### Data Protection Impact Assessment (DPIA)

This form will help you to assess and minimise risks to your data processing and identify suitable processes to safeguard the personal data you are working with.

The person who knows most about the data processing should complete the DPIA, and it is a good idea to share this with other staff members working on the project for their input.

Data processing can be manual or automated and includes things like, collecting, recording, structuring, storing, publishing, combining/merging, erasing, and destroying data. Examples of potentially high-risk data processing include:

* A new data collection exercise
* Any work with the data of children
* Processing of [Special Category Data](https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/a-guide-to-lawful-basis/lawful-basis-for-processing/special-category-data/)
* Changing suppliers
* Using existing data for in a new way or for a different reason than it was originally collected
* Dealing with requests for data sharing
* Procuring a new IT system

If you are unsure whether you need to do a DPIA it is always better to complete one to make sure you have assessed any risks.

Once you have completed the DPIA please send to the Information Governance Team dpo@leeds.ac.uk

If you need further guidance, please contact the Information Governance Team.

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| **Title** |  |
| **DPIA number** (to be allocated by IG Team) |  |

*Screening completed by*

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| **Name** |  |
| **Email** |  |
| **Date** |  |

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| **Will the project use identifiable or potentially identifiable data in any way?**If answered ‘No’ then a DPIA is not normally suggested. | [ ]  Yes [ ]  NoIf yes, who will this data relate to: |

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| **Project owner – this must be the person who is ultimately responsible for deciding if the processing will go ahead, usually a Head of School or Service who should sign the risk table in Section 2 to indicate approval.** | Name:  |  |
| Title: |  |
| Department: |  |
| Telephone: |  |
| Email |  |

**DPIA**

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| **Detail and scope of the project:****Please include any approval documentation such as Ethical Approval, Business Case etc** |  |

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|  | **What do you want to achieve?** |  |
|  | **What are the benefits of the processing?****Please complete all that apply:** | For the institution: |  |
| For the individuals: |  |
| More broadly eg, society: |  |
| 1.
 | **What personal data will you process?****Eg, name, student ID number – please list all:** |  |
|  | **How will processing this data help to achieve your outcomes?** |  |
|  | **What will happen if you do not process the personal data?** |  |
|  | **Where will the data come from? Eg, the individual, Banner system** |  |
|  | **How will you acquire the data? Eg, online form** |  |
|  | **Where will you store the data?** |  |
|  | **Are you going to share any data with a third party****NB: This does not include truly anonymous data** | Who will you share it with? |  |
| What data will you share?  |  |
| What will they do with it? |  |
|  | **Does the data include any special categories or criminal offence data?****Please give details:** |  |
|  | **How much data will you be collecting and using and how often?** |  |
|  | **How long will you keep the data?** |  |
|  | **How many individuals are affected?** | [ ] 1-10[ ] 10-100[ ] 100-1000[ ] 1000-10 000[ ] 10 000-100 000[ ] 100 000+[ ] Unable to ascertain |
|  | **Do you have a relationship with the individuals?** |  |
|  | **Would they expect you to use their data in this way?** |  |
|  | **Do they include children or other vulnerable groups?** |  |
|  | **Is anything you are doing new to the University with potential for unknown risks?** |  |
|  | **What is your lawful basis for processing the personal data?****Please tick all that apply and list which data it will apply to:** | [ ]  Consent: Click here to enter text.[ ]  Relating to a contract: Click here to enter text.[ ]  Legal obligation: Click here to enter text.[ ]  Vital interests: Click here to enter text.[ ]  Public task: Click here to enter text.[ ]  Legitimate Interests: Click here to enter text.[ ]  Other: Click here to enter text. |
|  | **Please tick the condition for processing for any special categories of data:** | [ ]  Consent: Click here to enter text.[ ]  Medical related: Click here to enter text.[ ]  Public Health: Click here to enter text.[ ]  Employment related: Click here to enter text.[ ]  Vital interests: Click here to enter text.[ ]  Already public: Click here to enter text.[ ]  Legal claim related: Click here to enter text.[ ]  Research related: Click here to enter text.[ ]  Substantial public interest: Click here to enter text.[ ]  Other: [ ]  N/A- no Special Category Data used |
|  | **Is there another way to achieve the same outcome?** |  |
|  | **Is there a risk that the data will be re-used for something different?** |  |
|  | **How will you ensure the data is up to date and accurate?** |  |
|  | **How will you inform the individuals about the processing?** |  |
|  | **Will you transfer any identifiable data outside the UK?** |  |
|  | **Will the project link any data sets together?** |  |
|  | **Can you isolate the personal data of an individual to fulfil their rights as follows:** | Extract their personal data? | [ ]  Yes[ ]  No |
| Edit their personal data? | [ ]  Yes[ ]  No |
| Delete their personal data? | [ ]  Yes[ ]  No |
| Suspend processing of their personal data? | [ ]  Yes[ ]  No |
|  | **Is there any automated decision making or profiling?** | [ ]  Yes[ ]  No |

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| **Question Number** | **Risk identified**  | **Risk likelihood**1=Unlikely2=Possible3=Likely4=Almost Certain | **Risk severity**1 = Minor2 = Moderate3 = Major4 =Critical | **Risk level**(Likelihood x Severity) | **Solution: Proposed action to be taken to reduce risk** | **Result: Risk level after proposed action**(Format: New Likelihood x New Severity = New Risk level)*SEVERE >11* *MAJOR >7**MODERATE>4**MINOR<3* |
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Section 2 – Approval by DPO and Head of School/Service (or nominee)

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| **DPO Comments** |
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**The Project Owner must be the person who is ultimately responsible for deciding if the processing will go ahead, usually a Head of School or Service who should sign below to indicate approval.**

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| **Question number (*From section C table)*** | **Is the mitigation to be implemented?****If not, please state why** |
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**Approval of DPIA and associated risks by Project Owner:**

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| **Role** | **Name** | **Signature** | **Date** |
| Head of School/Service |  |  |  |

**Approval of DPIA by Data Protection Officer**

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| **Role** | **Name** | **Signature** | **Date** |
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