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Pseudonymisation and Anonymisation of Personal Identifiable Information Policy

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Document Information

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Director Responsible	Director of Corporate Governance & Trust Secretary		
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Information Governance Operational Group			
Information Governance Steering Group		February 2025	
Information Governance Steering Group		February 2024	
Information Governance Steering Group		February 2023	
Links or overlaps with other policies:			
<p>We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>We are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.</p>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
0.1	Draft	Sept 2020	New policy	Information Governance Steering Group
2	Final	July 2021	No change	Information Governance Steering Group
2.1	Final	Nov 2021	Removal of duplication	Information Governance Steering Group
2.2	Final	Feb 2023	No change	Information Governance Steering Group
3	Final	Feb 2024	Minor updates	Information Governance Steering Group
4	Final	Jan 2025	No change	Information Governance Steering Group
5	Final (this version)	Feb 2026	Update to assurance routes to reflect new Trust structures	Information Governance Operational Group

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1. Introduction

- 1.1. It is a legal requirement that when person's identifiable data is used for purposes that do not involve direct care of an individual it is classed as Secondary Use. The individual should not be identified unless other legal frameworks override this such as consent or Section 251 approval. This is set out clearly in the 'NHS Code of Practice', which states the need to 'effectively anonymise' data prior to secondary use.
- 1.2. It is essential that there are mechanisms in place to protect the information held and to ensure that any information sharing is required in a format which protects the data subject.
- 1.3. Information owners must question each information request to ensure that only the required information is shared and that it is shared in the most appropriate format.
- 1.4. Corporate information can include information about the organisation which should be restricted due to commercial sensitivities. This could include information being restricted internally, between departments and externally to the public.

2. Aims and objectives

- 2.1. To ensure that all data subjects can be assured that there are suitable protective measures in place with regards to the data that is held and processed.
- 2.2. To comply with the legal and secure use of personal identifiable data for secondary purposes by the NHS (and other organisations involved in the commissioning and provision of NHS-commissioned care)
- 2.3. To reduce the amount of identifiable data transferred in non-patient care related work wherever possible

3. Responsibilities

- 3.1. All staff have a responsibility to ensure that the information that they have access to as part of their role is protected.
- 3.2. All systems, including applications, databases and excel spreadsheets that hold personal identifiable information should be recorded on the Information Asset Register the Trust's intranet.
- 3.3. Information Asset Owners and Administrators (IAOs and IAAs) have the responsibility of ensuring that any data extracted from the asset is managed and shared appropriately.
- 3.4. The Data Warehouse Team and Information Team have the responsibility for:
 - 3.4.1. Data Integration
 - 3.4.2. Data Quality
 - 3.4.3. Corporate Data Warehouse
 - 3.4.4. In-View Reporting
 - 3.4.5. Local Processing
 - 3.4.6. Information Data Marts
 - 3.4.7. Secondary Uses Services

4. Data Presentation

- 4.1. Staff should be aware that any reports that have been produced which contain Person Identifiable Data should not be shared outside of the Trust.
- 4.2. In addition, when saving or sharing the report internally, staff should be aware that the report contains information which may not be appropriate for other staff members to view, even if they are within the same department or area. Therefore, the report should be saved to a secure area and any email recipients should be informed that copies should not be taken and emails deleted once viewed.
- 4.3. Staff are advised to note a report presented within Excel that uses a Pivot table may only display aggregated non-identifiable information. However, if the source data the pivot table links to contains identifiable information the end user of the report will be able to amend the data displayed and drill down to a level which is identifiable. Precautions should be taken to either amend the source data with a pseudonym or preferably present the information using software that prevents this happening such as a PDF document.
- 4.4. Under no circumstances should pivot tables be used where the information is being shared outside of the Trust.

5. Training and awareness

- 5.1. The annual Information Governance training that is delivered to all staff will reference the principles of Pseudonymisation.
- 5.2. Information Asset Owners also undertake further Information Asset training.

6. Monitoring and responsibilities

- 6.1. Managers are responsible for ensuring staff comply with this Policy.
- 6.2. The Information Governance, Information and Data Warehouse Team will be responsible for reviewing this document on an annual basis or after a change to the Department of Health guidance or processes within the Trust.
- 6.3. Any possible breaches to this policy or data loss should be reported via the Incident reporting System (Datix).

7. Data Warehousing responsibilities

7.1. In-View Reporting

- 7.1.1. Business Objects are a multinational Business Intelligence software supplier. Our implementation of the XI product enables web-based access to a secure Java based reporting infrastructure. The solution provides the majority of frequently used functionality from spreadsheet software (such as Excel or Open Office) from within a web browser.

7.2. Local Processing

- 7.2.1. Both local and national Payment by Results (PbR) processing is undertaken within the core Data Warehouse (InView) and locally through scripted data extraction and processing. The local version allows for local commissioning agreements to vary the national solution thus providing a better fit for the community. Due to the bespoke extraction and process nature of the local solution

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this has to be limited to a monthly local schedule.

7.3. Information data marts

7.3.1. Simplified data marts, or streamlined tables, are created to represent central reporting concepts such as Spells Ward-stays, Episodes etc. These are synchronized with the Corporate Data Warehouse daily and enriched with additional data attributes pulled directly from the source clinical systems or value-added processing.

7.4. Secondary Use Services

7.4.1. This is the National system that all NHS providers of care are required to send data to. End to end validation as well as active effort to expand, improve and monitor the Trusts data flows to SUS, Dr Foster, HES and CQC are undertaken.

8. Distribution

- 8.1. This policy document will be made available to staff via ICON, the Trust Website and signposted in the Staff Bulletin.
- 8.2. Awareness will be raised through Equality Impact Assessment training, all ratifying committees/groups, policies and procedures training and ICON.

9. Key Contacts

Contact	Email	Phone
Data Protection Officer	Tsdft.dpo@nhs.net	07393 799539
Information Governance Team	tsdft.igteam@nhs.net	01803 654868
Data Access & Disclosure Office	tsdft.dataprotection@nhs.net	01803 654868
Senior Information Risk Officer	tsdft.siro@nhs.net	
Caldicott Guardian	tsdft.caldicottguardian@nhs.net	
Freedom of Information Team	tsdft.foirequests@nhs.net	

10. Appendices

Appendix 1: Rapid Equality Impact Assessment

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Appendix 1
Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	Pseudonymisation and Anonymisation of Personal Identifiable Information Policy		Version and Date	5	
Policy Author	Information Governance Officer				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are the services outlined in the policy/procedure fully accessible ⁶ ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the policy/procedure encourage individualised and person-centered care?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To facilitate a standardized approach to policy documents across the Trust					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Information Governance Officer	Signature			
Validated by (line manager)	Data Protection Officer	Signature			

Any issues Please contact Diversity & Inclusion Lead
For Torbay and South Devon NHS Trusts, please email tsdft.diversityandinclusion@nhs.net

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy