

Data Protection Impact Assessment

DPIA Name: **Supply of Fresh Fruit and Vegetables**

Ref No: **DN568415**

Stage 1: Data Protection Impact Assessment screening questions for proposed changes. Please read the DPIA guidance document before completing this form

	Screening questions	Yes	No
1	Will the project involve the processing of information about individuals? Please note this does include pseudonymised data*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Will information about individuals be disclosed or shared with organisations or people who have not previously had routine access to the information?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Does any phase of the project utilise automated decision making based on the information provided or shared	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Will the project require you to contact individuals in ways which they may find intrusive? Such as marketing*	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer is “yes” to any of the questions above then a DPIA must be carried out.

Please ensure that this has been to the following :

Information Management & Governance, Subject matter experts including Business Partners, ICT, CYBER.

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Stage 2: Data Protection Impact Assessment

Version control

Version	Status	Revision Date	Summary of Changes	Author

DPIA Approved by Information Asset Owner	Name:	Date:
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Section A: New/Change of System/Project General Details

Name: (of the project or change to be delivered)	
Background and Objectives: (why is the new system or change required?)	
Information flow diagram* (please see examples in guidance) see section on data mapping	
State who is the Data Controller* see glossary	
Benefits: (explain what the project aims to achieve, what benefits to the organisation, to individuals and to other parties)	

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Consultation: (If required detail here any consultation undertaken with the public, partners, internal or external stakeholders)		
Implementation date: for example the timescales required for completion, implementation date		
Relationships or Partnerships: (Such as with NHS, or private organisation, stakeholders, please also if possible state whether they are designated as data controllers or data processors)		
Project Manager:	Name:	
	Job Title:	
	Service:	
	Telephone:	
	Email:	
Information Asset Owner(s) All information assets must have an information asset owner (IAO). IAO are usually Heads of Service or Chief Officers.	Name:	
	Job Title:	
	Service:	
	Telephone:	
	Email:	
System Administrator (if applicable)	Name:	
	Job Title:	
	Service:	
	Telephone:	
	Email:	

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Section B: Data Protection Impact Assessment

Please complete all questions as fully as possible.

	Question	Response	Guidance document
Processing			
1	Please state the purpose for the processing of the data or information: (for example, service provision, research, audit, employee administration)		
2	Please tick the data items and information that will be processed	<input type="checkbox"/> Name <input type="checkbox"/> Address/Postcode <input type="checkbox"/> Date of birth <input type="checkbox"/> Telephone no/email <input type="checkbox"/> Next of Kin <input type="checkbox"/> National Insurance Number <input type="checkbox"/> NHS Number <input type="checkbox"/> Gender <input type="checkbox"/> GP / Consultant <input type="checkbox"/> Pseudonymised	
2b	Special categories and Criminal data	<input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Political opinions/trade union membership <input type="checkbox"/> Religion <input type="checkbox"/> Physical health <input type="checkbox"/> Mental health <input type="checkbox"/> Medical history <input type="checkbox"/> Ethnic Origin <input type="checkbox"/> Sexual life <input type="checkbox"/> Criminal convictions	
2c	Other (please specify)		
3a	What is the legal basis you are relying on for the processing of the data/information.		Please see guidance section on processing for all of question 3

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3b	If you are relying only on consent, did you consider any other legal basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3c	If using consent, how will that consent be obtained and recorded and withdrawn if requested? (please state)		
4	Will personal data items be collected which have not been collected before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	The data of approximately how many individuals will be affected?	<input type="checkbox"/> 1-10 <input type="checkbox"/> 10-100 <input type="checkbox"/> 100-1000 <input type="checkbox"/> 1000-10,000 <input type="checkbox"/> 10,000+	
6	How is the personal data obtained?	<input type="checkbox"/> From Client/Service User <input type="checkbox"/> From partner agencies <input type="checkbox"/> From 3 rd Party/ Another Individuals <input type="checkbox"/> For employment purposes <input type="checkbox"/> Internal services <input type="checkbox"/> Other	
7	Have the individuals been informed of this processing?	<input type="checkbox"/> Yes (explicit) <input type="checkbox"/> Yes (implicit i.e. through Privacy notice, website, leaflet etc) <input type="checkbox"/> No	If no please record as a risk in section C
8	Does the information involve new linkage / matching of personal data with data in other collections, or is there significant changes in data linkages / matching?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please record as a risk in section C
9	Does this project involve utilising data for the purposes of automated decision making/profiling? If so add details	<input type="checkbox"/> Yes <input type="checkbox"/> No	(please see guidance section on processing)
Records Management			

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10	Does this project create a new Information Asset?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10a	How will the information be kept up to date and checked for accuracy and completeness?		If there are no documented procedures to evidence this answer, please record as a risk in section c
10b	What processes are in place for data quality checking?		
11	If this project involves a new system, does it have the ability to quarantine information/restrict processing?		Please see guidance
11a	Does the system have the ability to amend or add notes to data/information at a single data field level?		Please see guidance
12	What checks have been made regarding the adequacy, relevance and necessity for the collection of data?		If no checks have been made please record this as a risk in section C
13	Where will the information be stored / accessed?	<input type="checkbox"/> LCC System/ Application <input type="checkbox"/> Sharepoint <input type="checkbox"/> LCC email system <input type="checkbox"/> Paper filing system <input type="checkbox"/> LCC File-Shares (e.g Network Drives) <input type="checkbox"/> Removable media <input type="checkbox"/> External to LCC (cloud, web hosted) <input type="checkbox"/> other	(Please see guidance section on Record Management for further information about cloud storage)
14	What are the retention periods?		If there are no documented retention periods please record as a risk in section C
15	How will the information be destroyed when it is no longer required?		
15a	If held electronically, can the destruction be certified?		
15b	Can the information be deleted at a singular data field level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please see guidance
Security			

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16	Who will access the information? (i.e. Services, roles, organisations)		
17	Is there an Access Control Policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please see guidance section on Security for further information
18	Is there an ability to audit access to the information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no please record as a risk in section C . Please see guidance section on Security for further information
19	Detail what security measures have been implemented to secure access and limit the use of personal information?		
20	Does this project involve privacy invasive technologies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please detail	Please see the guidance
21	Is there a business continuity and a disaster recovery plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no please record as a risk in section C
22	Where external parties are accessing LCC information has it been identified that they require IG training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sharing			
23	Will any of the information be shared with other organisations or LCC services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please record as a risk in section C
23a	Please list all organisations/LCC services involved with sharing		
23b	What is the legal basis for sharing?		Please note that your legal basis for processing may be different from your legal basis for Sharing. Please refer to guidance
24	Will there be signed information sharing agreements in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no please record as a risk in section C
25	Which method will be used to transport information if it is going off site?	<input type="checkbox"/> Standard email <input type="checkbox"/> Website <input type="checkbox"/> Via courier <input type="checkbox"/> By hand <input type="checkbox"/> Via external post	If no please record as a risk in section C

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		<input type="checkbox"/> Via telephone <input type="checkbox"/> Removable Media <input type="checkbox"/> Secure file transfer protocol (eg. mail express) <input type="checkbox"/> Other file transferring applications (dropbox) <input type="checkbox"/> Social Media <input type="checkbox"/> Providing access via LCC systems <input type="checkbox"/> Other (please give details)	
26	Are you transferring any personal identifiable data or information to a country outside the United Kingdom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please record as a risk in section C

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Section C: Identify the Information, Privacy and related risks

Identify the key risks. All risks identified from the questionnaire in section B should be included, plus any others of relevance. Describe the actions you could take to reduce the risks and any future steps which would be necessary (e.g. the production of new procedures or future security elements for systems).

Please note if your project has a large number of risks there is an alternative spreadsheet you can use, (please ask your IG officer) or simply continue onto a separate sheet.

Risk	Solution	Result: is the risk eliminated, reduced, or accepted?	Evaluation: is the final impact on individuals after implementing each solution justified, compliant and proportionate response to the aims of the project?