Lorraine Smyth Theatre Co-ordinator, Band 7 Nurse

"I wasn't there on the day – it was one of my days off. Obviously, we are very concerned about having another never event in theatre so soon after the retained gallbladder in general theatres. That was also due to poor behaviour on the part of the surgeon, with the consultant just not paying attention.

I am a bit surprised it was Mr Black though. Despite the pressures for throughput, we are trying to instil a safety culture here at St Just. I know that the way the checklist is done isn't perfect in all theatres, but we have certain surgeons and anaesthetists we can usually rely on to try and do it properly, and he is usually counted amongst those.

It is difficult though, especially when the theatre manager doesn't really support these changes, and the older group of consultants can be actively disruptive. It sounds like Mr Black really messed up that day though. He was in charge of the team and the patient that day – so he has to take ultimate responsibility for the error.

With this being the second recent never event, I think it is really important that we are seen to really investigate this properly and set an example. The investigation over the retained gallbladder didn't really happen, and nothing happened to the surgeon in question. In fact, someone overheard him saying he was 'above investigation' the other day. So, I think in this case we do need to be seen to be making a clear example of the surgeon — otherwise this sort of thing is going to keep happening."