Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Xi Biao Huang, a detainee at Dungavel House Immigration Removal Centre, on 19 September 2017

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

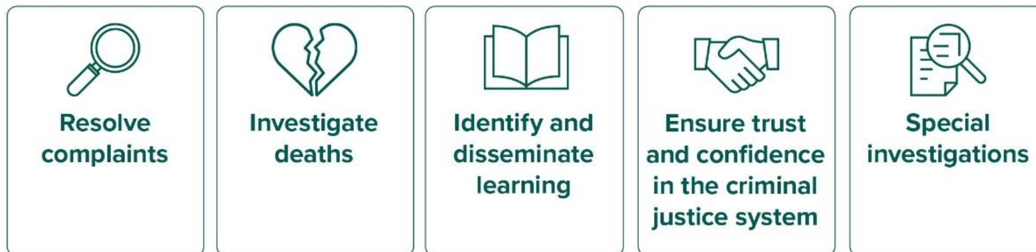
Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T I 020 7633 4100

OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE

© Crown copyright, 2023

This report is licensed under the terms of the Open Government Licence v3.0. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Xi Biao Huang died of heart disease at Dungavel House on 19 September 2017. He was 53 years old. We offer our condolences to his family and friends.

We are satisfied that the care Mr Huang received at Dungavel House was equivalent to that which he could have expected to receive in the community.

When Mr Huang was found unresponsive, staff and nurses responded promptly.

We understand the wish to attempt and continue resuscitation until death has been formally recognised, but are concerned that operating procedures at Dungavel House, contrary to European guidance and that circulated to all immigration removal centres, inappropriately required that resuscitation should always be attempted.

This version of my report, published on my website, has been amended to remove the names of staff and detainees involved in my investigation.

Elizabeth Moody
Acting Prisons and Probation Ombudsman **June 2018**

Contents

Summary 1

The Investigation Process 3

Background Information 3

Key Events 5

Findings 9

Summary

Events

1. On 31 August 2017, Mr Xi Biao Huang was arrested on suspicion of immigration offences. He was taken to Campsfield Immigration Removal Centre (IRC) before he was moved to Dungavel House IRC on 5 September.

2. A nurse saw Mr Huang at Dungavel House for his initial health assessment on 5 September. She said that his blood pressure and his pulse rate were normal. She noted that he had declined to see a GP.

3. At 11.30pm on 8 September, a nurse saw Mr Huang because he said that he was unwell. She gave him paracetamol for a cold and sudafed for nasal congestion which he received for three more days under the homely remedy policy (which covers medication for the relief of a minor ailment without the need for a prescription). On 10 September, a GP at Dungavel House prescribed more paracetamol and sudafed.

4. At 3.00pm on 18 September, Mr Huang went to the healthcare department because he said that he had indigestion. A nurse gave him peptac for heartburn under Dungavel House's homely remedy policy and made an appointment for him to see a doctor the next day.

Emergency response

5. At about 8.25am on 19 September, Mr Huang's roommate found him cold in his bed and could not wake him up. He used the telephone to call for help.

6. An officer responded promptly and saw Mr Huang was not breathing. He called a medical emergency code blue (which indicates that a detainee is unconscious or not breathing). He began chest compressions. Two nurses went promptly to Mr Huang's room.

7. One of the nurses gave rescue breaths while the other nurse used a defibrillator. On several occasions, the defibrillator indicated that there were non-shockable rhythms. The nurse and officer continued chest compressions until paramedics arrived at 8.51am, and took over resuscitation efforts. There is evidence that while nursing staff thought that Mr Huang's body was cold, his torso remained warm. An air ambulance arrived with a doctor who said that Mr Huang's body showed evidence of rigor mortis (a stiffening of the body) and blood pooling, both signs that Mr Huang was dead. At 9.22am, he pronounced that Mr Huang had died.

Findings

Medical history

8. Mr Huang died from heart disease. When he went to the healthcare department, he did not present with symptoms which might have indicated heart issues. Healthcare staff treated Mr Huang appropriately in line with their health policies, particularly the homely remedy policy.

Emergency response

9. Officers responded promptly to Mr Huang’s roommate’s telephone call. An officer immediately radioed the correct emergency response and when healthcare staff arrived, he appropriately asked the control room to call an ambulance and told them that they had started cardiopulmonary resuscitation (CPR).

10. We do not criticise resuscitation efforts as there was some evidence that Mr Huang’s torso was warm. However, while we understand the wish to attempt and continue resuscitation until death has been formally recognised, we are concerned that the guidance that healthcare staff received at Dungavel House indicated that resuscitation should always be attempted. This is not in line with European guidance or that circulated to IRCs and prisons in 2016. We are concerned that healthcare staff were not aware of the circumstances when it would be inappropriate for them to perform CPR.

Recommendations

- The Centre Manager and the Head of Healthcare at Dungavel House IRC should ensure that staff are given guidance about the circumstances in which resuscitation is inappropriate in line with European Resuscitation Council Guidelines for Resuscitation.

The Investigation Process

11. The investigator, issued notices to staff and detainees at Dungavel House IRC, informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

12. The investigator visited Dungavel House on 28 September 2017. He obtained copies of relevant extracts from Mr Huang's detention and medical records.

13. The investigator interviewed six members of staff at Dungavel House on 28 September.

14. NHS Scotland commissioned a clinical reviewer to review Mr Huang's clinical care at Dungavel House. The investigator and the clinical reviewer jointly interviewed one member of staff on 28 September.

15. We informed the Scottish Fatalities Investigation Unit at the Procurator Fiscal of the investigation who gave us the results of the post-mortem examination. We have sent them a copy of this report.

16. When Mr Huang's body was moved to Liverpool for burial, HM Coroner for Liverpool and Wirral opened an inquest. We have sent the Coroner a copy of this report.

17. The investigator contacted Mr Huang's daughter-in-law to explain the investigation and to ask if she had any matters they wanted us to consider. She said that Mr Huang had told her that:

    - After he arrived at Dungavel House, his entire body was aching and a doctor had first prescribed painkillers which made him feel worse and had then told him to rest.
    - He took medication for nearly two weeks but there was no improvement. His pains were getting serious and had spread all over his upper body, including his face and gums.
    - The healthcare department had not sent him to hospital, and his medication might have been too strong (as they had reduced the dose by two tablets).
    - If he exercised, he might feel better. She said that staff told him not to as he had a heart problem. She said that he had never been diagnosed with heart issues.

18. We shared the initial report with the Home Office. They pointed out five factual inaccuracies, this report has been amended accordingly.

19. Mr Huang's daughter-in-law received a copy of the initial report. The solicitor representing Mr Huang's daughter-in-law wrote to us pointing out one factual inaccuracy. The report has been amended accordingly. They also raised a number of questions that do not impact on the factual accuracy of this report. We have provided clarification by way of separate correspondence to the solicitor.

Background Information

Dungavel House IRC

20. Dungavel House is operated by Geo Group UK Ltd. It holds up to 249 detainees, of which a small number (14) are women. Med-Co Secure Healthcare Services provides physical healthcare, mental healthcare and substance misuse services. Healthcare is available 24 hours a day, seven days a week. There is no inpatient unit.

HM Inspectorate of Prisons

21. The most recent inspection of Dungavel House was in February 2015. Inspectors found it to be a safe and well-run place, staff were caring and respectful and the relationship between staff and detainees was excellent. Detainees received a supportive welcome in their early days. Welfare staff interviewed all detainees on arrival. Security was applied proportionately; violence was low and those at risk of self-harm were appropriately cared for. Detainees had excellent access to the grounds and facilities and access to various means of communication. The overall quality of healthcare was good.

Independent Monitoring Board

22. Each IRC has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that detainees are treated fairly and decently. In its latest annual report for the year to December 2015, the IMB reported that the replacement of the contract director had not altered the IRC's efficiency and effectiveness. Detainees had access to the highest standards of clothing and food. The requirements of personal diet and religious practice were given particular consideration. The gymnasium offered an excellent workout centre and there were 20 computers with access to the internet. There were lessons and classes in IT, English and other languages, tailoring and dressmaking. The healthcare department offered access to a psychiatrist, a dentist, a podiatrist and an optician. Three GPs provided cover between 8am and 5pm.

Previous deaths at IRC Dungavel House

23. There have been no deaths at Dungavel House since 2004.

Key Events

24. On 31 August 2017, Mr Xi Biao Huang was arrested on suspicion of immigration offences. He was taken to Campsfield IRC before he was transferred to Dungavel House IRC on 5 September.

25. Mr Huang gave the name of Mr Gen Bue Wong. However, after his death he was formally identified as Mr Xi Biao Huang.

26. On 1 September, a nurse saw Mr Huang for his initial health assessment at Campsfield House. She noted that he said he had never had a serious illness, injury or operation and was not taking medication. She noted his blood pressure was high (151/88) and his pulse rate normal (64 beats per minute). She noted that he declined to see a GP.

27. On 5 September, a nurse saw Mr Huang for his initial health assessment at Dungavel House. Mr Huang gave the same information to her as he had given at Campsfield House. She noted his blood pressure was normal (127/84) and his pulse rate normal (74 beats per minute). She also noted that he declined to see a GP.

28. At 11.30pm on 8 September, a nurse saw Mr Huang because he said he was unwell. She gave him paracetamol for a cold and sudafed for nasal congestion. He received these for three more days under the homely remedy policy. On 10 September, a locum GP, reviewed Mr Huang and he continued to take the paracetamol and sudafed.

29. At 3.00pm on 18 September, Mr Huang went to the healthcare department because he said that he had indigestion. A nurse gave him peptac liquid for heartburn. She did not take or record his clinical observations but made an appointment for Mr Huang to see a GP the next day. He went back to the healthcare department at 8.30pm and saw another nurse and her colleague who gave him paracetamol and sudafed.

30. On 18 September, Mr Huang went to sleep between 11pm and midnight. Mr Huang's roommate, said he heard Mr Huang snoring. He said Mr Huang's mobile telephone rang at about 5.00am, but he did not answer the call.

Emergency response

31. At about 8.25am on 19 September, Mr Huang's roommate heard Mr Huang's mobile telephone ring again and the roommate got up. He tried to wake Mr Huang by shaking him. He did not wake up and was cold. The roommate ran out of the accommodation block, Hamilton House, to look for an officer. He did not find one so used a telephone on the wall outside their room.

32. When a detainee picks up a telephone, it rings in the control room. An operational support officer, answered the call and the roommate said he needed a nurse because he could not wake Mr Huang up.

33. The operational support officer telephoned an officer who was on duty in the detainees' canteen. She asked him to go to Hamilton House. It took one minute for

the officer to arrive at the room. He saw Mr Huang's roommate standing outside. He looked in shock and said, 'My friend, very cold, very warm'.

34. The officer saw Mr Huang lying on his back in bed and shook him. He said that his face and hands were cold, his lips were blue, and his fingernails were going blue. He saw Mr Huang was not breathing and called a medical emergency code blue.

35. The officer, who was trained in first aid, began chest compressions. Although he said that Mr Huang's face and hands were cold, his neck, chest and arms were warm. He thought that Mr Huang had just stopped breathing so he started CPR. Another officer tried to find a pulse. A nurse responded to the emergency and went to Mr Huang's room, with an emergency bag and oxygen cylinder.

36. An officer and a colleague moved the other detainees out of Hamilton House.

37. The nurse told the officer to continue chest compressions and examined Mr Huang. He said that his head was very cold, and his hands were cold but he felt some warmth in his torso. He looked for pooling of blood (visible within a couple of hours of death) but did not see this. He could not find a pulse and said Mr Huang was not breathing.

38. The nurse said that he was slightly encouraged when he felt some warmth in Mr Huang. He thought he was dead. He said that even if he was dead for hours, he would have still performed CPR because it is their policy to do so, and a doctor must pronounce life extinct.

39. The Head of Healthcare, said nurses have professional judgement and would have to justify their decision in a court. She agreed that having a clear policy on resuscitation would make it easier for nurses to decide whether to resuscitate.

40. The nurse tilted Mr Huang's head back, performed a jaw thrust and gave two rescue breaths but said there was resistance and he found it difficult to get air into the lungs.

41. Another nurse arrived with the defibrillator and a suction machine. The nurse who had been performing CPR on Mr Huang, inserted a tube through Mr Huang's mouth into the airway and did two more rescue breaths. Because he again found it difficult, he used the suction device to clear the airway and continued rescue breaths.

42. The nurse said he should have taken an ambu bag (a hand-held device used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately) but said that he had more success blowing into the tube to get air into the lungs.

43. A nurse radioed the control room for an emergency ambulance and told them that they had started CPR. At 8.30am, the operational support officer updated the Ambulance Service's operator about this.

44. A nurse and an officer used a defibrillator and, on several occasions, it indicated that there were non-shockable rhythms. They continued chest compressions.

45. The nurse said that their policy was to carry out CPR because she was not trained to pronounce death. She said that as soon as she saw Mr Huang she believed he was dead but she had to attempt to resuscitate him regardless.

46. The officers and nurses did not move Mr Huang from the bed or remove the mattress until the paramedics arrived and asked them to remove it. The officer said that it was easier to keep Mr Huang on the bed and said he could compress the chest because the mattresses were thin and firm.

47. With the nurse performing CPR on Mr Huang, giving rescue breaths, they continued until paramedics arrived at 8.51am, and took over life support. An air ambulance arrived at Dungavel House with an emergency medicine registrar, who, after he examined him at 9.22am, said Mr Huang was dead.

48. The emergency medicine registrar completed a report about the Ambulance Service's response. He noted that Mr Huang had a tube inserted into his mouth to create an airway, that he was not breathing and his heart was not beating. He also noted that Mr Huang's pupils were 'fixed and dilated' which he said was consistent with having had a neurological injury or brain stem death and there was pooling of blood and rigidity to the torso.

Contact with Mr Huang's family

49. On 19 September, the Home Office appointed an administration officer, as the family liaison officer (FLO). She asked officers from the Home Office to visit Mr Huang's daughter-in-law to break the news but they could not locate her. They continued to look for her.

50. At 4.35pm, because time had passed since Mr Huang's death, the Home Office FLO telephoned Mr Huang's daughter-in-law, told her of the death, and offered her condolences. She said she already knew he had died. The FLO remained in contact with Mr Huang's daughter-in-law.

51. On 22 September, the Home Office FLO met Mr Huang's son, daughter-in-law, and her sister at the hospital, where she took them to see Mr Huang's body.

52. The Home Office FLO remained in regular contact with Mr Huang's daughter-in-law.

53. Mr Huang's funeral took place on 10 October. The Home Office met the costs of the funeral in line with national instructions.

Support for detainees and staff

54. After Mr Huang's death, the Centre Manager at Dungavel House, debriefed the staff involved in the emergency response to ensure that they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

55. The centre posted notices informing other detainees of Mr Huang's death, and offering support. Staff reviewed all detainees assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Huang's death.

Support for Mr Huang's roommate

56. Staff at Dungavel House offered Mr Huang's roommate support after Mr Huang's death. The roommate moved to a single room and was placed on constant observations. He stayed there until the Home Office gave him Secretary of State bail on 25 September.

Post-mortem report

57. A post mortem examination found that Mr Huang died of ischaemic heart disease (a narrowing of the arteries to the heart). Toxicology tests detected no illicit substances in Mr Huang's bloodstream when he died.

Sheriff's determination

58. In Scotland after certain deaths there is a Fatal Incident Enquiry (FIA) to established what happened to cause a sudden, unexplained or suspicious death. Once the enquiry has concluded the Sheriff issues a determination which contains their findings based on the evidence. On 11 April 2023, the Sheriff resumed and concluded their enquiry. The Sheriff concluded that Mr Huang died from ischaemic heart disease and found that there were a number of precautions which could reasonably have been taken and that had they been taken might realistically have resulted in the death being avoided.

59. An inquest may take place into a death which took place abroad if the body is moved. When Mr Huang's body was moved from Scotland to England the Liverpool Coroner opened an inquest. On 9 November 2023, the Liverpool Coroner permanently suspended the coronial investigation and inquest into Mr Huang's death.

Findings

Medical history

60. Mr Huang had no underlying medical concerns and had no prescribed medication. At his initial health assessment, he opted not to see a GP. He was given appropriate treatment for a cold under the homely remedy policy and then by GP prescription.

61. Mr Huang complained of gastric discomfort and went to the healthcare department the day before he died. A nurse appropriately treated him under the homely remedy policy and booked an appointment for him to see a doctor the next morning. There was no indication that Mr Huang had a serious underlying condition.

62. Mr Huang died of heart disease. He did not present with symptoms indicative of this, and healthcare staff could not reasonably have diagnosed his condition. Healthcare staff acted appropriately in line with Dungavel House's healthcare policy.

Emergency response

63. Officers responded promptly to the emergency. An officer immediately radioed the correct emergency response and when healthcare staff arrived, they appropriately asked the control room to call an ambulance and told them that they had started CPR.

64. When the nursing staff performed CPR, Mr Huang remained on the mattress on the bed. The clinical reviewer said that in future, removing the mattress would provide a steadier base for resuscitation. However, we do not make a recommendation about this because the officer and nurse who performed the chest compressions said the mattress was firm and they were able to make effective compressions.

Resuscitation

65. Med-Co Secure Healthcare Services' guidance on dealing with deaths in detention says that clinical staff should 'always proceed with the assumption that the detainee can be resuscitated'. It says that 'resuscitation must be attempted, employing recognised cardiopulmonary resuscitation techniques and procedures'.

66. This contradicts guidance about when not to perform CPR in IRCs and prisons, issued in March 2016, which says that 'resuscitating someone who is dead is inappropriate, very distressing for staff and undignified for the deceased'. It says that CPR must be started unless certain conditions exist, including rigor mortis and pooling of blood, neither of which were found by the nurse performing CPR on Mr Huang, when he initially examined him.

67. However, when the emergency medicine registrar completed the ambulance report, he noted that there was pooling of blood and rigidity, both signs that someone has died. The clinical reviewer said that it was not possible to determine the exact timing of death.

68. While we do not criticise resuscitation efforts as there is some evidence that Mr Huang's torso felt warm, we are concerned that nursing staff felt unable to give a professional, medical opinion that Mr Huang was dead. Instead, they felt compelled to attempt resuscitation because their policy said that they should always do so until a doctor pronounces death. The nurse performing CPR said Mr Huang's head was "really very cold", his hands were cold and he thought Mr Huang was dead when he arrived at the room. Even though he was encouraged when he found some warmth in Mr Huang's torso, he said that he was unable to make a decision about whether or not to resuscitate because a doctor had to pronounce death.

69. Another nurse said that as soon as she saw Mr Huang, she thought that he was dead. However, she said that she needed to attempt resuscitation regardless of what she personally thought because she was not trained to pronounce death. The clinical reviewer said that staff were not empowered to pronounce death.

70. While we understand their wish to continue resuscitation until death has been formally recognised, staff should understand, in line with the European Resuscitation Council Guidelines for Resuscitation 2010, that resuscitation is inappropriate when there is clear evidence that it will be futile, such as the presence of rigor mortis. We make the following recommendation:

The Centre Manager and the Head of Healthcare at Dungavel House IRC should ensure that staff are given guidance about the circumstances in which resuscitation is inappropriate in line with European Resuscitation Council Guidelines for Resuscitation.

Prisons & Probation Ombudsman
Independent Investigations

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T I 020 7633 4100