being reviewed with a view to including this information.	March 2020
4.8 Internal Monitoring of Interventions			
4.8.4	There was no evidence that a variety of internal monitoring activity had been undertaken by the local authorities.	Internal monitoring has since commenced.	Action ongoing (no end date)