Clinical Nurse Specialist (Diabetes Integrated Care)

Guidelines for Attending Diabetes Clinics in General Practice

Development Group:	National Diabetes Integrated Care Nurse Group in conjunction with the National Clinical Programme for Diabetes
Approved by:	• Office of National Clinical Advisor and Group Lead (NCAGL) for Chronic Disease, Health Service Executive (HSE).
Endorsed by:	• National Clinical Programme for Diabetes, HSE. • Office of the Nursing & Midwifery Services Director (ONMSD), HSE. • Irish College of General Practitioners (ICGP) Quality & Safety in Practice Committee • Irish Diabetes Nurse and Midwife Specialist Association (IDNMSA)
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1 Guideline

1.1 Purpose

This Guideline is intended to guide Clinical Nurse Specialist (CNS) Diabetes Integrated Care attending clinics in General Practice. This purpose of this document is to describe the role and responsibilities of the CNS Diabetes Integrated Care, and to ensure safe and effective clinical practice. It includes an agreement template between General Practitioners (GPs) and CNS Diabetes Integrated Care regarding patient confidentiality and access to the patient database within the general practice surgery (Appendix 1). A data protection protocol detailing best practice in line with Health Service Executive (HSE) policy is also outlined so that clients of the CNS Diabetes Integrated Care Nursing service can be assured that all data pertaining to them is managed in line with the Data Protection Acts 1988-2018 and General Data Protection Regulation (GDPR).

1.2 Scope of the CNS Diabetes Integrated Care

The CNS Diabetes Integrated Care is a key team member in the provision of integrated patient care. They provide a primary care-based specialist diabetes nursing service to individual patients referred to them by GPs and Practice Nurses (PNs). They also provide education and support to GPs and PNs within the General Practice surgery. The CNS Diabetes Integrated Care will work 80% of the time in primary care and 20% in secondary care providing a tangible link between primary and secondary care.

1.3 Reporting Relationship

The CNS Diabetes Integrated Care will work in collaboration with GPs and PNs (and Public Health Nurses (PHNs) and Community Registered General Nurses (CRGNs) as required) to assist with the care of patients with Type 2 Diabetes. They have a clinical reporting relationship with the GP in primary care and the Consultant Endocrinologist in secondary care. The CNS Diabetes Integrated Care has a professional reporting relationship with either the Director of Public

Health Nursing and/or Director of Nursing in Secondary Care as per local agreements. The overall care and management of the patient reviewed General Practice remains under the clinical governance of the GP. It is the GP's decision whether the patient should be referred to secondary care and the CNS Diabetes Integrated Care may facilitate this process.

1.4 Setting-up Clinics

Initially, the CNS Diabetes Integrated Care will hold a clinic in the General Practice surgery every 4-8 weeks, depending on how many patients with diabetes are on the practice register. The frequency of on-going clinics will be decided between the individual practices and the CNS Diabetes Integrated Care. The CNS Diabetes Integrated Care will require a personal 'log-in' to the General Practice software system.

During the initial development stage where the General Practice is starting to structure diabetes care, the CNS Diabetes Integrated Care will provide guidance on establishing a register and a recall system. It is envisaged that each General Practice undertaking the Cycle of Care for Diabetes and/or the Chronic Disease Management Programme has a PN on their team. Initially, the CNS Diabetes Integrated Care may do joint clinics with the PN with a view to building skills and confidence in the management of patients with uncomplicated type 2 diabetes. This will not be required where the practice nurse is already skilled in diabetes care. The National Clinical Programme advocates that patients with type 2 diabetes should be cared for as per National Model of Care for Type 2 Diabetes (HSE, 2018). Patients with uncomplicated type 2 diabetes (Table 1) should be reviewed by the GP/ PN.

Uncomplicated Type 2 Diabetes Criteria
• Not on insulin • Managed by lifestyle modification only or on glucose lowering agents with a HbA1c ≤58mmol/mol (≤7.5%) • Low risk or moderate risk feet • No active diabetic eye disease • Controlled CV risk factors • Normal hypoglycaemia awareness • Satisfactory renal function - defined as a serum creatinine <150umol/l or eGFR >60ml/min or albuminuria <70mmol/ml or PCR < 100mg/mmol • No symptoms of autonomic neuropathy (with the exception of erectile dysfunction)

Table 1: Uncomplicated Type 2 Diabetes Criteria

1.5 Role of CNS Diabetes Integrated Care in Primary Care

1.5.1 Direct Patient Care

- The CNS Diabetes Integrated Care will review patients with complicated type 2 Diabetes referred to them by the GP/PN (See Table 2).The referral process between the GP, PN and the CNS Diabetes Integrated Care can be decided locally.

Referral criteria for CNS Diabetes-Integrated Care
• Poor glycaemic control HbA1c (>58mmol/mol or 7.5%) on two hypoglycaemic agents • Type 2 diabetes patients requiring insulin/GLP1 initiation • All patients on insulin who are not meeting HbA1c targets • Steroid induced hyperglycaemia (can be referred back once off steroids or blood glucose levels settle) • Recurrent hypoglycaemia • Hypoglycaemia unawareness • Unresolved issues with self-monitoring of blood glucose • Patients who default from secondary care including adult patients with type 1 diabetes with a view to re-engaging them with services in secondary care

Table 2: Referral criteria for CNS Diabetes Integrated Care

- It will be the responsibility of the GP/PN to ensure relevant biochemical markers (Harkins, 2016) and access to clinical notes for the individual patients are available for CNS Diabetes Integrated Care clinics.
- Please see Appendix 2 for list of equipment required for CNS Diabetes Integrated Care clinic.
- Allow 30 -45 minutes per appointment depending on complexity of patient.
- Discuss individual patient case management issues with the PN. The GP, PN and CNS Diabetes Integrated Care should decide when this discussion take place.
- When the patient is under the care of PHN /CRGN for insulin administration support, changes in treatment plans will be communicated to PHN/CRGN.
- Provide phone and email support to general practices in between clinics. HSE Health mail is required for secure email communication.

1.5.2 Indirect Patient Care

- Provide best practice guidelines and assist with the development of policies in conjunction with the local Professional Development Co-ordinators for Practice Nursing and Nursing and Midwifery Planning and Development Unit.
- Advise the General Practice on structured education programmes available in the area along with local referral pathways and local resources.
- Advise on useful diabetes educational booklets/websites and where to source supplies.
- Support and engage with local diabetes prevention programmes.

1.5.3 Education and Training

- Provide education and training for health care professionals including PHN and CRGN
- Provide information on available education in diabetes for GPs and PNs. See Appendix 3 for list of nationally available modules in diabetes.
- In conjunction with the local Diabetes Services Implementation group (DSIG) provide annual multidisciplinary diabetes master classes/ Diabetes Conference.
- Participate in providing Structured Patient Education programmes.

1.5.4 Audit and Research

- Assist and support audit of diabetes care and provide feedback within General Practices to influence the delivery of integrated care at practice level.

1.5.5 Advocacy

- Advocate for improvement in access to services for patients.

1.6 Role of CNS Diabetes Integrated Care in Secondary Care

- Work as part of Multidisciplinary team (MDT).
- Provide care to adult patients with type 1 and type 2 diabetes to ensure clinical skills are maintained in the management of more complex patients who are seen in secondary care.
- Case management liaison with the Consultant Endocrinologist and MDT for patients reviewed in Primary Care.
- Assist with the development of integrated care pathways with hospital and primary care colleagues.
- Regular attendance at hospital-based diabetes MDT meetings.
- Attendance at education sessions e.g. case studies/journal club.

The above is not intended to be a comprehensive list of all duties involved and must only be used as a guidance document in conjunction with the Job Description and may vary according to local practice.

1.7 Data Protection Protocol

1.7.1 Protocol Statement

The HSE regards the lawful and correct processing of personal and confidential data as a critical component in providing services and to maintaining client confidence. All information about living clients whether held manually or in electronic format is subject to the requirements of the Data Protection Acts and GDPR, which set out the standards that must be satisfied when processing personal data, i.e. obtaining, recording, holding, using, or disposing of personal data.

In line with HSE Corporate policy and Irish Legislation, the CNS Diabetes Integrated Care Service, will strive to ensure all data held relating to clients of the service will be maintained, stored, archived and destroyed appropriately to prevent breaches in data protection.

1.7.2 Purpose

The purpose of this protocol is to ensure clients of the CNS Diabetes Integrated Care Nursing service can be assured that all data pertaining to them is managed in line with the Data Protection Acts 1988-2018 and GDPR.

1.7.3 Scope

The scope of this protocol is applicable to all CNS Diabetes Integrated Care employed by the HSE. This guideline relates to client data only, data relating to Human Resources, Finance etc. are held by those specific departments as appropriate.

1.7.4 Legislation/other related policies

This guideline has been compiled in accordance with stipulations laid out in the following documents:

- The Data Protection Act (1088-2018 and GDPR))
- Privacy Regulations 2011 (S.I. 336 of 2011)
- HSE (2013) Record Retention Periods Policy
- Freedom of Information Act 2014

The HSE has produced a suite of documents in relation to data storage, retention (Appendix 4), freedom of information, consent etc. This protocol is designed to be read in conjunction with these documents, which can be found at:

https://www.hse.ie/eng/services/yourhealthservice/info/dp/dpstaffguide.pdf

https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-data-protection-policy.pdf

1.7.5 Glossary

Confidential: Any record containing personal identifiable information such as name, address, date of birth, PPS Number, employee number, or medical record is deemed confidential. Other records may also be confidential if they contain information about HSE business or finances. For the purpose of this guideline, confidential documents include legal documents and medical records relating to clients of the CNS Diabetes Integrated Care service.

Data Protection: The safeguarding of the privacy rights of individuals in relation to the processing of personal data.

1.7.6 Roles and Responsibilities

- Nurse Facilitators for Diabetes Integrated Care to disseminate guideline to all CNS Diabetes Integrated Care.
- The National Diabetes Integrated Care Nurse Group in conjunction with the National Clinical Programme for Diabetes are responsible for updating this guideline as appropriate.
- All staff including GP's/ PN's and CNS Diabetes Integrated Care working within the service to read and comply with this guideline and alert line managers of any issues, which may hinder their compliance.

1.7.7 Information kept by the CNS Diabetes Integrated Care Service

All Special Category Data, whether in manual or electronic format, must be protected from unauthorised access, removal, alteration or loss, using appropriate security systems and record management controls.

All nurses and staff working within the CNS Diabetes Integrated Care have a responsibility to ensure that Special Category Data is:

- Obtained in a lawful, fair and transparent way
- Only used for the purpose for which it was collected
- Necessary for our purpose, not excessive
- Kept accurate, up-to-date, and complete
- Used and shared both appropriately and legally
- Kept safe, secure and confidential
- Not disclosed to unauthorised third parties
- Disposed of appropriately when no longer required

All staff working in the HSE and contracted services are legally required, under the Data Protection Acts 1988-2018 and GDPR, to ensure the security and confidentiality of all personal data they collect and process on behalf of clients and employees. Data Protection rights apply whether the personal data is held in electronic format or in a manual or paper-based form. Staff breaches of data protection legislation may result in disciplinary action.

1.7.8 Storage and transfer of client records

Paper Records

- Paper records and files containing personal data should be handled in such a way as to restrict access only to those with reasons to access them.
- Personal and sensitive information held on paper, must be stored out of public view e.g. callers to offices/ GP surgeries /public hatches. Do not leave documents containing personal information where they may be visible or accessible to unauthorised persons.
- If Computers or Visual Display Units (VDUs) are unattended for any period, staff must ensure that no personal information can be viewed. Access should be disabled, where it is anticipated that computers or VDUs will be unattended.
- Lock rooms, cabinets, or drawers, in which personal records are stored, when unattended. A tracking system should be maintained to record files removed and returned.
- While appreciating the need for information to be accessible, staff must ensure that personal records are not left on desks or workstations at times when unauthorised access might take place.
- It may be necessary to transport patient records from general practice surgery to hospital and vice versa, in such cases, these documents should be stored in the locked boot of the car.
- **NB**. Staff should not take patients records home. In exceptional cases, where this cannot be avoided these records must be stored securely. Records should never be left unattended in cars, and if staff are holding them overnight, they must store them safely indoors.

Electronic records

- If computers or VDUs are left unattended, staff must ensure that no personal information may be observed or accessed by unauthorised staff or members of the public. The use of secured screen savers is advised to reduce the chance of casual observation. Computer screens in public areas should be positioned so that authorised staff can only view them.

- Staff must not leave laptop computers or other portable electronic devices, and/or records containing personal information, unattended in cars. All records and portable equipment must be stored securely. If equipment containing personal information must be transported, it should be locked securely in the boot of the car.

- All electronic equipment should be encrypted and shut down fully when not in use.

1.7.9 Conversations/Phone Calls/Voicemails/SMS (text) messages

- It is important to ensure that patients and/or staff information is not discussed in areas either among staff or by telephone where it is likely to be overheard.

- Personal information should not be given by telephone, unless it can be established, that the caller is whom they claim to be and proof of identity is essential. Staff must exercise caution and reasonable care in such cases, for example, checking with the caller for a date of birth. It may also be appropriate to take a caller's telephone number, and then check the validity of the number by calling it back.

- Personal information should not be left on voicemail/answering machines. SMS appointment reminders should only be sent, after the person has been informed that they will receive them and has not objected. The content of the SMS must not contain medical information or test results.

- Personal information should not be sent to other healthcare professionals by text messaging

1.7.10 Post

- Mail containing personal information should be marked clearly with “Strictly Private and Confidential”. If the information is particularly sensitive or proof of delivery is necessary, information of this nature should be sent by registered post.

1.7.11 Fax Transmission

Staff must respect the privacy of others at all times and only access fax messages where they are the intended recipient, or they have a valid work-related reason. If you receive a fax message and you are not the intended recipient, you must contact the sender and notify them of the error. Fax machines must be physically secured and positioned to minimise the risk of unauthorised individuals accessing the equipment or viewing incoming messages. The following circumstances exist where it is acceptable to transmit confidential and personal information by fax:

- All persons identified in the fax message fully understand the risks and agree.
- There are no other means available.
- In a medical emergency where a delay would cause harm to a client.

The following steps are to be taken to maintain security and confidentiality when transmitting personal information by fax:

- The fax message must include a HSE/GP fax cover sheet.
- Only the minimum amount of information necessary should be included in the fax message.
- Before sending the fax message, contact the intended recipient to ensure he/she is available to receive the fax at an agreed time.
- Ensure that the correct number is dialled.
- Keep a copy of the transmission slip and contact the intended recipient to confirm receipt of the fax message.
- Ensure that no copies of the fax message are left on the fax machine.

1.7.12 Electronic Communication

In circumstances where it is necessary to transmit confidential or personal information via email, the following procedure must be adhered to:

- Only the minimum amount of confidential or personal information should be sent as is necessary for a given function to be carried out and the sender must take great care to ensure that it is sent only to the intended recipient(s).
- Where it is necessary to transmit confidential or personal information to an email address outside of the HSE domain (i.e. one that does not end in "@hse.ie"), the following additional procedure must be followed:
- The transfer must be made in accordance with the Data Protection Acts 1988-2018 and GDPR.
- The transfer must be authorised by the information owner and the local Consumer Affairs office. Such authorisation must be issued in advance of the first instance and may apply thereafter.
- All confidential or personal information sent with the email message must be encrypted.
- The password used to decrypt (read) the confidential or personal information must not be sent along with the original email message. Further information on the HSE Encryption Policy is available on the HSE intranet at http://hsenet.hse.ie on the ICT policy page
- Confidential information regarding HSE business practices and procedures or personal information about any HSE client or employee must not be posted or discussed on internet social networking websites, internet video hosting/sharing websites, internet discussion forums, message boards or internet chat rooms.
- Confidential or personal information must only be transmitted via the public internet when the information has been encrypted and the transfer has been authorised by the information owner and the Consumer Affairs section.

1.7.13 Data Protection Breaches

If a client's data is inadvertently released to a third party without consent, this will constitute a

breach of the Data Protection Act to be reported within 72 hours to the local DDPO. If a staff member is aware of a breach or suspected breach of personal data, they must report this immediately to their line manager.

In cases of data protection breaches, the Director of Public Health Nursing/ Director of Nursing is required to implement the HSE's Breach Management Policy.

There are five elements to any data breach management plan:

- Identification and Classification - what personal data/special category data was disclosed.
- Containment and Recovery – minimise the damage, retrieve the data if possible.
- Risk Assessment – what are the potential adverse consequences of this breach?
- Evaluation and Response – aim to establish how the breach occurred and take action to ensure it doesn't occur again.
- Notification of Breach – notify the DDPO who will report to the Data Protection Commissioner.
- Comply with requirements/recommendations of the Data Protection Commissioner's office,
- In the event of an ICT breach their local ICT Help Desk. The Consumer Affairs Office can also provide staff with advice, guidance and training on data protection legislation

2 Guideline Development Cycle

2.1 Purpose and Scope

Please refer to section 1.1 above.

2.2 Objectives

The objectives of this guideline are:

- To outline the role of the CNS Diabetes Integrated care working with General Practice.
- To ensure clients of the CNS Diabetes Integrated Care Nursing service can be assured that all data pertaining to them is managed in line with the Data Protection Acts 1988-2018 and GDPR.
- To help standardise care delivered and engagement with General Practice across the CNS Diabetes Integrated Care service nationally.

2.3 Guideline Development Group

This document was developed by:

- Helen Twamley, CNS Diabetes Integrated Care
- Caitriona Coleman, CNS Diabetes Integrated Care
- Katie Murphy, Diabetes Nurse Facilitator
- Anne Gavaghan, CNS Diabetes Integrated Care

in collaboration with the National Clinical Programme for Diabetes.

The Data Protection Protocol was adapted from a Data Protection Protocol developed by Gwen Regan. Practise Development Coordinator, Public Health Nursing Services, HSE Community Healthcare Organisation 9.

2.4 Governance and Approval

In compliance with the Hierarchy of Approval Framework recommended by the CCO Clinical Forum, this guideline has been approved by Dr. Orlaith O'Reilly NCAGL Chronic Disease. It has

also been endorsed by:

- National Clinical Programme for Diabetes, HSE.
- Office of the Nursing & Midwifery Services Director (ONMSD), HSE.
- Irish College of General Practitioners (ICGP) Quality & Safety in Practice Committee
- Irish Diabetes Nurse and Midwife Specialist Association (IDNMSA)

2.5 Implementation

These guidelines relate to CNS Diabetes Integrated Care attending General Practice. The adoption of the guideline is the responsibility of each individual CNS Diabetes Integrated Care.

Education/training plans required to implement the Guideline.

All CNS Diabetes Integrated Care have the appropriate qualifications to execute this role therefore additional training to adhere to these guidelines is not required. All nurses are responsible for undergoing a continuing professional development (CPD) process, in order to achieve competence to deliver safe, effective care.

2.6 Revision & Updates

- This guideline will be revised every two years.
- In the event of new evidence and/or information emerging which relates directly to this guideline a working group will be convened to revise and amend if warranted.
- The National Diabetes Integrated Care Nurse Group in conjunction with the National Clinical Programme for Diabetes are responsible for updating this guideline as appropriate.

Reference List

Government of Ireland. (2003). Data Protection (Amendment) Act 2003. Available from: http://www.irishstatutebook.ie/eli/2003/act/6/enacted/en/pdf

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Health Service Executive. (2018). Model of Integrated Care for Patients with Type 2 Diabetes. A Guide for Health Care Professionals (Clinical Management Guidelines). Available from: https://www.hse.ie/eng/about/who/cspd/ncps/diabetes/moc/model-of-integrated-care-type-2-diabetes-2018.pdf

Health Service Executive. (Undated). Data Protection and Freedom of Information Legislation; Guidance for Health Service Staff. Available from: https://www.hse.ie/eng/services/yourhealthservice/info/dp/dpfoilawstaffguide.pdf

Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives 2014. Nursing and Midwifery Board of Ireland.

Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Framework 2015. Nursing and Midwifery Board of Ireland.

Appendices

Appendix 1: General Practice & CNS Diabetes Integrated Care Agreement Form

Name of GP Practice	
Name of GP(s)	
Name of CNS (Diabetes Integrated Care)	

As a General Practitioner representing the above practice, I consent to the above-named CNS Diabetes Integrated Care to provide a diabetes nurse specialist service in this practice. However, the clinical governance for the patients care remains with the individual patients GP.

The CNS Diabetes Integrated Care named above will be bound by Nursing and Midwifery Board of Ireland Code of Conduct and Scope of Practice.

The normal procedures governing patient confidentiality in this practise will be adhered to. The CNS Diabetes Integrated Care will be afforded a unique password so that their clinical entries into the GP patient software system will be identified and they will also record nursing notes on the consultation.

The CNS Diabetes Integrated Care will make recommendations on the patient's treatment plan which will be reviewed with the GP.

When indicated and after discussion with patient's GP I agree that when the need arises individual case management can be discussed with Diabetes Team in secondary care

If the patients care is shared between Primary and Secondary care the CNS Diabetes Integrated Care can document consultations in both set of clinical notes.

As a HSE employee Clinical Indemnity for CNS Diabetes Integrated Care is provided by the HSE Clinical Indemnity Scheme

Signed,

GP		**Date:**
CNS (Diabetes Integrated Care)		**Date:**

Appendix 2: Equipment Required for Diabetes Clinics

Equipment Required	Tick if Available
Consulting Room with Couch for examination of feet	
Weighing Scales	
Height Measurement	
Blood Pressure Monitor	
Blood Glucose/ Blood ketone meter with in date Quality Control Solutions	
10 G Monofilament	
Tuning Fork	

Appendix 3: Available Courses for Diabetes Management

Course	Format	Academic Credits	Cost	Open to
NUIG	Online x12 weeks and 2 study days	10	€850	Multi-disciplinary
UCC	Online x12 weeks and 2 study days	10	€850	Multi-disciplinary
NUIG Satellite Course for North East	Online x12 weeks and 2 study days	10	€850	GP's
Midlands Course (Accredited by HETAC)	Classroom based 5 days- delivered in Tullamore Hosp CNME	5	€400	Nurses
Mater Hosp Dublin (Accredited by UCD)	2 classroom days and 1 clinical day in Diabetes Day Centre	5	€300	Nurses
UCC Nursing in Diabetes	Classroom based 5 days- delivered in Mercy Hosp CNME- one per week x 5 weeks	5	€400	Nurses to date but open to develop as multi-disciplinary
DCU	Classroom based 5 days-usually over 2 months CNME Blanchard. Hosp	5	€475	Nurses to date but open to develop as multi-disciplinary

Appendix 4: Client Records Retention (as per HSE Records Retention Policy, 2013).

Reference / Type of Healthcare Record	Retention Period	Derivation / Final Action
HCR5 Audiology Records	Retain for the period of time. Children's records should be retained as per the retention period for the records of children and young people	Destroy under Confidential conditions
HCR10 Children and young people (all types of records relating to children and young people) Records created under Childcare Acts	Retain until the patient's 25th birthday or 26th if young person was 17 at the conclusion of treatment, or 8 years after death. If the illness or death could have potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain the records for a longer period To be retained in perpetuity (forever)	Destroy under confidential conditions
HCR11 Clinical Audit Records	5 years	Destroy under confidential conditions
HCR16 Ophthalmic and auditory screening records	11 years for adults For children 11 years or up to their 25th birthday, whichever is the longer	Destroy Under confidential conditions

HCR22 Guthrie Cards (heel prick test)	This issue is currently under consideration	Please seek advice from your Manager / Area Consumer Affairs Office in relation to these records
HCR23 Healthcare records	8 years after conclusion of treatment or death (excluding records not specified elsewhere in this schedule)	Destroy under Confidential conditions
HCR42 Patient-held Records	At the end of an episode of care the organisation responsible for delivering that care and compiling The record of the care must make appropriate arrangements to retrieve patient-held records. The records should then be retained for the period appropriate to the specialty	Destroy under confidential conditions
HCR49 Records/documents related to any litigation	As advised by the organisation's legal advisor. All records to be reviewed. Normal review 10 years after the file is closed.	Destroy under confidential conditions
HCR50 Records of Destruction	Records of Destruction of Individual Healthcare records (case notes) and other health related records contained in this retention schedule (in manual or computer format)	Permanently
HCR51 Scanned Records relating to patient care	Retain for the period of time appropriate to the patient/specialty e.g. children's records should be retained as per the retention period for the	Destroy under confidential conditions

	records of children and young people.	
Complaint files FOI requests Data Protection requests Ombudsman / Information Commissioner requests	It is recommended that a retention period of a maximum of 7 years applies to files created under; the Freedom of Information Acts the Data Protection Acts the HSE complaints procedures following engagement with the Ombudsman, the Ombudsman for Children, the Information Commissioner *Where possible electronic copies of files should be created, therefore avoiding the need to keep the paper copies for the 7-year period	Destroy under confidential Conditions Exemption -those files created under the Child Care Act 1991 which shall be held in perpetuity -cases still ongoing -cases that involved legal action -cases that create a precedent