



## Attendance Management Policy

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<b>Policy Owner</b>	Head of HR
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<b>Protective Marking</b>	Official

<b>This document has been assessed for:</b>	
Compliance with Legislation	<input checked="" type="checkbox"/>
Equality Impact Assessment	<input checked="" type="checkbox"/>
Freedom of Information issues	<input checked="" type="checkbox"/>
Human Rights compliance	<input checked="" type="checkbox"/>
Health and Safety	<input checked="" type="checkbox"/>
Risk Management	<input checked="" type="checkbox"/>

**Important notice:** During times of national emergency or pandemic, the head of HR will approve relevant and necessary changes to policy and process to allow the spirit of the policy to be maintained whilst caring for and supporting our people.

## 1. Policy statement

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### 1.1 Purpose

This policy applies to both Police Officers, Police Staff and staff employed by the Office of the Police and Crime Commissioner (OPCC). For ease, the term “individual” will be used to refer to either.

Cleveland Police and the OPCC aims to encourage all individuals to maximise their attendance at work while recognising that people will, from time to time, be unable to come to work because of ill health. We are committed to dealing fairly and sympathetically with employees who are absent from work because of ill health. The organisation understands that an employee may have a health condition or injury that means that he/she is not fit for work, and that their recovery may be a slow process. The Force aims to assist employees on sick leave with their rehabilitation and eventual return to work.

While the organisation understands that there will inevitably be some sickness absence among employees, it must also pay due regard to its operational needs. If an employee is persistently absent from work, this can damage efficiency and productivity, and place an additional burden on their colleagues.

By implementing this policy, the organisation aims to strike a reasonable balance between the pursuit of its operational needs and the genuine need of employees to take time off work because of ill health. The organisation will consider dismissing an employee due to frequent periods of short term sick leave or long-term sick leave, only after it has made all reasonable and practicable attempts to support their sustained attendance at work, including any reasonable adjustments if the employee has a disability.

### 1.2 Absence triggers

The trigger point for a short-term sickness absence formal review is:

- More than 8 working days in the previous rolling 12 months (pro rata for part time employees).
- More than three instances of sickness absence in the previous rolling 12 months (i.e. on the 4<sup>th</sup> occasion of absence)  
or
- There is a pattern to the absences which is of concern.

The trigger point for an employee on long term sickness absence is 28 calendar days.

For information about exemptions to this for absence relating to pregnancy related sickness and disability related sickness sections 8.2 and 8.3.

## Covid-19 Pandemic Absence

The latest information and guidance in relation to COVID 19 (Coronavirus) can be located on COVID 19 SharePoint page located on the Force intranet [here](#).

The site has details of any updates and changes in any process that are required as part of the pandemic. Any protocols would be in line with any Government guidance.

If you require any further advice, then you can speak to your Line Manager or a member of the HR/ER team.

**Please note:** Any absence will be recorded on the ORACLE system.

### **1.3 Fairness and transparency**

Cleveland Police values the diversity of its people and is committed to promoting equal opportunities and eliminating discrimination. This policy must be applied fairly, equally and consistently to all employees irrespective of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other unjustifiable grounds. We will also ensure a consistent and transparent application of this policy to all employees, including grade or rank, taking into account individual circumstances and requirements.

### **1.4 Scheme of Delegation**

The Chief Constable will delegate authority to an officer or member of staff, to make decisions relating to sick pay appeals for both Police Officers and Police Staff.

### **1.5 Roles & Responsibilities**

<b>Responsibilities</b>	
<b>Employee</b>	<b>Supervision</b>
<b>Police Officer, PCSO or Police Staff</b>	<b>First Line Management of Individual</b>
Take personal responsibility for proactive action to manage their own wellbeing and to achieve a good level of attendance at work.	Log ALL sickness on Oracle on first day of absence.
Inform their line manager of any absence due to sickness from work at the earliest opportunity.	Maintain regular welfare contact with their employees including home visits. Appoint additional welfare support where appropriate.
Provide medical evidence for sickness lasting more than seven calendar days and ensure contact details are kept up to date.	Engage and co-operate with the ER and Wellbeing teams and their employees in order to effectively manage their employee's attendance in line with the policy and procedure.

Notify their line manager of any ongoing health issues whilst in the workplace as this will enable the individual and their line manager to access timely advice and guidance.	Conduct AMMs and Health Reviews with the support of the ER Team. Ensure contact log is maintained.
Engage and co-operate with the HR & Wellbeing teams and Line Management in order to effectively manage their attendance in line with policy and procedure.	Conduct structured and supportive return to work meetings which ensure that the on-going welfare of the individual is monitored. Update Oracle and end absence on return to work.
Attend appointments including: FMA, OH Nurse, Counselling or other supportive services.	Identify sickness trends across their department and areas of concern which need addressing in a pro-active attempt to reduce sickness. Report these to Heads of Command.

<b>Responsibilities</b>	
<b>Wellbeing</b>	<b>ER</b>
<b>Wellbeing Support</b>	<b>Manage Absence with Supervision and Wellbeing</b>
Triage referrals. Providing support by: Telephone, Face 2 Face appointment, signposting or referral to other services.	ER to triage each absence on a case-by-case basis.
Provide advice and guidance to all employees to aid the prevention of sickness and to enable improved wellbeing and attendance in the workplace.	Wellbeing referral where required.
Provide an update to Supervision on action to be taken - Help managers to understand the part they can play in reducing sickness. Signs to look out for.	Work with Supervision and the individual in order to address the issues, providing support and actively working towards a structured and supportive return to work.
Provide information to ER in line with the level of consent given.	Support Supervision in line within the provisions of the policy.
Identify sensitive and high-risk cases to ensure that Wellbeing and ER effectively manage those at greater risk of harm to their mental or physical wellbeing.	Ensure that Supervision are kept updated with relevant information to allow local day-to-day management of each case.
Provide pro-active Wellbeing education and support in an active attempt to reduce sickness levels	In partnership with Supervision, proactively support employees with activities and initiatives that improve or maintain Wellbeing.

<b>Responsibilities</b>
<b>HR Business Partner</b>
<b>Strategic Connection to Force Commands</b>
To monitor reporting levels within designated Commands. Drive this to, and maintain 100% compliance.
To monitor and report on Command specific issues and trends.
To drive and monitor the maintenance of Oracle hierarchies within Command in order to accurately reflect line management provision across the Force.
Provide support to the ER team in the management of cases where required.
Provide coaching and support to managers with the application of policy change and implementation.
Manage the SMP process following referral from the ER team.

## **Underpinning procedures**

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### **2. Notification of Sickness Absence**

- The individual verbally informs their Line Manager of sickness by telephone (or in exceptional cases by someone acting on their behalf)
- If an individual becomes ill whilst at work, they should inform their Line Manager, either in person or via telephone before leaving the workplace.
- On receipt of confirmation that an individual will not be in work due to illness, the Line Manager must create a sickness absence record on Oracle Self Service immediately. This should be escalated to 2<sup>nd</sup> Line Management if it cannot be completed.

All sickness lasting longer than seven calendar days requires medical evidence (with sickness of seven calendar days or less being self-certified). This medical evidence will normally be in the form of a doctor's fit note, also known as a "statement of fitness for work". The FIT note should then be forwarded to the Line Manager.

## Issuing of FIT Notes

Regulations which came into effect on 1 July 2022 confirmed that the following individuals are allowed to issue FIT notes following an assessment of a patient:

- Doctors (previously only doctors were allowed to issue FIT notes)
- Nurses
- Occupational therapists
- Pharmacists
- Physiotherapists

Any FIT notes issued by any of these individuals should be accepted and processed.

A copy of the regulations can be viewed [here](#).

## 3. Employee Relations Triage

Once an individual has reached an attendance trigger the case will be assessed by a member of the Employee Relations Team in order to assign an appropriate level of intervention.

To ensure that the monitoring and support of individuals is appropriate and proportionate to their sickness absence, Employee Relations will consider the following:

- Nature of Absence
- Length / Projected length of absence (if known)
- Number and nature of previous absences
- Support required to return to the workplace

## 4. Possible outcomes of triage

1. Local monitoring by line management
2. Wellbeing Referral for Wellbeing Support
3. Health Review Meeting and an Attendance Support Plan

### 4.1 Local Monitoring by Line Management

Following all occasions of short-term absence, and where the absence trigger has not been invoked, the process involves an informal discussion and an opportunity for the individual and their line manager to discuss any health, welfare, or work issues which may be related to the recent period of absence. It should be conducted in a caring and supportive manner with the aim of identifying any underlying issues or trends which may benefit from further wellbeing support. When necessary, appropriate advice can be obtained from a representative of the Employee Relations team.

In cases where the individual has breached the Force sickness criteria the Employee Relations Team will contact Line Management to advise on the level of action deemed appropriate due to individual circumstances. Please see Return to Work process [here](#).

## **4.2 Wellbeing Provision**

Individuals are expected to take responsibility for their own health needs and seek treatment and support from primary care services such as GP's and other NHS treatment provision for their medical and psychological needs in the first instance.

The Wellbeing service is designed to provide specialist advice on preventing or resolving health problems which can affect the employee's ability to attend work or do their job effectively. This is designed to be a supplementary service to the provision of primary care and is directly related to health and wellbeing within the workplace.

The Wellbeing team consists of staff from a variety of backgrounds including nursing, counselling, and welfare in order to provide all round support to individuals. This is complemented by the services of the FMA, a fully qualified Occupational Health doctor and relevant external agencies providing specialist support.

At various stages of managing the individual's sickness absence, the organisation may wish to obtain advice on the individual's fitness for work from specialist occupational health advisers. It is expected that all individuals comply with these requests.

Examples of when this may be appropriate include:

- To establish when an individual may be able to return to work;
- To establish whether a phased return or any other short-term adjustments are needed;
- To ask for guidance on the individual's condition or ambiguity as to the exact nature of the condition;
- To establish if the individual is covered by the equality act, to enable discussion on any long-term adjustments that could be made to accommodate the individual's needs.

Where a report from the individual's medical practitioner is necessary, the individual will be fully informed of their rights under the Access to Medical Reports Act 1988 and their permission will be sought for the report to be obtained.

Where the individual refuses permission for the organisation to contact their medical practitioner, a decision relating to their employment may be made without the benefit of access to medical reports. The individual will be informed that this could be detrimental to the provision of any support or adjustments available.

### 4.3 Long Term Absence

In the case of long-term absence, it is more likely than not, that adjustments, and potentially a risk assessment may need to be considered, in order to aid the individual back to work. Where required, advice will have been obtained from the Wellbeing team throughout the absence and will assist with producing a successful return to work plan.

As a return from long term sick leave is usually known in advance, the Line Manager will meet with the individual either before or upon their return to work. This is to enable an agreed approach that should minimise the impact a return to the working environment can have on both the mental and physical wellbeing of the individual.

### 4.4 Contact during absence

Keeping in touch is an important part of a supportive absence. It is a requirement of the Force that contact logs are arranged between the individual and line management to ensure regular and pro-active communication is retained throughout the absence.

**The contact log should be updated on Oracle self-service every time contact is made.**

The line manager will establish a contact log with the individual which will be duly recorded. The aim of this is to support the individual and to aid them with their rehabilitation, thereby enabling their return to work. **Day to day management of the contact log will sit with Line Management.**

The Employee Relations team will maintain contact with line management to offer support to both them and the individual during the absence, to facilitate a return to work, and maintain attendance. **It remains the responsibility of line management to manage absence in partnership with Employee Relations.** This will include a face-to-face meeting at a mutually agreeable venue within the workplace and will take place within the first 14 days of absence, unless there are exceptional circumstances.

Employee Relations will provide advice and support, in addition to coaching all line managers in this process. **However, it is not envisaged that Employee Relations will be required to attend all meetings and this will be judged on a case by case basis.** The aim of the approach is to allow line management to actively manage sickness absence within their departments.

The individual must co-operate with all contact approaches and interventions made by Cleveland Police during their period of absence. Failure to comply with these provisions may be treated as unsatisfactory performance or a breach of discipline.

If during the sickness absence the individual intends to be away from their home address for any significant period of time they must ensure that Employee Relations and Line Management are made aware.

The Employee Relations team will also ensure that the individual is informed of the attendance management policy and procedures, and at the most appropriate time the individual will be made aware of the sick pay scheme.

#### **4.5 Health Review Meetings**

If there is no improvement in attendance or the individual has not resumed full duties, the Line Manager with support and guidance from the Employee Relations team will invite the individual in writing, to attend a health review meeting. The individual is entitled to bring along a staff association or a trade union representative or a work colleague for support.

There is no single formula for determining the trigger point of this meeting. Each individual absence will be considered on its own merits and circumstances, and in most cases a Health Review meeting will be arranged when the individual returns to work.

If however, the individual has triggered the long term absence period of 28 calendar days and is still absent from work, a Health Review meeting will take place at the most appropriate time depending on the circumstances of the absence.

At the health review meeting the following will be discussed, as appropriate to the individual's case, in order to develop an attendance support plan:

- Any further or appropriate support that can be accessed and undertaken;
- The need to improve and/or maintain attendance in the workplace;
- Barriers to achieving a return to work;
- The need to resume full duties of their current substantive post;
- Sick pay implications;
- Progression to formal procedures under Police Regulations or Police Staff Capability Policy, if the improvement plan is not achieved within the agreed timescales.

An attendance support plan will be set ordinarily for a duration of between 1 and 3 months. However, depending on individual circumstances a plan of up to 6 months duration may be deemed necessary. Once an attendance support plan has been instigated it will be covered by regular review meetings.

Subject to achieving the attendance support plan objectives, the case will be closed. There will be a 12-month monitoring period from the date of the initial Health Review meeting. Failure to demonstrate the agreed improvements may result in the plan being extended or formal action being taken.

Consideration will be given to commence formal procedures under Police Performance Regulations 2012 or Police Staff Capability Policy in the following instances:

- If there is no improvement in attendance within the 12-month monitoring period.  
If there is not a return to full duties within the agreed timescales.
- Failure to comply with these provisions may be treated as unsatisfactory performance or a breach of discipline.

Each case will be reviewed and considered on its own merits following appropriate advice from the Employee Relations team.

#### **4.6 Return to Work**

In all cases it is important on the first day of return that a welcome back discussion takes place at the start and end of the shift, to enable the individual to build self-confidence and feel integrated with their colleagues. Occasionally some individuals will also benefit from being assigned a colleague or 'buddy' to support them, especially if they have returned to alternative duties.

Line Managers must also close down the sickness absence and record the fact that a return-to-work meeting has taken place. Both of **these actions must be recorded on the Oracle self-service system.**

A failure to close sickness on Oracle in a timely manner may result in an adverse impact to the pay of the returning individual.

### **5. Notification of Wellbeing support whilst in work**

We recognise that not all wellness issues will result in an employee being absent from work in the first instance. However, to enable early intervention and support when an employee or their line manager recognises that there are potential wellbeing issues arising then we also encourage in work referrals to the Wellbeing team.

To access this support either the employee or their Line Manager, on their behalf, can contact the Wellbeing team via the Wellbeing Services Referral template (Appendix 1). The wellbeing team will triage the referral and provide advice on the next steps on a case-by-case basis.

#### **5.1 Welfare support**

In line with both employees and Line Manager's responsibilities as outlined in section 1.5 and in addition to the attendance support provided via the Employee Relations team, the Line Manager will provide welfare support. This will involve regular contact relating to issues such as department and operational updates, as well as social updates etc. In some circumstances consideration will be given to the provision of an appointed welfare contact in addition to Line Management support.

## **6. Police Performance Regulations 2012 - Unsatisfactory Attendance Procedure (UAP) – Police Officers Only**

Please access the Unsatisfactory Performance and Attendance Procedures for Police Officers. It is important to note if an Officer is subject to Police Performance Regulations this procedure can run concurrently with ill health medical procedures. However, stage 3 of the process will not be progressed until the ill health medical procedure has been considered.

### **6.1 Capability Management Policy – Police Staff Only**

Please access the Capability Policy for Police Staff. It is important to note if a Police Staff member is subject to Police Staff Capability Policy this procedure can run concurrently with ill health medical procedures.

## **7. Sick pay procedures**

### **7.1.1 Police Officers**

Regulation 28 allows for a reduction in pay for police officers who have been off sick for 183 days in a rolling 12 month period. Initially pay reduces to half, and for those officers who have been off sick for a complete 12 month period, pay will cease. Regardless of length of service officers are entitled 6 months full pay and 6 months half pay.

### **7.1.2 Police Staff**

The sick pay scheme for police staff is determined by national Police Staff Council terms and conditions of employment and is linked to length of service.

Entitlements are as follows:

During 1 <sup>st</sup> year of service	1 months full pay and (after completing 4 months service) 2 months half pay
During 2 <sup>nd</sup> year of service	2 months full and 2 months half pay
During 3 <sup>rd</sup> year of service	4 months full and 4 months half pay
During 4 <sup>th</sup> and 5 <sup>th</sup> years of service	5 months full and 5 months half pay
After 5 years' service	6 months full pay and 6 months half pay

### **7.2 Sick pay appeal procedure**

The Pay Appeal Meeting is convened monthly. Its role is to review half and nil pay decisions on a case by case basis, taking into consideration information provided within the appeal submission.

The Panel consists of:

- Chair and Decision Maker
- Head of Legal
- Employee Relations Manager
- (Or nominated deputies of the above)

The Panel has the discretion to determine that for a specific period an individual may continue to receive either full pay or half pay whilst on sick leave. A notification of the appeal decision and rationale will be circulated to the individual following the meeting.

## **8. Recuperative Duties**

### **8.1 Possible consideration for support in returning to or remaining in the workplace**

For periods of less than 28 days a Line Manager can use their discretion to support the use of recuperative duties for individuals who have not been absent from work. However, they must notify the Employee Relations team so a case can be set up to monitor the recuperative period.

The wellbeing team will provide advice for individuals returning to work who may benefit from undertaking a period of recuperative duties.

Any recuperative duties beyond 28 days will be subject to advice from the Wellbeing team. However, in line with the Limited Duties Regulations for Police Officers this should not extend beyond a period of six months. To ensure fairness and consistency to Police Staff, recuperative duties should not extend beyond six months.

Recuperative duties can include a range of options including temporary reassignment, phased return to normal duties and hours, and a review of duties or amended shift patterns.

### **8.2 Recuperative duties and annual leave**

Employees who are on a recuperative plan and who are working reduced hours will be required to take any leave taken in this period as full days, irrespective of the reduced hours worked.

### **8.3 Temporary reassignment**

Where an individual is unfit to return immediately to their substantive role, even on a phased basis, a member of the Employee Relations team with the Line Manager could consider temporarily reassigning the individual to another role.

The possibility of a temporary role will depend on the availability of suitable work elsewhere. The Employee Relations team and Line Manager should initially consider whether or not a different role or range of tasks, is available within their

department and, if it is not, widen the search to include other departments in consultation with the Workforce Planning Business Partner.

The individual's existing basic rate of pay will be protected during the temporary reassignment. Temporary placements to help an individual return to work following long term sickness absence will normally last no longer than six months, which is the maximum period of time that police staff allowances will be protected for.

#### **8.4 Adjusted duties (Police Officers Only)**

If a Police Officer has undertaken recuperative duties for a period of six months and is not in a position to return to full duties then the Limited Duties Regulations will be invoked (see Limited Duties Policy). Officers will be advised of this by the Employee Relations team, when they are first placed on a recuperative duties plan.

#### **8.5 Medical redeployment (Police Staff Only)**

If a member of Police Staff has undertaken recuperative duties for a period of six months and is not in a position to return to full duties then medical redeployment will be considered following receipt of advice from the FMA (see Redeployment Policy Police Staff). Police Staff will be advised of this by the Employee Relations Team, when they are first placed on a recuperative duties plan.

### **9. Annual Leave**

Individuals should note that they cannot be on a period of annual leave and sick leave at the same time. Please see Annual Leave Policy for further guidance.

Should individuals wish to carry over annual leave due to long term sickness absence they should consult the Annual Leave Policy for further guidance.

### **10. Special Cases**

#### **10.1 Other medical appointments**

Individuals who are required to attend medical appointments made by the Force such as appointments with the Force Medical Advisor or counselling etc. shall be given duty time to attend. If an employee is absent from work due to sickness when these appointments occur they will be required to attend whilst on sick leave.

Employees who have arranged non urgent medical / dental appointments should ensure that appointments are made outside of their normal working hours. Time off to attend such appointments is a concession and not a contractual entitlement. Approval must be obtained from your Line Manager for any such appointments to enable effective service delivery.

Where it is not possible for appointments to be made outside of an employee's normal working hours, they should make every effort to arrange such appointments so as to minimise the level of disruption to their normal working arrangements.

## **10.2 Pregnancy-related absences**

Pregnant employees who are off work because of pregnancy-related ill health must abide by the organisation's absence reporting procedure outlined in 2.1.

In the event that a period of sickness absence arises with a pregnant employee then advice and guidance from the Wellbeing team and an Employee Relations team will be sought. They will advise on whether the sickness absence is due to a pregnancy-related medical condition. If it is, then the absence should not be taken into account when assessing if the need for formal action under the Force Attendance Management procedure has been triggered. In some cases, pregnancy related sickness may lead to the early commencement of maternity leave.

## **10.3 Disability-related absences**

Where an employee gives as the reason for absence, an underlying health issue that could amount to a disability under the Equality Act 2010, the Employee Relations team must refer the employee to the Wellbeing team for advice. The Force is under a duty to consider and make reasonable adjustments for disabled employees to ensure they are not substantially disadvantaged when doing their jobs.

## **10.4 Ill-health Retirement**

Please see separate guidance document. Details available on the Force Intranet.

## **10.5 Terminal Illness**

Where an employee is suffering from a terminal illness, the Force will endeavour as far as possible to accommodate their wishes and to provide the most financially advantageous arrangements for them. This includes discussion of the possibility of ill-health retirement or the termination of employment with a lump-sum payment under their pension scheme.

While the Force will support employees who wish to continue working, employees with a terminal illness should bear in mind that there may come a time when they will be unable to continue working. In this case, the ER and Wellbeing teams, along with supervision will discuss the options with the employee.

## 11. Compliance and Monitoring

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The Head of HR is responsible for the accuracy and integrity of this document. This policy will be continuously monitored, and updated when appropriate, to ensure full compliance with legislation.

The Head of HR will review this process to ensure that all aspects are being adhered to in accordance with the framework of this policy.

## 12. Version Control

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This policy will be reviewed and updated at least every three years by the owner, and more frequently if necessary.

The Corporate Services Department will ensure this document is available on the Force intranet, including any interim updates.

The following identifies all version changes.

Version	Date	Reason for update	Author
1.1	30/9/11	Policy Revised and Updated	████████
2.0	Oct 2011	Policy Approved at SDG	████████
2.1	30/9/11	Policy Revised and Updated	████████
2.2	22/07/13	Process change for implications of annual leave and long term sickness absence (section 3.22)	████████
2.3	01.04.14	Policy amended to add Office of the Police and Crime Commissioner for Cleveland	████████
2.4	12.05.14	Policy Revised and Updated	████████
2.5	14.07.14	New appendix added	████████
2.6	April 2015	Changes impacting on those working part time	████████
2.7	January 2016	Policy Revised and Updated	████████
3.0	April 2016	Policy approved by Management Board	████████
3.1	Oct 2016	Appendix 7 amended to reflect the plan changing to 6 months	████████
3.2	November 2017	Appendix 2 and 4 updated Limited changes to the policy to reflect Line Managers undertaking referrals to OHU	████████
3.3	June 2018	Slight amendment to section on health group	████████

3.4	Oct 2018	Revised policy sent for consultation	████████
3.5	Nov 2018	Policy amending following consultation	████████
4.0	Jan 2019	Policy approved by Chief	████████
4.1	Feb 19	Minor amends prior to publication	████████
4.2	Feb 19	Minor amend to section 2.12 ACC to Executive Officer	████████
4.3	Jan 2020	Policy Revised & Updated	████████
4.4	Jan 2020	Slight change of wording section 5	████████
4.5	Feb 2020	Change of owner Dept. name	████████
4.6	Mar 2020	Change to the wording of the attendance list at 7.2	████████
4.7	Apr 2020	Addition of COVID message	████████
4.8	Apr 2020	Minor amendment to scheme of delegation in 1.4	████████
4.9	July 2020	Section 1.2 addition of information re COVID 19 and sickness criteria Section 8.1 slight rewording	████████
4.10	Jan 2021	Reviewed – no changes required	████████
4.11	May 2022	COVID 19 section amended to refer to COVID 19 SharePoint for latest advise and information.	████████
4.12	July 2022	Section 2 updated to show who can issue FIT notes as of 1 July 2022	████████