medConfidential response to the National Data Strategy

The 2020 draft of the National Data Strategy is broad and bland – one requiring the other; a canvas upon which policy priorities can be painted and repainted.

The devil will be in the detail, and how the plain reading of a line can be twisted to justify the inane, the harmful, and the profitable. 'Fixing the plumbing' might be one description of this attempt; there is little innovation and little directly harmful, but neither of these was the goal. medConfidential does not doubt positive high-level intent but, as we have seen elsewhere this week,[1] the implementation *will* matter – and on that, the strategy is silent.

The NDS does not itself change anything about geospatial data, for example; the giant vampire squid that is Ordnance Survey continues to strangle ideas at conception. And where are the novel geo-apps around COVID? It is notable that amongst all of the responses all around the world, the UK's geospatial entities have delivered precisely nothing – bar one. Matthew used his privileged access to MapIT to create a lockdown look-up, which should have been built by the Government from the start.

Now it is finally catching up with that omission, where is the list of where the NHS priority postboxes are, with their local 4pm(ish) collections? The only way is to use the Royal Mail website; Matthew's postbox finder appears higher on Google searches, and the information on your local postbox won't necessarily tell you either. (It will point you to the nearest latest collection, which may be later.)

If COVID-19 has shown anything, it is how Departments lie to themselves, to others, and to the public – government is ineffective both at listening to Government, and at talking to Government.

The culture of Departments is to centralise power in Departments, which they see (in data terms) as creating copies of data under their own control. And while Departments might not trust the public, they most certainly will never trust another Department – of which Number 10 is just one amongst many.

Departments are incentivised to remain quiet and to minimise visible impact... until things go badly (or worse) later. In just one example of this, HMRC's failed voiceID checks should have been lawful, instead its incentives turned them into an unlawful debacle.

Recommendations for the Strategy

1. **Move Departmental sponsorship of the ICO:** As the Triennial Review of the ICO is expected to recommend transforming the ICO from a sole corporation to a 'body corporate' – as with OfCom, OfGem, et al. – there should be a reconsideration of the Departmental sponsor of the ICO. Much as the responsibility for data in government moved from GDS to DCMS in 2018 and then back again in 2020, so Departmental sponsorship of the ICO moved from MoJ to DCMS in 2016, and should be moved back again. DCMS is Government's "unashamedly pro-tech"[2] cheerleader for digital – it cannot credibly also sponsor the quasi-judicial regulator.

2. Get the details right[3] – a function over which DCMS has minimal material effect..

[1] https://medconfidential.org/wp-content/uploads/2020/11/GDS-data-standards-authority-and-the-nhs.pdf
[2] https://www.gov.uk/government/publications/uk-national-data-strategy/national-data-strategy
[3] https://medconfidential.org/wp-content/uploads/2020/11/GDS-data-standards-authority-and-the-nhs.pdf

3. The CDEI should be restructured according to the norms being set for the Senior Data Governance Panel in MoJ,[4] including most notably lay members (as the DHSC National Information Board had). Such a broad source of advice and input would increase the assurance across Government that the views on data any Departmental project is getting have a solid grounding beyond what a project team is willing to hear.

We say more on these recommendations elsewhere,[5] [6] and have also put together a longer response to the details of the draft National Data Strategy text itself.[7]

Next steps in implementing

Identifying accountable owners for each action is a good first step; on what basis, frequency and to whom will they report?

And as the Strategy states at the bottom of section 8, 'Next steps':

> It is also likely that there will be **wider public interest in the social aspects** of the strategy.

This is *very* likely and, though they are mentioned in some parts, there is too little emphasis placed on social dynamics throughout; data does not exist in isolation, and its use by different actors can have radically different outcomes. What's being talked about are some profound – and also some rather less profound – *technosocial* interventions.

It would therefore help if DCMS would provide some indication of its *vision*, i.e. what might the UK look like if what it espouses in all of these "Pillars" and "Missions" is successful? It's all very well to talk in terms of "Opportunities", and eminently sensible to engage in ongoing "Monitoring and evaluation" – but **what does good look like**, where is it we are actually heading, and when will you publish your metrics?

This consultation is likely to elicit responses from the usual suspects and vested interests, so how is DCMS proactively seeking the views of those most likely to suffer adverse consequences?

While customers may be able to choose a different commercial supplier if they are dissatisfied with the service they receive from one provider, the same is not the case for citizens when dealing with government or the public services. The power relationships between corporations and customers and citizens and the database state are very different; expectations are different too. And it is the most marginalised and vulnerable who often pay the heaviest price for policies and services designed to fit Governmental notions of the 'norm'.

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[4] There are models in the NHS which would work with some adaptations, or alternatively the various Justice Councils - albeit with improvements to deliver meaningful effectiveness; the recent announcement by HMCTS/MoJ of the Senior Data Governance Panel is, however, a far stronger and more structured base for informed debate and competent advice on information governance issues, subject to implementation over the next few months. Also, problems in the SDGP implementation could be tweaked over time, given the potential strength of the SDGP structure, if balanced appointments are made.
[5] https://medconfidential.org/wp-content/uploads/2020/11/Data-for-the-next-PM.pdf
[6] https://medconfidential.org/wp-content/uploads/2020/11/Office-of-the-Data-and-Information-Commission.pdf
[7] https://medconfidential.org/wp-content/uploads/2020/11/NDS-detailed-read.pdf