

## Data returns

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1.

After death come data returns. The support officer would open an email from a prison officer, find a death notification, take the form, download it, save it in the office shared folder. They would then inform the deputy and assistant ombudsmen that we had received a new case. I may have already started the fatal incident investigations statistics report for the previous month and would not necessarily pay attention to this death notification until the following month. I may see the death mentioned in the prison service's Daily Reports which listed incidents occurring across the prison estate. Escapes, drug seizures, recaptures. The deceased prisoner's name would be added to a case management spreadsheet, a new case record would be created on the case management system, all with the date of death and our notification of it, the type of death, the name of the prison where the death occurred, and the name of the investigator and team leader. Operational dates would be generated for the death. Depending on the type, and complexity, of the death, different target dates were set for the issuance of draft and final reports. Self-inflicted deaths, deaths from natural causes, homicides, and other non-natural deaths, would be assigned to investigators of different levels of seniority. These same steps were taken after deaths in secure children's homes, immigration detention and in Approved Premises.

2.

Deaths in custody initiate the circulation of records and data returns to civil servants who use administrative objects to log, categorise, itemise, tabulate, and investigate the circumstances of those deaths. Individual and aggregated records move, back-and-forth, through infrastructures of storage, analysis and investigation. Old Quantum laptops were held in the office. Officials accessed the Prison National Offender Management Information System, P-Nomis, to gather basic personal information and intelligence from prisons in England and Wales. The recording, reporting, and returning of fatal incident information is

handled through a patchwork infrastructure, often distinct and disconnected from others. In abstract terms, these infrastructures allow the office to fulfil its function of regulation through investigation and scrutiny. These are not automated systems but are the source of frustrating maintenance and repair. Each quarter, I would work with other officials to reconcile discrepant or missing records of anomalous deaths at “classification meetings”. At the start of each month, I would also need to begin the fatal incidents investigations reports for a monthly management meeting. I would follow out-of-date instructions, asking for updates, and scroll through various systems, records and spreadsheets with obscure names like FIFIs, but only the “most accurate records” should be used for this task. I would compare different databases before, ultimately, resolving remaining discrepancies through inquiries with investigators and team leaders. Occasionally, I would go over to an investigator’s desk or catch an investigator passing mine. But, most often, I would email these inquiries from my desk. Investigators travel to prison establishments, work from home, so there was no guarantee I would catch sight of them in time to clarify any discrepancies.

3.

Once a death notification had been received and a new case record had been logged, a death would return as a “live” case until its final redacted report had been issued. And yet, in another sense, each new case continued to have administrative relevance for monitoring the office’s performance or assessing prison establishments, long after that date. These administrative objects are resources for making observations about the prison service or other public bodies. A great deal of attention is fixated on the formula which calculated the number of weeks left to complete a draft report and the number of weeks left before issuing a completed draft report.

	#Value!
20.0	in time
19.6	in time
19.2	in time
	-24.0
	-12.2

4.

Death notifications are forced into case management systems and become standardised records, no longer just a singular form or email, which need to be checked, cross-checked, double checked. Deaths, as data returns, remain as retrievable and exportable events. One data export, Export 5, would run slowly and could take up to ten minutes to complete. I would run the report a day into the month, once all notifications from the previous month had been added to the case management system. I needed to start the data extraction software by “refreshing” the report. The export returned every case on the system, comprising several hundred rows, organising defined series of death into cells in predesigned tables. I would view the export, side-by-side, with the previous month’s, up on two screens, synchronously scrolling through the two sheets. Line-by-line, reading across the exports, looking for discrepancies and misalignments in the look of the numbers. This sizing up of deaths as data returns, distributed across gridded sheets, anticipated further administrative methods for spotting “fluctuation of the stats”.

## References

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