

28th March 2018

Private & Confidential

Mr Phillip Barlow
Deputy Coroner

Clerk to HM Coroner
Southward Coroner's Court
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Southwark
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Dear Mr Barlow

**RE: Preventing Future Death report touching the death of Michael Vukovic
case ref: 01925/2017**

Thank you for your letter of 02 February 2018, received on 06 February 2018 and requiring a response by 30 March 2018.

The Deputy Coroner P Barlow identified concerns and requested details of actions that were being taken to address these.

Each matter of concern is addressed in turn:

(1) Dr Apio's evidence was that Mr Vukovic was referred to the Home Treatment Team but was never in fact seen by that team.

Our local investigation carried out using route cause analysis methodology found that in fact Mr Vukovic had not been referred to the Home Treatment Team. This seems reasonable as there had been no self-harm as part of his admission, he engaged well on the ward and Mr Vukovic and his family were involved in the care plans. He was discharged to the family home.

(2) The referral to Lifeline required Mr Vukovic to make the initial contact himself. He did not do so, and Oxleas did not check whether or not he had done so. The evidence was that if he had been under the care of the Home Treatment Team he would have been encouraged to engage with Lifeline.

Although Mr Vukovic was on a Greenwich ward, he had a Bexley GP. Lifeline would therefore have not been able to provide support. The support worker from Lifeline who visited Mr Vukovic on the ward provided him with the details of Pier Road. Pier Road is a service external to Oxleas that supports Bexley residents with drug and alcohol issues. The crux is with this and other similar services on the individual to engage.

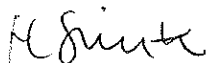
(3) Mr Vukovic was discharged from hospital without follow up.

Mr Vukovic had a diagnosis of mental and behavioural disorder due to use of alcohol. He was not prescribed any ongoing antipsychotic medication, the early intervention in psychosis assessment concludes that his psychotic symptoms and hallucinations occurred as a result of alcohol withdrawal and this is supported by his quick recovery following detox.

He was discharged to a family who had been involved in his care and treatment and who knew how to access crisis support if required.

I hope that my response has addressed your concerns.

Yours sincerely



Helen Smith
Acting Chief Executive