

Preventing surgical fires: do you smell burning?

Category: Corporate Campaign of the Year

Agency: APCO Worldwide

Client Company: Becton Dickinson (BD)

Budget: £45,000



CHALLENGE AND OBJECTIVES

Surgical fires that occur in an operating theatre during surgery can cause life-changing injuries to patients and significant trauma to clinical theatre staff. Despite the danger these fires pose to patients and clinicians alike, there is a severe discrepancy in prevention and reporting protocols, placing both groups at severe risk. As there is no active requirement to report or investigate these incidents, they have continued to occur without the necessary interventions from government or healthcare regulators.

BD, one of the largest global medical technology companies in the world, engaged APCO to **better understand the scale of surgical fires, to raise awareness of them, and to advocate for a change in guidance that would reduce chances of them occurring, through their inclusion in the National Safety Standards for Invasive Procedures (NatSSIPs).**

STRATEGY

Like all good strategies, we started with research. APCO sought to establish the scale of surgical fires in England by conducting a **Freedom of Information (FOI) campaign**, sending requests to all NHS trusts across the UK, NHS Resolution, the Medicines and Healthcare products Regulatory Agency and the Health and Safety Executive, to ensure that we

pursued a data-driven campaign. APCO also gathered a group of advocates – made up of clinicians, patient safety campaigners, and industry representatives – to form the **Surgical Fires Expert Working Group**, a coalition of experts with a mission to build a series of recommendations on preventing surgical fires.

IMPLEMENTATION

Data Driven Approach

We found from our FOI research that there were severe discrepancies in the reporting of surgical fires between national and trust-level organisations and that there was a near universal lack of appropriate surgical fire prevention and management protocols in trusts. Separately, a poll of Association for Perioperative Practice (AfPP) members revealed that over half of them had witnessed a surgical fire. This data was further complemented by a series of Parliamentary Questions which revealed that **the Government had no plans to take action against surgical fires.**

Coalition Building

Using the data that APCO gathered and the expertise that had been brought together, the Expert Working Group published a White Paper that contained a series of recommendations. The report was launched with a **virtual Parliamentary roundtable** during one of the national lockdowns and featured Dawn Stott, CEO of the AfPP and featured testimony from a patient who

had recently suffered from a traumatic surgical burn. The session was chaired by Jim Shannon MP, the DUP's Health and Equalities Spokesperson.

Following the White Paper launch, we galvanised Members of Parliament to write to the relevant Minister at the Department for Health and Social Care and table Parliamentary Questions to **put additional pressure on the Government to compel the Centre for Perioperative Care (CPOC) to include surgical fires in the NatSSIPs**. A subsequent Westminster Hall Debate on Surgical Fires in the NHS was held in December 2021, with contributions from many influential MPs we have engaged with, including the Patient Safety Minister Maria Caulfield MP and the Shadow Health Secretary Wes Streeting MP. We also supported the House of Commons Library drafting a briefing note on surgical fires.



In addition to the Parliamentary support, we engaged with professional and patient groups in the creation of articles they published about the importance of preventing surgical fires; these included Patient Safety Learning and the AfPP, and the Journal of Perioperative Practice among others.

Media Outreach

We met, and briefed, editors and columnists, resulting in national media coverage making the point that surgical fires are under-reported and the UK's record is much worse than other nations. Our call for action – mandatory reporting and official guidance – was highlighted in the media coverage with quotes from key stakeholders.

In particular, **The Times** article led with the angle that **the risk of being burnt on the operating table is "grossly underestimated"**. It was reported that Britain is lagging behind other countries including the US, where incidence has been cut by 71 per cent since 2004. Statistics from our FOI requests and AfPP figures were quoted to show the significant risks. Jim Shannon MP is quoted saying it should be a legal requirement for a surgical fire to be reported and "the issue is bigger than many people imagine". The article also included a statement from Lindsay Keeley, Patient Safety and Quality Lead at the AfPP: "The prevention of surgical fires is an urgent and serious safety issue that demands greater prioritisation."

We also **successfully placed an emotive case study-led feature in The Sun** to raise public awareness of the physical and psychological damage caused by a surgical fire. The article referenced the discrepancy between cases acknowledged by the NHS and the high value of compensation. A theatre scrub nurse is also quoted speaking of her disbelief when her Fire Risk Assessment tool was ignored by senior staff before a surgical fire actually took place. In addition, a statement from Peter Walsh, Chief Executive of Action Against Medical Accidents (AvMA) reads: "At our charity we have seen the devastating effect that surgical fires have on people. Their suffering is made worse by the knowledge that these events are perfectly avoidable if existing guidance and protocols are followed."



OUTCOME

In the Centre for Perioperative Care's latest draft of the NatSSIPs, explicit references to surgical fires were included, **requiring a "management plan in event of a surgical fire" and the introduction of policies to "minimise risks...and ensure investigation of all fires"**.

This is essentially **the ideal outcome for BD** as it ensures that sufficient prevention and management policies are included in NHS England trusts while mandating the investigation of all surgical fires to prevent them from occurring again.

This move is also a **significant step towards the classification of surgical fires as one of the most serious events that should never happen in the NHS**, a categorisation that would require the introduction of further extensive training and reporting schemes to protect patients and clinicians alike from the dangers of surgical fires.