

# H&F Privacy Impact Assessment

## Section 1 - Assessment Details

1.1	<b>Title of Project/Programme/Process</b>	Frank Banfield Park Community Garden
1.2	<b>Date of completion of form</b>	12/01/2023
1.3	<b>Name and job title of person completing form</b>	Hugo Ross-Tatam, Parks Projects Officer
1.4	<b>Your telephone number</b>	07387 099 883
1.5	<b>Your directorate</b>	Environment
1.6	<b>Your service area/business unit</b>	Leisure and Parks
1.7	<b>Your team</b>	Parks
1.8	<b>Name and job title of Information Asset Owner(s)</b>	Richard Gill / Steve Hollingsworth

### 1.9 What is the aim of the project, and what activities are involved?

#### Guidance Note – 1.9

Make sure you provide:

- a summary of the purpose of the initiative stating clearly what the aim is
- what activities will be involved
- who will be involved (e.g. internal/external suppliers).

A good way of doing this is to think of or map out the end to end spectrum of all activities involved in the process, and say what and who are involved along the whole spectrum

Please also specify if this involves the procurement, commissioning or upgrade of a service or technology, or other change to how we use information.

The more detail that is included in this section, the easier it will be to assess the impacts of the project. Outputs of the project must be clearly identified.

#### Response:

For this project we are recruiting a suitable consultant to design and contractor to build a community garden in Frank Banfield Park. Once completed the Hammersmith Community Gardens Association (HCGA) will be encouraged to work with the local community on developing the community hub and ongoing maintenance of the new gardens.

The new garden will consist of new plantings and a pond area, along with two shipping containers which are configured into a useable space, store and accessible toilet. The community garden will be fenced off from the rest of the park but will be available to the community.

The project will involve; a landscape designer, a build contractor the HCGA and the local community.

### 1.10 Initial Screening Questions

#	Question	Yes	No
1	Will the project involve the collection of new information about individuals?		N
2	Will the project compel individuals to provide information about themselves?		N
3	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		N
4	Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		N
5	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.		N

6	Will the project result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		N
7	Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records, criminal records or other information that people would consider to be particularly private.		N
8	Will the project require you to contact individuals in ways which they may find intrusive?		N

Did you Answer **YES** to any of the above? If so Section 2 **MUST** be completed!

## Section 3 – Information Management Review (completed by IMT)

### 3.1 Comments

Based on the information provided within this DPIA and the completed screening questions (1.10) no personal data (staff or resident) will be processed as part of this activity. Therefore, DP risks are assessed as low. Should the scope of these activities change so that personal data will fall within scope, this DPIA must be revised to reflect that processing, reviewed by the IMT and appropriate mitigations should be adopted before IAO sign off.

**IM Comments provided by: Adeyemi Tihamiyu**

### 3.2 Recommended Actions

#	IM Recommended Action	Date Implemented
1	NA	
2	NA	
3	NA	

### 3.3 Final Agreed Project Risk Rating (Tick relevant box)

Risk level		
Low	1-10 - Project can proceed	<input checked="" type="checkbox"/>
Medium	11-15 – Recommend minor actions are required before proceeding	<input type="checkbox"/>
High	16+ - Recommend significant actions required before proceeding	<input type="checkbox"/>

### 3.4 Sign off Level – Recommendation

#### Guidance Note – 3.4

PIAs should be signed off by the Information Asset Owner (IAO) for the information that will be processed.

The IAO needs to be satisfied with the level of information risk that the service area is taking.

The IAO should be at Director or Head of Service level (the IAO role should only be devolved below that level with Director/Head of Service agreement and we would advise that this delegation is documented as part of the department's processes)

If there is more than one IAO (i.e. information will be used from more than one service area) then if all the information sits within one department the senior officer that has responsibility for the entire department may sign the PIA off.

Where the information that will be processed comes from across the organisation then the SIRO (Senior Information Risk Owner) should sign the PIA. However, they should only do so once the relevant Information Asset Owners have reviewed the PIA and confirmed that they are happy for the SIRO to sign the PIA off (the departments are still responsible for risks to their information).

#### This PIA must be signed off by:


Tick Box	Level
<input type="checkbox"/>	Information Asset Owner
<input type="checkbox"/>	Senior Information Risk Owner

## Section 4. Signatories

#### Guidance Note – 4

If any of the captured mitigations in 2.14 and IM recommended actions in 3.2 will not be implemented then the signatory must capture this here and by signing they confirm they accept the additional risk posed by this.

I am satisfied that this PIA is an accurate summary of the intended processing of personal data, the related risks and the mitigations that will be adopted.

Signature of Information Asset Owner.....  .....

Signature of Senior Information Risk Owner.....

Print Name and Role of signatory.....

Date.....