DPIA Barts BioResource Core Activities

Document version

Programme	**Barts BioResource**
Document Owner	Barts BioResource
Purpose	Final version
Version	16
Current Version date	28 January 2021
Review date	As required due to any change impacting data protection but no less than annually
Status	This version of the DPIA supersedes the approved version v13 dated 26 March 2019.
Scope	Core data processing activities of Barts BioResource including data sharing. Excludes processes related to external data processing platforms or other high-risk processing which will be subject to separate Data Protection Impact Assessments.
Author	Aaron Lee, Assistant Director – Health & Imaging Informatics

Approver

The document was reviewed by:

Role	**Name**	**Date**	**Version**
Senior Information Risk Owner & CI	Steffen Petersen	18 May 2020	16
Information Governance Lead & Co-PI	Art Tucker	25 July 2020	13.3

Step 1: Identify the need for a DPIA
Explain broadly what the project aims to achieve and what type of processing it involves. You may find it helpful to refer or link to other documents, such as a project proposal. Summarise why you identified the need for a DPIA.

Scope and limitations of this DPIA

This DPIA concerns the **core** data processing activities of Barts BioResource and specifically data sharing and key standard operating procedures related to data processing and privacy. It does not include processes related to external data processing platforms or other high-risk processing for which separate DPIAs and governance documentation and approvals will be required.

The Barts BioResource has developed, or is developing, separate DPIAs which cover the following activities:

- Processing related to Artificial Intelligence and Machine Learning
- Processing of genetic material and related data
- Processing related to external platforms

Project aim

Barts BioResource is a research, audit and educational health resource sponsored by Barts Health NHS Trust (REC reference 14 / EE / 0007). It comprises a database of patient data and a biobank of blood, swabs, saliva, urine/faeces and/or soft/solid tissue samples.

Processing involved

Barts BioResource is used for research and commercial purposes. The activities that underpin this are:

- Taking written and electronic informed consent for entry into Barts BioResource
- Obtaining, storing, processing and sharing health data
- Obtaining, processing and storing biological samples
- Sharing data and biological samples

Processing health data includes, but is not limited to, data storage, pseudonymisation, anonymisation, curation, analysis, data transfer and data sharing.

Need for DPIA

Following our request for advice on the DPIA by the Trust DPO on 8 April 2018, in compliance with Article 53(2) of the GDPR, the DPIA was stipulated as required by Barts Health NHS Trust on 1 October 2018. Specifically, in relation to Article 53(3) of the GDPR, as Barts BioResource undertakes processing of large amounts of sensitive category data, a DPIA would be merited.

Step 2: Describe the processing

Describe the nature of the processing: how will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? You might find it useful to refer to a flow diagram or another way of describing data flows. What types of processing identified as likely high risk are involved?

Data collection

Barts BioResource does not solicit data except for consent and participant contact details taken at recruitment and on occasion of any future re-consents. Data currently accessed in Barts BioResource will be derived from clinical systems, other sources identified herein, and also research results from approved researchers and collaborators of Barts BioResource.

High risk types of processing

As the data processed by Barts BioResource falls under Article 9 of the GDPR, all of Barts BioResource processing is automatically deemed high risk. For the avoidance of doubt this includes any and all processes which purport to pseudonymise or anonymise data, particularly if this is with the intent of moving such modified data outside of Barts Health NHS Trust systems.

It is important to establish that only data pertaining to consented participants will be subjected to the full data processing; **however**, it is the nature of current clinical systems that data ***may*** initially be extracted for non-consented patients. We will ensure, to the extent possible, that datasets are processed to only include consented (or exclude non-consented) participants at the earliest possible stage.

Protocol

Barts BioResource is governed by an overarching operational protocol with Barts Health NHS Trust as the sponsor. The current Barts BioResource Protocol ("Protocol") version 10 (10 April 2020) is available on the website http://www.bartsbioresource.org.uk/. As part of the Protocol, researchers who wish to access Barts BioResource data are required to go through an approval process which considers, amongst other matters, the integrity of the research team and the scientific validity and appropriateness of the research or other activities that the data will be used for.

Frameworks

Barts BioResource satisfactorily completed the Data Security and Protection Toolkit (DSPT) in March 2019 and September 2020. The next DSPT submission will be on or before June 2021. In addition to the governance framework of Barts Health NHS Trust, Barts BioResource has specific data security and governance policies and procedures in place.

Barts BioResource Standard Operating Procedure (SOP) 103 Data Protection by Default and Design specifies a procedure for documenting processing activities for approval:

- Scope: describes the proposed activities to be carried out and the type and amount of data to be processed in full detail
- Pseudonymisation/anonymisation: specification at a detailed level any pseudonymisation or anonymisation procedures that will be used following SOP 104 "Pseudonymisation and Anonymisation"
    - Details of the pseudonymisation or anonymisation steps and rationale
    - Risk assessment
- Assets: details the physical or electronic systems that will be used for these activities
- Access Control: details the individual access control measures that will be put in place
- Training: confirms that all individuals involved in the data processing are suitably trained
- Data Flows: details all potential flows of data including data volumes and sensitivity
- Monitoring: explains how the processing will be monitored and documented on an ongoing basis
- Governance: confirms that a DPIA has been (or will be) carried out and approved for any high-risk processing involving Personal Data

Barts BioResource SOP 105 “Processing Team Requirements outlines the training and certifications that individuals processing Barts BioResource data are required to have.

Barts BioResource SOP 101 “Subject Access Request” details the procedure for participant data access requests.

Legal controls
Where data is to be transferred outside of Barts Health NHS Trust (see the table below), an appropriate Data Protection Agreement (DPA) between Barts Health NHS Trust as the data controller and the data recipient is required to be in place. Such agreements will specify the terms of use of the data and the operational and technical controls that need to be maintained. At a per-project level researcher institutions are required to enter into a Material Transfer Agreement (MTA) with Barts Health NHS Trust as data controller.

Official guidance
There are a number of official sources of information on General Data Protection Regulation (GDPR) compliant data processing. These sources of information include the Medical Research Council (MRC), the Information Commissioner’s Office (ICO), the European Data Protection Board (EDPB) and endorsed guidance from the EDPB precursor Article 29 Working Party (WP29). In particular the requirements for Data Protection by Design and by Default (DPbDD) are reflected in Barts BioResource SOPs 103 & 104.

Pseudonymisation and anonymisation are two specific forms of data processing that need to be considered in the full context of all other governance and security controls. In particular, recent guidance from the Medical Research Council on identifiability, anonymisation and pseudonymisation (guidance note 5, September 2019) specifies that context (additional controls) is important in determining whether data is anonymised or pseudonymised. Both anonymisation and pseudonymisation are high risk data processing and must be covered by a DPIA or recorded advice from the Data Protection Officer.

Data storage and sharing
At present there is no central warehouse for Barts BioResource data, although one is in development (the processing involved will be addressed in separate DPIAs). Data currently used for approved research projects and processing is stored on approved systems and shared according to the table below.

GDPR Data Classification	Protections
Personal Data	1. Personal Data (identified data) is to be stored only on Barts Health NHS Trust systems and approved encrypted devices. Data is to be encrypted at rest and transferred securely as per Barts Health NHS Trust procedures and policies. 2. Data processing is subject to documentation and approval under Barts BioResource Standard Operating Procedures (where outside of the core activities of Barts BioResource and/or outside the existing risk profile) which may include additional DPIA(s). 3. Experienced and approved clinical researchers are, under the terms of Barts BioResource Protocol and in compliance with the Patient Information Sheet, able to access data directly themselves from such clinical systems where access is already in place. 4. MTAs are in place for specific Barts BioResource projects being carried out within Barts Health NHS Trust but have not been put in place for all existing approved research projects retrospectively (where, in any case, such researchers would be bound by Barts Health NHS Trust contractual obligations). 5. Personal data is NOT to be shared outside of Barts Health NHS Trust systems.
Pseudonymised Data	1. Data may be transferred outside of Barts Health NHS Trust systems where a Material Transfer Agreement or another approved contractual data sharing agreement with Barts Health NHS Trust as data controller is in place. 2. Pseudonymisation is subject to documentation and approval under Barts BioResource Standard Operating procedures which may include additional DPIA(s). 3. Data sharing may occur to approved researchers and commercial companies internationally under the terms of the MTA and where in compliance with the UK GDPR, Data Protection Act 2018 and all other related legislation.
Anonymised Data	1. Anonymisation is subject to documentation and approval under Barts BioResource Standard Operating procedures and may include additional DPIA(s). 2. Anonymised Data may be transferred outside of Barts Health NHS Trust systems subject to due diligence establishing the conditions under which the anonymised data may be shared (as per MRC guidance note 5 “Identifiability, anonymisation and pseudonymisation”). It is not automatically the case that data deemed as anonymised may be shared without additional controls.

Data use
BioResource data will be used for a wider range of analysis, as permitted by the terms of explicit consent, which includes both research and commercial use. The Protocol lists a retention period of 25 years for anonymised data while under the GDPR this would be unrestricted.

Data deletion
Barts BioResource specifically allows participant withdrawal which will be reflected in updating the register of consented patients. All uses of BioResource data are to be governed by a relevant Data Protection Agreement which stipulates data deletion requirements. Specifically, the Barts BioResource Patient Information Sheets (available on http://www.bartsbioresource.org.uk/) contains the text related to data deletion which, as of April 2020 for Protocol Version 10, is:

"If you change your mind after a long time, the samples may have already been used. We cannot recall samples or information from researchers once they have been used. If, by then, your gift has already helped create new knowledge, that information cannot be undiscovered and will contribute to medical understanding. However, we will dispose of any remaining samples and the research information so your gift will not be used in any further research."

Sources of the data
There are several current sources of data:
- Information provided by the participants during recruitment
- Medical and imaging data sourced from Barts Health NHS Trust systems

Participants in Barts BioResource give explicit consent to access of all of their healthcare data both in and out of Barts Health NHS Trust.

Future data sources may include the following (noting that the inclusion of additional data may require a revised DPIA and the addition of appropriate technical and organisational measures as required to ensure ongoing information security):
- HES and ONS data
- GP data
- data returned to Barts BioResource from approved researchers
- data collected directly from participants as part of approved research projects

Describe the scope of the processing: what is the nature of the data, and does it include special category or criminal offence data? How much data will you be collecting and using? How often? How long will you keep it? How many individuals are affected? What geographical area does it cover?

Nature of the data
The data is special category (healthcare) data under Article 9 of the GDPR.

Amount of data collected and data use
Barts BioResource will collect the data specified herein for consented participants, which will be extensive in both the volume of data and type(s) of information. The data provided to approved researchers will be subject to data minimisation processes where necessary.

Data collection frequency and retention
Data will be extracted from the clinical and other systems described above on a regular basis.

Number of individuals affected

By the end of 2020, there will be approximately 30,000 participants in Barts BioResource. Assuming an increment of 3,000 – 5,000 participants per year, by the end of 2021 the expectation is that there will be 50,000 participants in Barts BioResource.

Geographical Area
Participants recruited into Barts BioResource are currently from Barts Health NHS Trust hospitals and only UK medical records are currently being included. The domicile of individuals is likely to be mostly the UK or EU but may include individuals from any region in the world.

Describe the context of the processing: what is the nature of your relationship with the individuals? How much control will they have? Would they expect you to use their data in this way? Do they include children or other vulnerable groups? Are there prior concerns over this type of processing or security flaws? Is it novel in any way? What is the current state of technology in this area? Are there any current issues of public concern that you should factor in? Are you signed up to any approved code of conduct or certification scheme (once any have been approved)?

Nature of your relationship with the data subjects (Barts BioResource participants)
The first encounter with potential Barts BioResource participants will normally be in a clinical setting when informed consent is taken. At this point, therefore the participant will be acting as a patient, in the sense of being involved in an active clinical encounter. This is important and Barts BioResource has carefully considered the ethical dimension so that both the manner of engagement is sensitive and the information provided is appropriate and that the legal requirements of informed consent are met.

In accordance with the "Discard Blood Call centre Governance Review" on 24/06/2020, as approved by the JRMO and Barts Health Information Governance, during the COVID-19 pandemic, Barts BioResource members of the direct care team have the authority to contact discharged Covid-19 patients and their next of kin remotely subject to the conditions outlined in the protocol. Informed Consent may then be obtained in compliance with Standard Operating Procedures and with the Research Ethics Approval.

Participant control in Barts BioResource
Participants are able to fully withdraw from Barts BioResource and their data will not be used further after withdrawal, to the extent reasonably possible and as qualified in the Patient Information Sheet as per the informed consent process.

Expected use of data
BioResource participants gave full, informed consent for broad cardiovascular research uses and going forward (from May 2020) broad health and disease related uses following a substantial amendment to research protocol, patient information sheets and consent forms. Hence the anticipated uses of the data should be expected. On the instances where a potential use could be considered outside of this remit (none such have been undertaken to date), the view of Barts BioResource leadership has been that patient views should be considered and, if possible, be surveyed before proceeding. A careful and considered approach will be taken for potentially unexpected uses.

Inclusion of children or vulnerable groups
No children are included. All participants are medically competent and thus able to give informed consent. Barts BioResource is led by senior clinical figures all of whom have medical, ethical and clinical training and for whom the protection of patient rights is a deeply understood and important factor in the operation of Barts BioResource.

Prior concerns or security flaws
There are no prior concerns or known security flaws that have not been raised with the Senior Information Risk Owner to be addressed. External systems and processes are required to be vetted by independent experts prior to

carrying out operations with a potential privacy risk, such as the processing or storing of identified or pseudonymised data, in line with best practice.

Novelty of Barts BioResource
Barts BioResource is a biobank, for which there are numerous examples in the United Kingdom, such as the well-established UK Biobank. Hence while the implementation details of all biobanks will vary, neither Barts BioResource nor the processing it will undertake should be deemed novel in the sense of increasing risk to data subjects.

Potential current issues of public concern
Medical and imaging data in Barts BioResource will be used for the development of artificial intelligence (AI) algorithms. AI is an area which has received media attention over the past few years. We are aware of the ICO guidance on this matter and of the need for audibility of any such algorithms and we will follow best practise as it is understood now and as it evolves. We note explicitly that there is no desire to use Barts BioResource data for profiling.

Approved code of conduct and certifications
- Approved research project: REC reference 14 / EE / 0007
- Data Security and Protection Toolkit 2019
- Human Tissue Act License #12199

Describe the purposes of the processing: what do you want to achieve? What is the intended effect on individuals? What are the benefits of the processing for you, and more broadly?

Desired outcome of processing
Secure processing and sharing of health data in line with the purposes specified in Barts BioResource Protocol (REC reference 14 / EE / 0007).

Effect on participants
There is no intended direct adverse or beneficial effect on BioResource participants solely as a result of data processing.

Benefits of processing
The primary goal of Barts BioResource is to facilitate healthcare and related research. There is a clear societal benefit of research through Barts BioResource, namely the potential to improve many aspects of healthcare.

Step 3: Consultation process
Consider how to consult with relevant stakeholders: describe when and how you will seek individuals' views – or justify why it's not appropriate to do so. Who else do you need to involve within your organisation? Do you need to ask your processors to assist? Do you plan to consult information security experts, or any other experts?

Consultation with individuals

Barts BioResource does not directly consult with individuals in itself but as part of the National Institute of Health Research (NIHR) Barts Biomedical Research Centre (BRC), has access to the Patient and Public Advisory Group (PPAG) which provides a sounding board for matters that directly involve patients. The PPAG is therefore a mechanism to ensure indirectly that the operation of Barts BioResource is within public expectations (i.e. data is not being used in ways that would be considered inappropriate).

Individuals involved within our organisation

A non-exhaustive list of individuals and groups involved is as follows:

- Barts NHS Health Trust Information Governance
- Barts BioResource Co-PI & Information Governance Lead
- Barts BioResource CI & Senior Information Risk Officer
- NIHR Barts BRC & Barts BioResource Chief Operating Officer
- QMUL Director of Bioinformatics
- QMUL Assistant Director of Health & Imaging Informatics
- QMUL Barts CTU Director (Interim), WHRI CRC Co-Clinical Director and PPI/E Lead
- QMUL Centre for Advanced CV Imaging and Patient and Public Advisory Group Co-ordinator
- Barts School of Medicine & Dentistry Information Governance Leads Working Group
- Contractors

Assistance from controllers and processors

Barts Health NHS Trust is the data controller for Barts BioResource. Researchers who have entered into a Material Transfer Agreement with Barts BioResource will be data controllers with Barts Health NHS Trust. The Barts BioResource currently use the following data processors:

- Amazon Web Service (AWS)

Twilio

Their compliance has been assessed in DPIAs for the individual projects, and include standard measures such as A28 compliant contracts and security certification.

Consultation with information security experts

Use of external systems for the processing of Personal Data or Pseudonymised Data are **not** covered by this DPIA and will require specialist and independent expert advice.

Step 4: Assess necessity and proportionality
Describe compliance and proportionality measures, in particular: what is your lawful basis for processing? Does the processing actually achieve your purpose? Is there another way to achieve the same outcome? How will you prevent function creep? How will you ensure data quality and data minimisation? What information will you give individuals? How will you help to support their rights? What measures do you take to ensure processors comply? How do you safeguard any international transfers?

Lawful basis for processing
As special category data is processed by the Barts BioResource, the GDPR requires both Article 6 and Article 9 lawful bases.

The lawful bases for processing of the Barts BioResource are:

- Article 6: explicit consent as per Art. 6(1)(a)
- Article 9: explicit consent as per Art. 9(2)(a)

Processing suitable for purpose
The data processing is suitable for the intended process and there are no viable alternatives.

Function creep
Function creep in this sense could only be interpreted as using the data outside of the purpose specified in the access application under which it was applied for (which was for cardiovascular research). This is mitigated by:
1) All research projects being approved for specific, well-defined and limited scope
2) Applications not being approved or terminated if they fall outside this scope

Data quality
For the purposes of the Barts BioResource, data quality can be considered to encompass:
1. Patient identifying information taken during the consent process
2. All relevant details of consent, such as participation status (withdrawn/non-withdrawn), right to contact, and contributed material (data and any of blood, tissue, other biological samples)
3. Accuracy of clinical data (e.g. coding data) produced by third parties
4. Any other data collected directly from Barts BioResource participants
5. Research data returned to Barts BioResource from approved researchers

Participant withdrawal, particularly the impact on active research datasets, will be treated as described in the Barts BioResource Protocol.

Barts BioResource participant consent status will be maintained, to the maximal extent possible, across research platforms and locations as consistent with the Barts BioResource Protocol.

Patient identifying information
Any patient identifying information entered by Barts BioResource (such as details taken during consent) is subjected to validation to ensure that it is accurate.

Consent specifics
All reasonable efforts are made so that BioResource participants are re-consented at subsequent clinical encounters (where relevant to Barts BioResource) to ensure that consent status remains accurate and current (a form of 'dynamic consent').

Accuracy of clinical data
Research data derived from clinical sources is likely to require substantial and specialised curation to ensure optimal utility. Naïve use of un-curated data in research has the potential to lead to erroneous results. Potential

applicants to Barts BioResource for data use are evaluated on grounds of scientific competence as well as the suitability of the proposed research. Data curation on use is therefore the de-facto expectation. Consenting data is subjected to manual and automatic validation where possible.

Other collected data
Any other data that is collected will be subjected to validation testing to ensure that it is accurate. Data accuracy audits will also be investigated for feasibility.

Data minimisation
Barts BioResource will apply data minimisation filters where reasonable and necessary to prevent the excessive release of data. It is likely that the data will be categorised and minimisation will be applied using categories rather than individual fields to ensure the approach is reasonable.

The minimisation filters will be reviewed and enhanced on an ongoing basis and will include:

1. Data needs to be relevant to Barts BioResource access application
2. Only descriptive and quantitative fields justifiably related to relevant systemic or specialty specific health (or reasonably considered so) will be included;
3. Best efforts will be undertaken to limit the data based on any required constraints (for example, if it is an imaging study, then there would need to be a specific justification for including patient data that did not contain the imaging modality);
4. Data requested that is deemed to be in excess of requirements will be excluded from further processing; and
5. If longitudinal data is included the timeframe will be restricted to timepoints relevant to the analysis where possible.

Information given to participants
This is the Patient Information Sheet, which is detailed in Barts BioResource Protocol. In addition, during physical consent taking, potential participants are able to ask questions of the consenter and are able to contact Barts BioResource directly should any concerns later arise. The Protocol and additional information are also provided on the Barts BioResource publicly accessible website http://bartsbioresource.org.uk/.

Participant Rights
Barts BioResource supports participant rights through a number of means:

- it may be directly contacted by participants (as per the Patient Information Sheet) to discuss concerns
- participant withdrawal is supported as consent is the basis for processing (which is not the case when 'public interest' is used as the legal basis for processing)
- it engages with the Patient and Public Advisory Group

The procedure for subject access requests is given in Barts BioResource Standard Operating Procedure 101.

The clinical and ethical experience of the Senior Information Risk Owner and Information Governance Lead of Barts BioResource team ensures participant rights are respected during operation of the Barts BioResource.

Ensuring processor compliance with the GDPR
This is covered in Step 4: High risk types of processing.

Safeguarding international transfers
There is an international transfer made as part of the use of Twilio as a data processor. This has been assessed within the BBR Call Centre DPIA. See "Step 4: High risk types of processing" where this is discussed generally.

Step 5: Identify and assess risks			
Describe the source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	**Likelihood of harm** Remote, possible or probable	**Severity of harm** Minimal, significant or severe	**Overall risk** Low, medium or high
Unauthorised and insecure data processing (such as pseudonymisation or anonymisation) and transfer of such data outside of Barts Health NHS Trust systems.	Possible	Significant	Medium
Authorised access by staff member leading to the **inadvertent** disclosure of confidential information or the modification of the information asset.	Possible	Significant	Medium
Unauthorised access by staff member leading to the **malicious** disclosure of confidential information or the modification of the information asset.	Remote	Severe	Medium
System outage (short period of time) leading to an interruption of use of the information asset for uses **not** associated with clinical care, with potential need to regenerate derived data from original sources within Barts Health NHS Trust.	Possible	Minimal	Low
System outage (long period of time) leading to an interruption of use of the information asset for uses **not** associated with clinical care, with potential need to regenerate derived data from original sources within Barts Health NHS Trust.	Remote	Minimal	Low
Cyber Attack leading to disclosure of confidential information or modification of the information asset	Possible	Severe	High
Records being held beyond their retention period (which does not lead to information disclosure but is a violation of legislation)	Possible	Minimal	Low
Hard Copy Person identifiable data (participant consent form folders) left unsecured in our access controlled open plan office.	Possible	Minimal	Low
Barts Health Patient Hard Copy Original medical records left unsecured in our access controlled open plan office.	Remote	Minimal	Low

Step 6: Identify measures to reduce risk				
Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5				
Risk	**Options to reduce or eliminate risk**	**Effect on risk –** Eliminated, reduced or accepted	**Residual risk –** Low, medium or high	**Measure approved –** Yes/no
Unauthorised and insecure data processing (such as pseudonymisation or anonymisation) and transfer of such data outside of Barts Health NHS Trust systems.	Access control to the list of consented Barts BioResource patients; Annual information governance training of Barts BioResource processing team that have access to these lists of consented Barts BioResource patients	Reduced	Medium	Yes (SIRO)
Authorised access by staff member leading to the **inadvertent** disclosure of confidential information or the modification of the information asset.	Formal access control measures and information governance security in place within Barts Health NHS Trust. Information governance training.	Reduced/accepted	Low	Yes (SIRO)
Unauthorised access by staff member leading to the **malicious** disclosure of confidential information or the modification of the information asset.	Formal access control measures and information governance security in place within Barts Health NHS Trust. Information governance training.	Reduced/accepted	Medium	Yes (SIRO)
Cyber Attack leading to disclosure of confidential information or modification of the information asset	NHS hosted assets are secured by the Trusts firewalls and virus protection software. Identified data outside of these systems is protected appropriately.	Reduced/accepted	Low	Yes (SIRO)

Step 7: Sign off and record outcomes		
Item	**Name/date**	**Notes**
Measures approved by:	Steffen Petersen, 04/02/2021	
Residual risks approved by:	Steffen Petersen, 04/02/2021	
DPO advice provided:	Sarah Palmer-Edwards	03/02/2021
Summary of DPO advice: I'm comfortable with this processing continuing based on the controls described within this document – particularly around ensuring that we meet the requirements of GDPR consent. This DPIA should be updated as changes take place, and additional DPIAs must be completed for related activities referred to as assessed elsewhere.		
DPO advice accepted or overruled by:		If overruled, you must explain your reasons
Comments:		
Consultation responses reviewed by:	N/A	If your decision departs from individuals' views, you must explain your reasons
Comments		
This DPIA will be kept under review by:	Senior Information Risk Owner / IG Lead under guidance of Barts BioResource senior management team.	The DPO should also review ongoing compliance with DPIA