## **APPENDIX 2**

## **Pilot Study Results**

## Patient Questionnaire Results [Total responses = 17]

- A1) Average score for the quality of care was 9.6/10.
- A2) Majority responded saying the overall experience was better than they expected, and that they expected longer waiting times.
- A3) Majority said they were happy with the decision the doctors made. However one person said they would have liked a "better answer" as to what was causing them pain.
- A4) Majority felt that they could not have been seen quicker (Three people thought they could have been seen quicker).
- A5) Additional comments given include:
  - "Better previous investigations might have avoided this second admission."
  - "The nurses need more support."
  - "My bloods could have been taken better."

**Surgical Staff Questionnaire** [Total responses (n=11) from: FY1 = 3; FY2 = 1; Clinical Support Worker (CSW) = 1; Staff Nurse (SN) = 3; Charge Nurse (CN) = 1; Consultant Surgeon (CS) = 2]

A1) Yes = 11

A2) Yes = 11

A3) FY1: "Good because beds are already there and things get sorted."

"It is better if the patients are seen by the Consultant and quickly i.e. early admission."

"Sometimes I feel left out of the loop but I enjoy clerking in the patients."

FY2: "Makes the day less stressful but possibly detracts from the learning experience, but I would rather learn slightly less than be more stressed."

CSW: "Saves bed space, avoids unnecessary admission"

SN: "TRAK is an issue and it would be better to have our own surgical space."

"Improves the patient's journey. Can avoid the Emergency Department which would often makes them distressed."

CN: "Improve TRAK."

CS: "Improve the TRAK system and the communication between the Emergency Department, Surgical Observation Unit and Assessment Unit."