

From the President



Royal College
of Surgeons
of England

ADVANCING SURGICAL CARE

Dr Richard Brittain
Assistant Coroner for the coroner area of Coventry

29 January 2026

Dear Dr Brittain

Ref: 2025-0614

Thank you for your “*Man Ng: Prevention of Future Deaths*” report and for giving the RCS England the opportunity to respond.

We were saddened to read the circumstances of Man Yin ‘Anita’ Ng death and we offer our sincere condolences to her family.

Your report identified concerns in relation to the treatment of subarachnoid haemorrhage (SAH) from an intracranial aneurysm, which occurred in the perioperative care of this patient. According to the report, the main circumstances of this event relate to the lack of prompt and definitive treatment of aneurysms to prevent rebleed and, most critically, the lack of clear overall clinical responsibility of the patient’s care.

Although we have no regulatory powers, the College provides advice and guidance to those who design surgical services and to the wider surgical care team for all aspects of surgical practice. In this instance, given the specialty-specific nature of the identified issues, we consulted with our colleagues at the Society of British Neurological Surgeons (SBNS) and at the British Neurovascular Group (BNVG).

Evidence suggests^{1,2} that the risk of aneurysm rebleeding is highest in the first 48 hours, making early and correctly prioritised treatment critical. At a system level, increased demand on neurointerventional infrastructure, particularly from expansion of mechanical thrombectomy services, can create competition for catheter laboratory capacity, specialist staffing and anaesthesia cover. In the absence of clear national guidance on prioritisation and clinical ownership, this has led to variation in practice, fragmented responsibility, and, in some cases, to the lack of prioritisation and delays to treatment for patients with ruptured aneurysms,

¹ NICE (2022). Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management.
<https://www.nice.org.uk/guidance/ng228>

² AHA/ASA (2023). Guideline for the Management of Patients With Aneurysmal Subarachnoid Haemorrhage.
<https://www.ahajournals.org/doi/10.1161/STR.0000000000000436>

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increasing the risk of preventable harm. In addition, patients receiving care from different specialists often lack a clear advocate, particularly in units with lower emergency volumes.

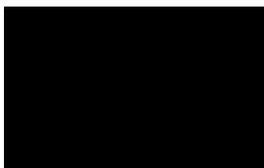
The College recognises that effective decision-making within the multi-disciplinary team (MDT) is key and that any treatment strategy in patients with aneurysmal subarachnoid haemorrhage should be decided by teams with both surgical and endovascular expertise. The specific details of how this service should be delivered by the MDT may vary and can be decided locally provided there is sufficient input by both neurosurgeons and INR colleagues, leading to safe and effective treatment.

However, we consider that neurosurgeons are best positioned to manage these patients because they are trained to manage the full spectrum of SAH complications, including pre- and post-treatment challenges, regardless of whether the definitive intervention is surgical or endovascular. Neurosurgical team working patterns are also best placed to support continuity of care, which is crucial for these complex patients.

Following this report, the College will work with the SBNS and BNVG to develop a position statement setting out recommendations for the management of the clinical care of SAH patients, and also for the provision of access to the recently published credentialling process for thrombectomy training for non-radiologists, which could allow neurosurgeons with a neurovascular interest to train in both endovascular and open surgical treatment to improve patient-centred decision-making.

We hope that this response is clear and helpful and provides you with reassurance in relation to the serious consideration we have given to these matters and the actions we shall be taking in response.

Yours sincerely



MA FRCS FDSRCS FRCP Edin FAIS(Hon) FCSSL(Hon) FSSN(Hon)
President