

Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ

**Ref:** FOI-092023-000328

**Date:** 09/05/2024

**Address / Email:**

Dear

**Request**

Please answer the following questions in relation to your organisation's Hysteroscopy Inpatient and Outpatient Pathways.

**Response**

**1. Does your Trust currently have both an inpatient (day-case) pathway and an outpatient pathway for hysteroscopy? Yes**

**2. Currently, roughly what percentage of your Trust's hysteroscopies are done with an anaesthetist?**

**a) Diagnostic?**

33%

**b) Operative (e.g. polypectomy, myomectomy, endometrial ablation)?**

42%

**Note: These figures include outpatients and inpatients and ops have confirmed outpatients do not have anaesthesia. Numerator is all inpatients who had anaesthesia and denominator is all outpatients and inpatients who did not have anaesthesia.**

**3. What is the current approximate waiting time in weeks for a patient who asks for a general anaesthetic, spinal anaesthetic or IV sedation with analgesia for hysteroscopy**

**a) Under the 2 week wait as an urgent referral for suspected womb cancer? <4 weeks**

**b) Not under the 2 weeks wait?**

**As per RCOG prioritisation P3s <12 weeks P4s are added to waiting list but the wait is very short for GAs and generally less than 4 weeks for all patients.**

**4. Has your Trust adopted or is your Trust adopting the NHS Getting It Right First Time (Maternity & Gynaecology Report) targets of**

**We are addressing Gynae GIRFT metrics as an ICB network. All patients suitable are offered outpatient hysteroscopy options as first line.**

**Hysteroscopy OPCS procedure codes used to distinguish between diagnostic and operative hysteroscopies:**

**Diagnostic hysteroscopies:**

**Q18.1**

Diagnostic endoscopic examination of uterus and biopsy of lesion of uterus  
Includes: Diagnostic endoscopic examination of uterus and biopsy of uterus  
Endoscopic biopsy of lesion of uterus  
Endoscopic biopsy of uterus

**Q18.8**

Other specified

**Q18.9**

Unspecified

**Operative hysteroscopies:**

**Q17.1**

Endoscopic resection of lesion of uterus  
Includes: Endoscopic resection of uterus

**Q17.2**

Endoscopic cauterisation of lesion of uterus  
Includes: Endoscopic cauterisation of uterus

**Q17.3**

Endoscopic cryotherapy to lesion of uterus  
Includes: Endoscopic cryotherapy of uterus

**Q17.4**

Endoscopic destruction of lesion of uterus NEC  
Includes: Endoscopic destruction of uterus NEC

**Q17.5**

Endoscopic metroplasty

**Q17.6**

Endoscopic microwave ablation of endometrium

**Q17.7**

Endoscopic balloon ablation of endometrium

**Q17.8**

Other specified

**Q17.9**

Unspecified

**a) 90% diagnostic hysteroscopies to be done in outpatients?**

**63% between September 2022 and August 2022.**

**b) 50% operative hysteroscopies to be done in outpatients?**

**49% between September 2022 and August 2022.**

**5. May I have a copy of the full range of pain scores obtained by your Trust in the BSGE 2019 outpatient hysteroscopy benchmarking survey?**

The Trust does not hold this information in a reportable format. In order to provide this, it would require a manual trawl of patient's records, which is exempt under Section 40 (Personal Information) of the Freedom of Information Act.

When information is not in a reportable format

*The ICO guidance clearly states "FOIA only applies to information that a public authority already holds in recorded form at the time of a request. If you don't hold a particular piece of information that someone has asked for, you don't have to create it".*

**6. Is Entonox or Pentrox routinely available to all your outpatient hysteroscopy patients?**

We are unable to use Entonox due to the proximity of EPAC. We are currently exploring the use on Pentrox.

**7. Are local anaesthetic paracervical blocks routinely available in outpatients?**

Available routinely but used on selected cases when needed.

**8. Please may I see any audits of hysteroscopic procedures during the last 5 years?**

Please find audits attached below.

**9. Are pain scores taken at all your outpatient hysteroscopy clinics?**

We have an entry regarding pain scoring in the clinic sheet.

**10. Does your Trust have a Procedural Sedation Analgesia clinic for 'minor gynae' including hysteroscopy?**

No.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager  
Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ  
Email: [dgft.dpo@nhs.net](mailto:dgft.dpo@nhs.net)

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Tel: 0303 123 1113  
[www.ico.org.uk](http://www.ico.org.uk)

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

**Freedom of Information Team**  
**The Dudley Group NHS Foundation Trust**

# Audit on post-menopausal bleeding

Clinical Audit Project

Report generated: **29th September 2023**

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## Project

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Project Category: **National Guidance Audit**

Project Priority: **3**

Project Code: **GYNAE/2019/02**

CQC Domains: **N/A**

Reported Type: **N/A**

Is your project related to particular sites? **No**

Is your project related to particular wards/areas? **No**

## Project team

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Lead Participant: [REDACTED]

Participant(s): [REDACTED]

Mentor: [REDACTED]

## Rationale

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To check the what proportion of women presenting with PMB had endometrial cancer

## Objective

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Sensitivity and specificity of tools like transvaginal ultrasound, endometrial biopsy and hysteroscopy in diagnosing endometrial cancer.

## Methodology & Data Collection

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Methodology and source of data: **Casenoës and IT Systems**

Data time frame from: **01/01/2018** to: **01/01/2019**

Type of patients:

Retrospective/prospective: **Retrospective**

Has the data already been collected?: **No**

Will you be collecting sensitive patient data for this project?: **Not entered**



# Guidance

---

| Type            | Origin  | Title                                 | Status | Further comments |
|-----------------|---|---------------------------------------|--------|------------------|
| Guidance (RCOG) | The Royal College of Obstetricians and Gynaecologists | Management of Endometrial Hyperplasia | N/A    | N/A              |

# Results

## Method

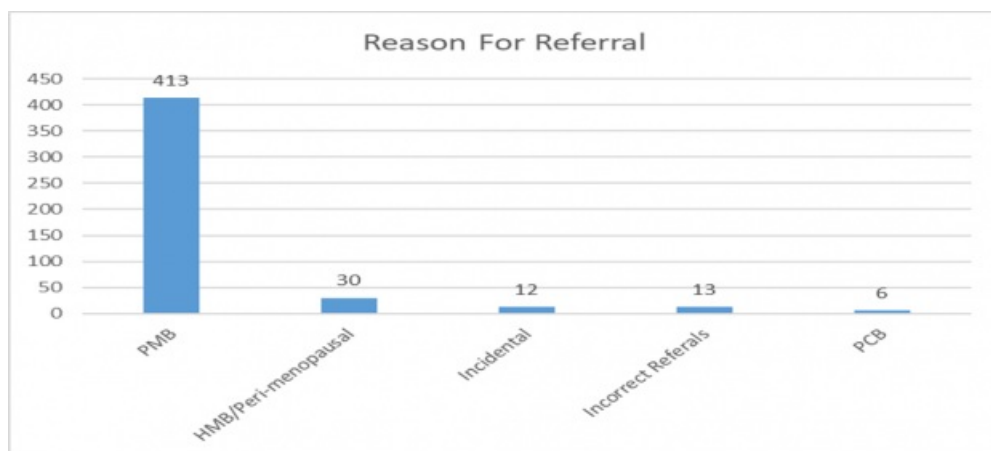
### Data Collection

- IT system was used to review all patients seen in PMB clinic from 03/07/2018 to 04/04/19
- Data was collected by reviewing pelvic scans, histology reports, clinical letters dictated after each clinic visit and JAC discharge slips

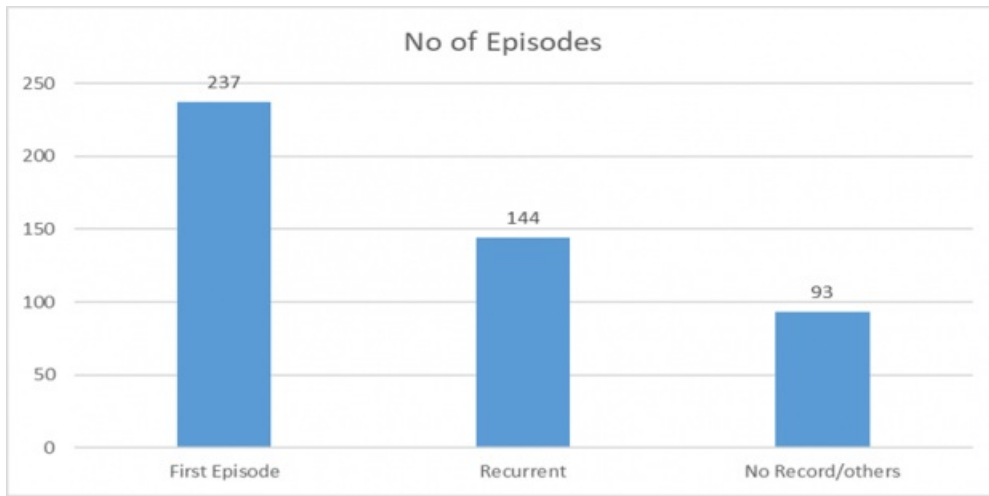
### Set Standards

- Every women presenting with postmenopausal bleeding should be offered endometrial surveillance by obtaining endometrial biopsy in an outpatient setting if the Endometrial thickness on transvaginal ultrasound is  $\geq 4\text{mm}$ .
- Diagnostic hysteroscopy should be considered to facilitate or obtain an endometrial sample, especially where outpatient sampling fails or is nondiagnostic.

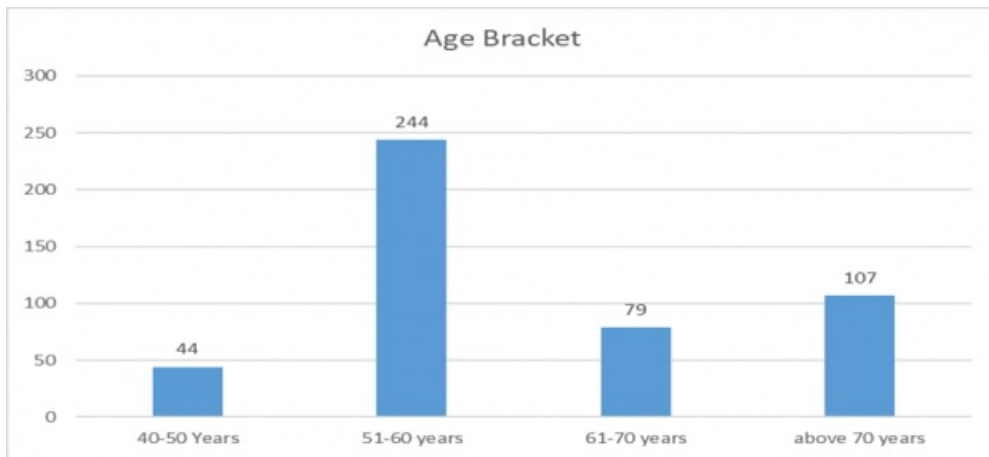
## Results



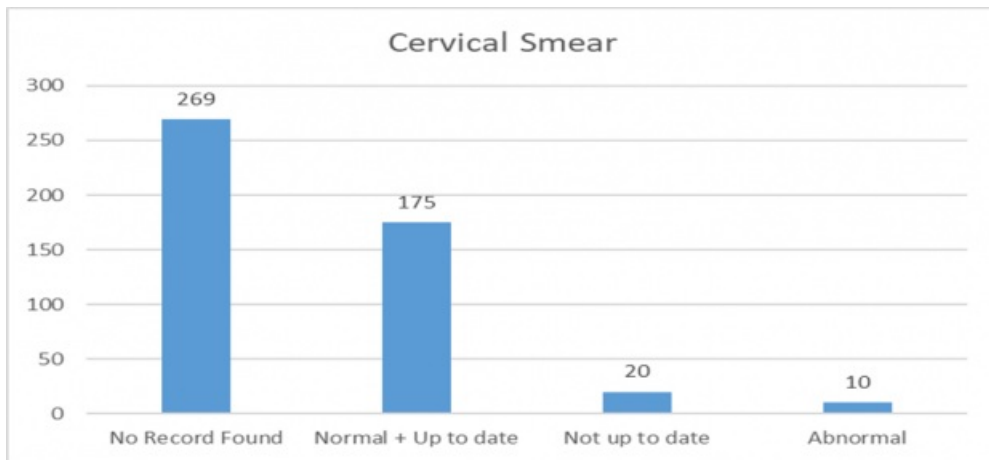
### No of PMB episodes prior to referral



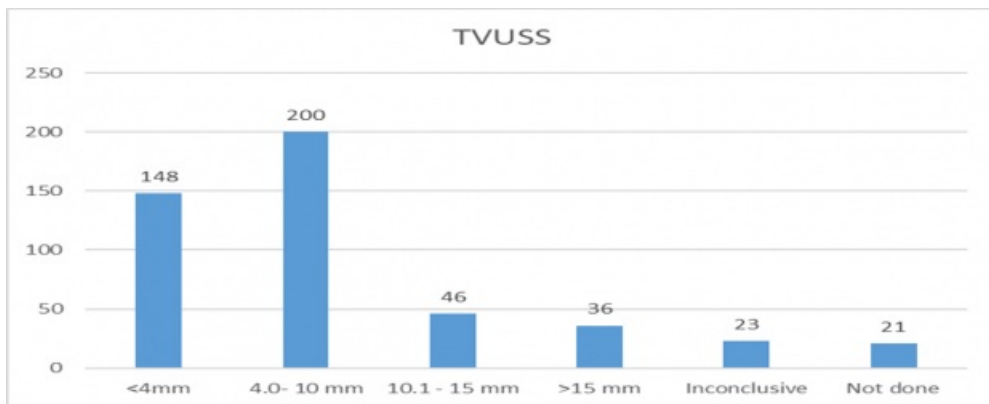
### Age distribution



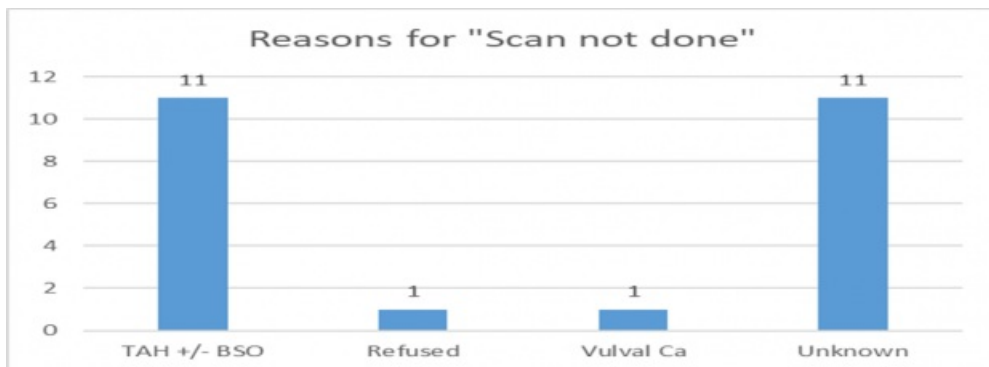
### Cervical smear history



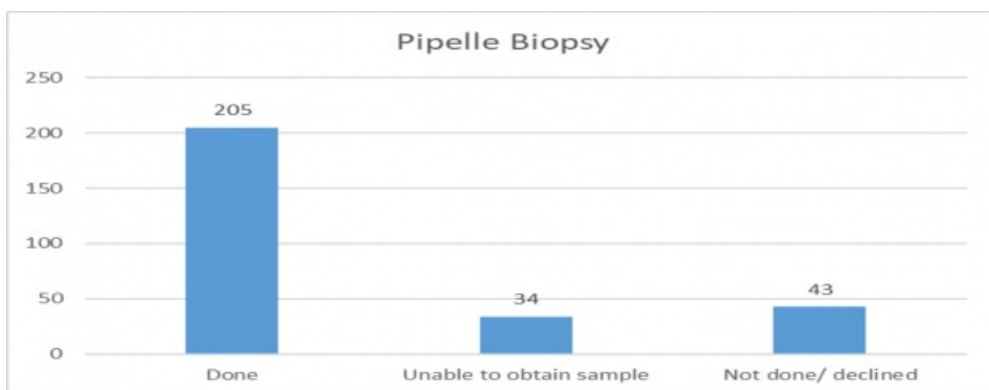
Ultrasound findings



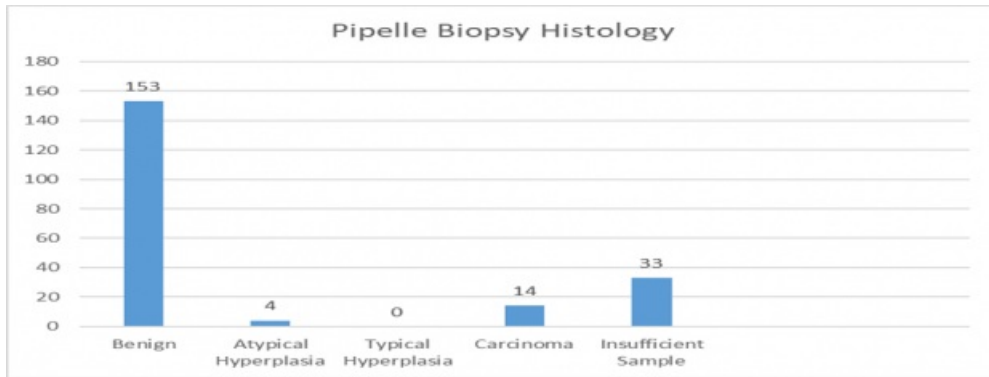
Reason for scan not done



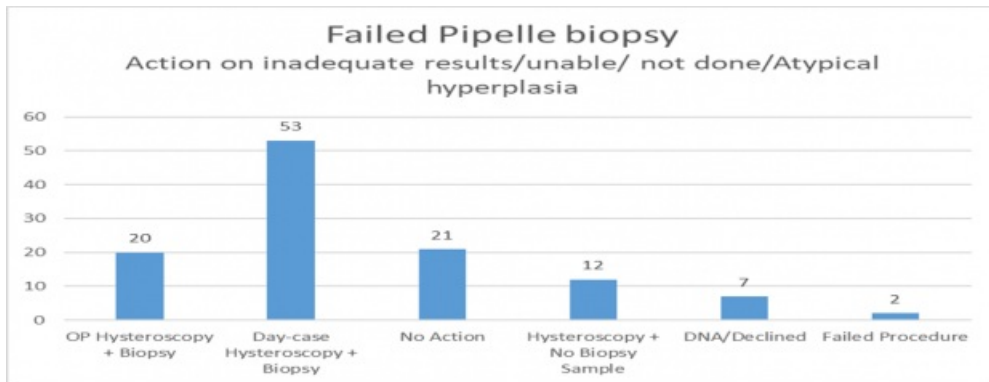
Endometrial biopsy(pipelle) in outpatient setting (ET:≥4mm)



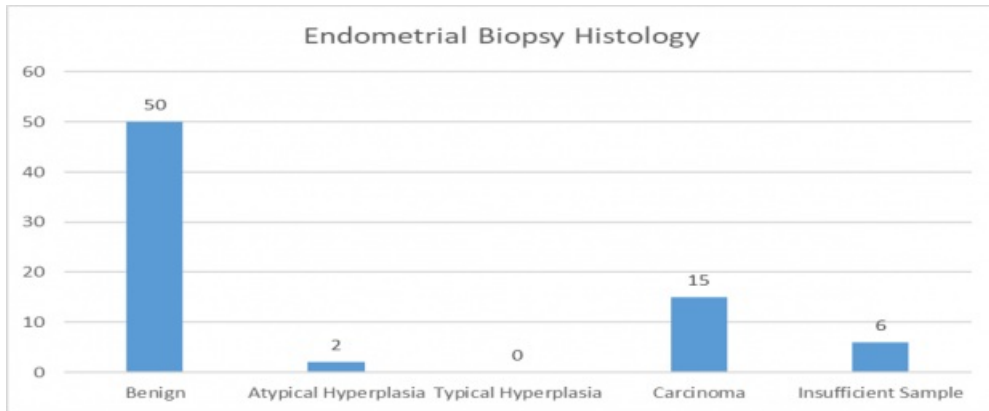
Results of pipelle biopsy (N=204)



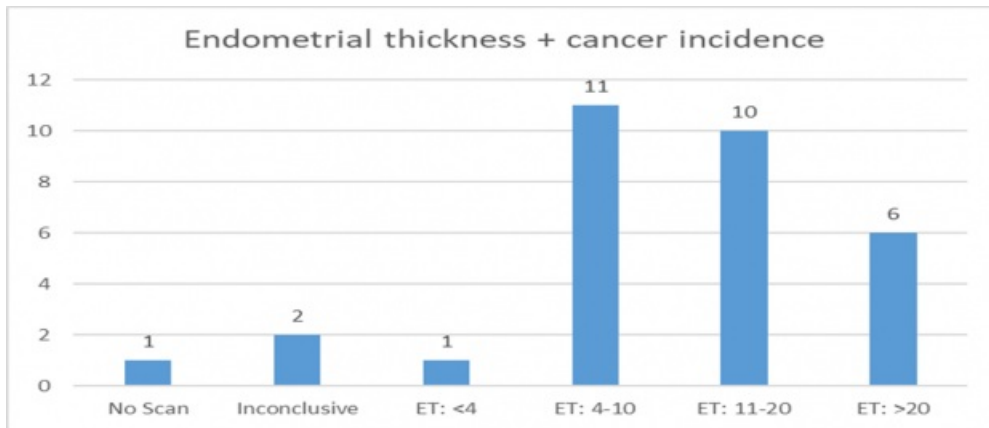
Investigations in failed/declined pipelle



Hysteroscopic guided biopsy results



Endometrial thickness + cancer incidence



## Criteria

| Order | Criteria   | Numerator/Denominator/Exceptions | Numerator/Denominator figures | Target  | Previous | Current | Status | Guidance |
|-------|--|----------------------------------|-------------------------------|---------|----------|---------|--------|----------|
| 1     | Percentage of women with PMB were found to have endometrial hyperplasia. | N/A / N/A / N/A                  |                               | >=9.00% | N/A      | N/A     | N/A    | 1        |

## Conclusion

A total of 474 patients were seen in PMB clinic.

413 of them presented with postmenopausal bleeding.

29 patients(7%) were diagnosed with endometrial cancer.

49%of these (14/29)were diagnosed on outpatient endometrial sampling only.

The remaining 51% were diagnosed on histology obtained on Inpatient/outpatient hysteroscopy.

2 out of 23 patients (8.6%) with inconclusive scans had cancer however not all of them underwent biopsy.



## Assurance and risk

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Assurance level: **Significant**

The project has mostly achieved the standards or criteria being audited against

Risk level: **Low**

Peripheral element of treatment or service suboptimal

Add to risk register: **No**

## Key successes

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No data has been recorded yet.

## Key concerns

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No data has been recorded yet.

# Action Plan

## Recommendations

|   | Recommendation  | Added      | By         |
|---|---|------------|------------|
| 1 | Women with post menopausal bleeding or endometrial thickness of 4mm on ultrasound should be offered endometrial biopsy. | 07/08/2020 | [REDACTED] |
| 2 | Endometrial sampling should be attempted in an outpatient sampling if tolerated/ consented to.                          | 07/08/2020 | [REDACTED] |
| 3 | If unable to obtain a sample as outpatient hysteroscopy should be offered.  | 07/08/2020 | [REDACTED] |
| 4 | Women with inconclusive scans should have a biopsy to rule out cancer   | 07/08/2020 | [REDACTED] |
| 5 | Re-audit in 1 year  | 07/08/2020 | [REDACTED] |

## Actions

| Recommendation(s) | Action | Responsible | Date raised | Due date | Action RAG | Progress |
|-------------------|--------|-------------|-------------|----------|------------|----------|
|-------------------|--------|-------------|-------------|----------|------------|----------|

|   | Recommendation(s)  | Action   | Responsible              | Date raised | Due date   | Action RAG | Progress       |
|---|--|--|--------------------------|-------------|------------|------------|----------------|
| 1 | <ul style="list-style-type: none"> <li>Women with post menopausal bleeding or endometrial thickness of 4mm on ultrasound should be offered endometrial biopsy.</li> <li>Endometrial sampling should be attempted in an outpatient sampling if tolerated/ consented to.</li> <li>If unable to obtain a sample as outpatient hysteroscopy should be offered.</li> <li>Women with inconclusive scans should have a biopsy to rule out cancer</li> <li>Re-audit in 1 year</li> </ul> | <p>All women presenting with PMB with an endometrial thickness of 4mm or more OR an inconclusive scan should be offered an endometrial biopsy in out patient setting.</p> <p>If declined or not tolerated hysteroscopy should be offered.</p> <p>If further Treatment or management was declined a follow up should be arranged to avoid adverse outcome</p> | Dr Raaziyah Abdul Khaliq | 07/09/2020  | 30/06/2020 | ●          | Fully Complete |

# Post Project Impact

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**No post project impact has been added to this audit.**

## List of Uploaded Files

| Name       | File Type               | Usage               | Uploaded By | Uploaded Date |
|------------|-------------------------|---------------------|-------------|---------------|
| [REDACTED] | PowerPoint Presentation | Audit presentations | [REDACTED]  | 07/08/2020    |

# Audit of Myosure procedures in Gynaecology and a patient questionnaire only for Myosure procedures.

Quality Improvement Project

Report generated: **29th September 2023**

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## Project

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Project Category: **Service Evaluation Audit**

Project Priority: **3**

Project Code: **GYNAE/2019/04**

CQC Domains: **N/A**

Reported Type: **N/A**

Is your project related to particular sites? **No**

Is your project related to particular wards/areas? **No**

## Project team

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Lead Participant: [REDACTED]

Participant(s): [REDACTED]

Mentor **N/A**



## Rationale

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We have recently started the ambulatory gynaecology service of polyp/fibroid removal under local anaesthetic in Sandfield suite. NICE has provide guidance on use of hysteroscopic morcellation (IP 1056/2 [IPG522]). This audit will underline whether the service is getting delivered adhering to the local protocol outlined in the proforma (developed from NICE recommendations). Operative hysteroscopy procedures under local anaesthetic offers a quick outpatient therapy which is patient friendly. With the Myosure patient questionnaire, I want to assess about pre procedure information delivery and pain management (pre and post procedure), which are essential to continue a safe and effective service. The patient questionnaire will also have an area where patients can comment about the facilities. In future, we are planning to develop a "see and treat" service with one stop consultation, ultrasound and treatment area. As the service grows, this feedback will be relevant in expanding and developing patient friendly premises with reception and recovery area for the "see and treat" procedures.

## Objective

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- To assess whether we are adhering to guidance suggested by NICE for outpatient hysteroscopic morcellation procedures
- Developments in service needed to start "see and treat" procedures

# Methodology & Data Collection

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Methodology and source of data: **Patients from "Myosure outpatient clinic".**

Data time frame from: **01/03/2020** to: **31/08/2020**

Type of patients: **As above**

Retrospective/prospective: **Prospective**

Has the data already been collected?: **No**

Will you be collecting sensitive patient data for this project?: **Not entered**

## Guidance

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**No guidance has been related to this audit.**

# Results

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## Methodology

All patients whom attended clinic for outpatient Myosure

- Collated from clinic lists and clinic logbook
- 9 month period - 01.07.2019 – 17.03.2020
- Clinic documentation (doctor and nurse), GP letters and sunrise used
- All clinicians included

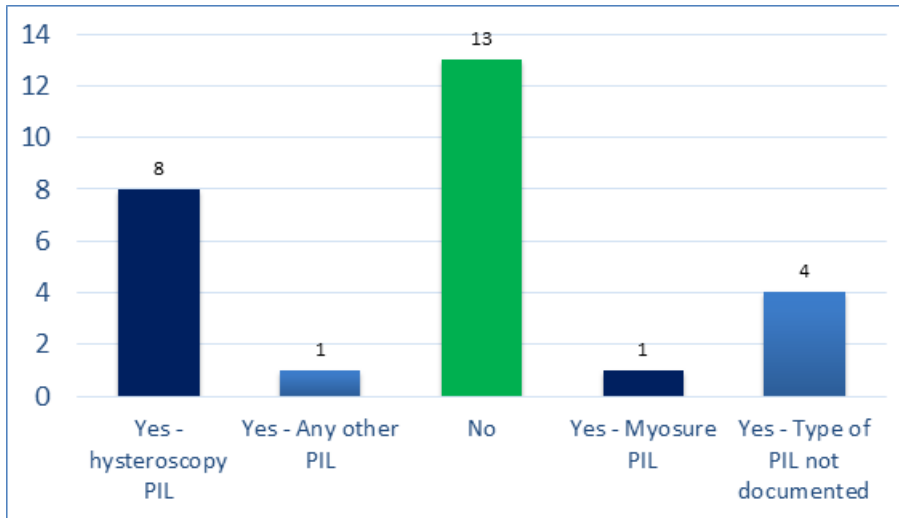
A total of 31 patients included

^ 2 notes not available

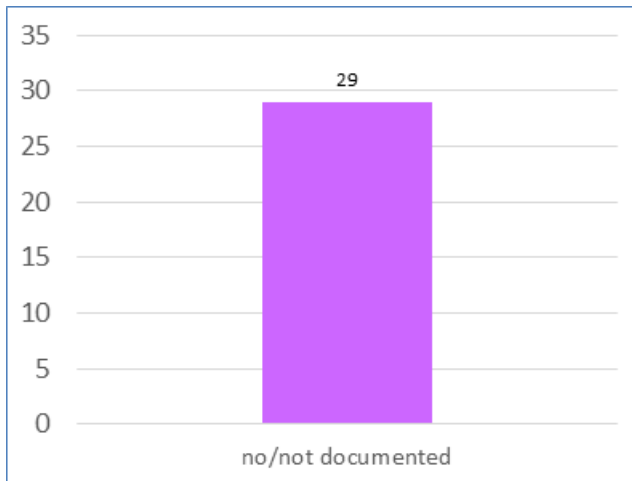
^ 2 failed procedures

## Results

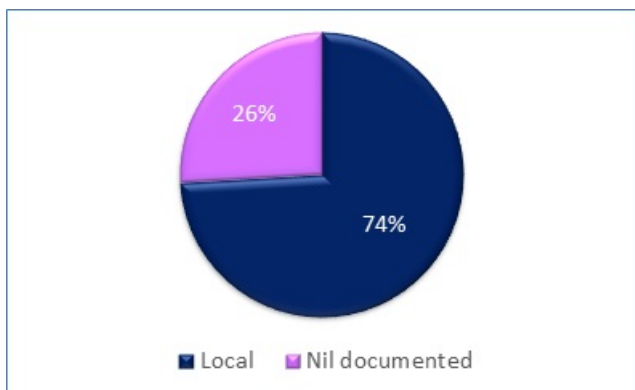
### **Was Written Information Given?**



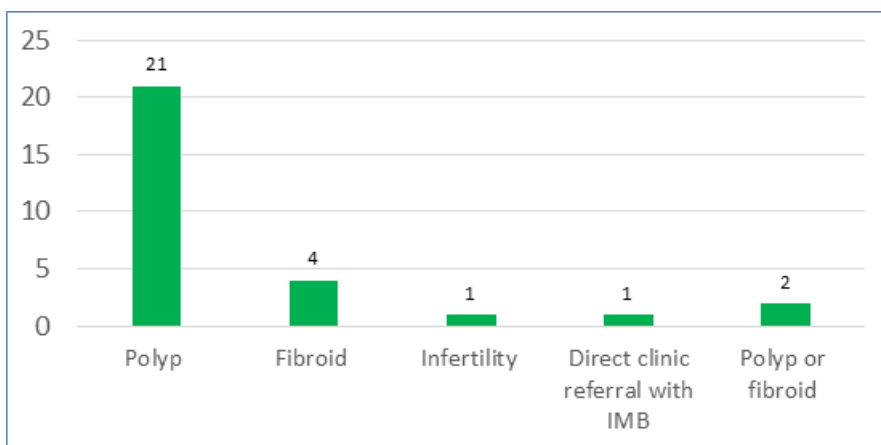
### **Were Pre-Medications Taken?**



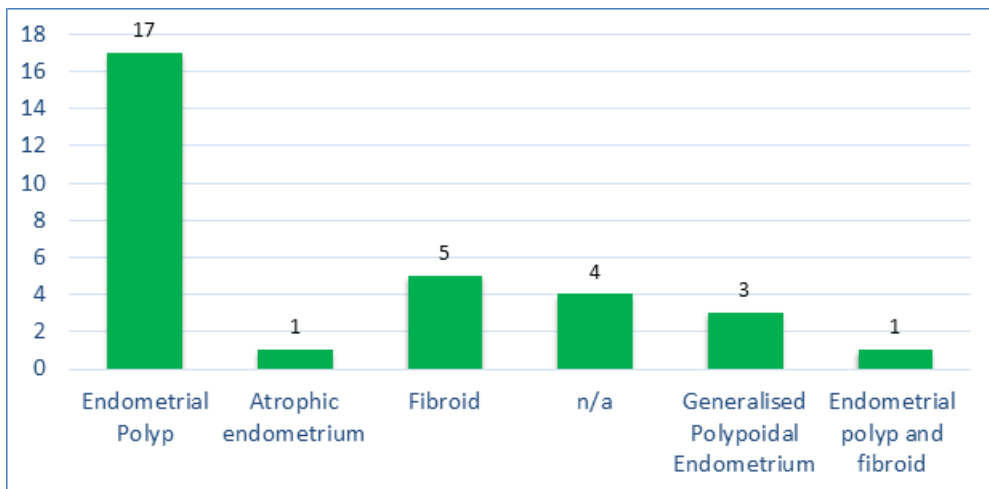
**Use of Local Anaesthetic**



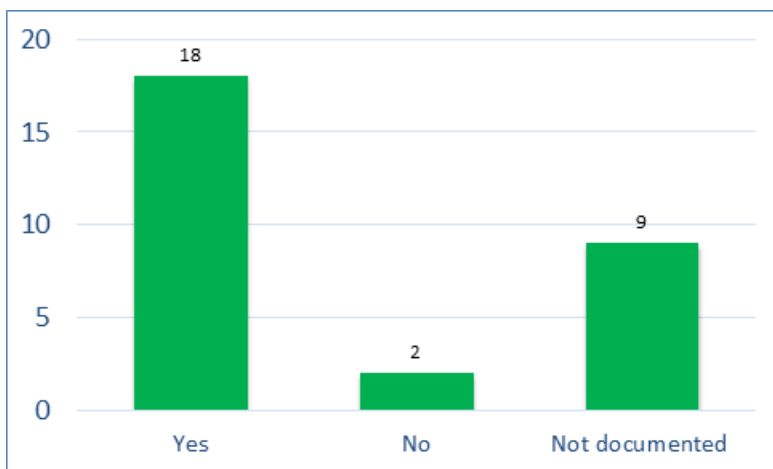
**Indication for Myosure**



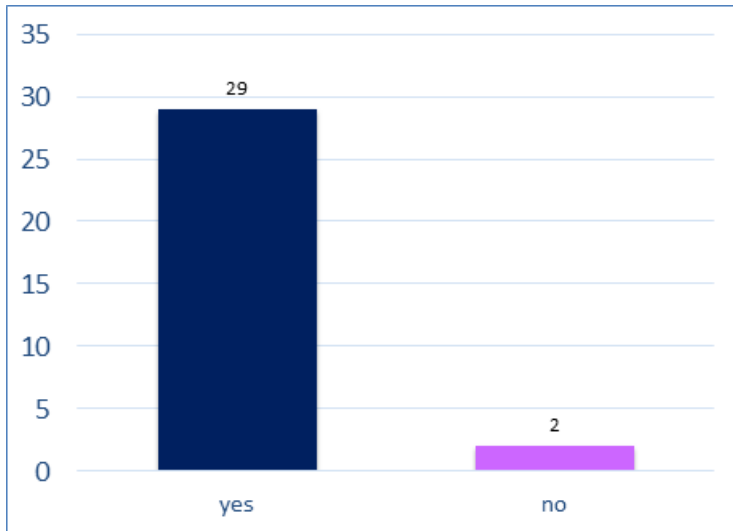
**Hysteroscopy Findings**



#### **Was Cervical Dilatation Required?**



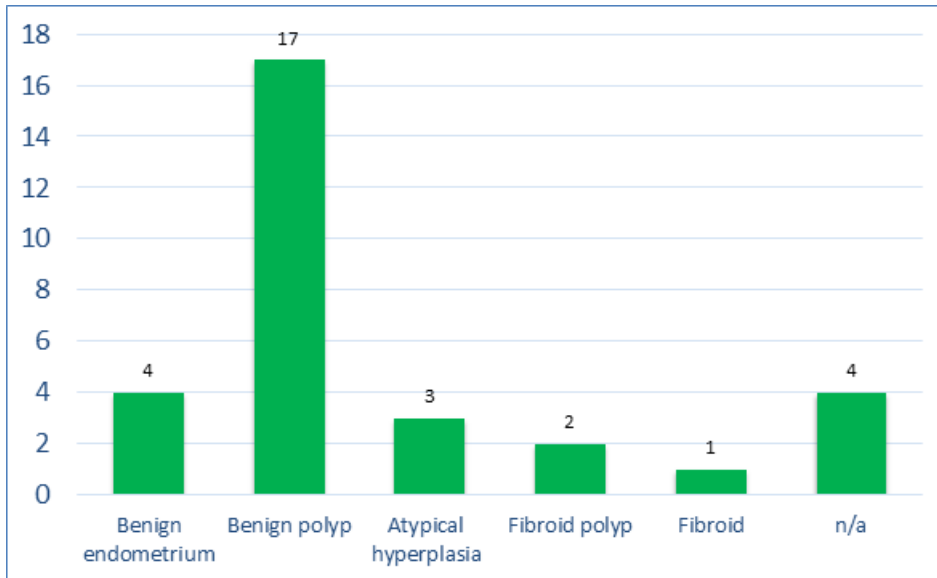
#### **Was the Procedure Successful?**



#### Failed procedures

- 1.Inability to enter cavity due to acutely retroverted uterus precluding dilation
- 2.Inability to adequately dilate os

#### Histology Results



## Criteria

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No data has been recorded yet.



# Conclusion

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Procedure documentation required improvement

No formal patient information leaflet available for Myosure

Documentation of advice regarding analgesia required

- Could be achieved with provision of PIL

Majority of referrals for endometrial polyp – reflected in findings

Majority of procedures successful

- Unsuccessful procedures not related to incorrect referral/findings

No cases of malignancy, 3 of atypical hyperplasia

## Assurance and risk

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Assurance level: **Significant**

The project has mostly achieved the standards or criteria being audited against

Risk level: **Low**

Peripheral element of treatment or service suboptimal

Add to risk register: **No**

Reason: **Patients not put at risk due to findings.**

**Standards not reached mainly in provision of documentation and analgesia - not safety concerns**

## Key successes

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No data has been recorded yet.

## Key concerns

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No data has been recorded yet.

# Action Plan

## Recommendations

|   | Recommendation  | Added      | By         |
|---|---|------------|------------|
| 1 | Improve procedure and counselling documentation in clinic | 31/07/2020 | [REDACTED] |
| 2 | Creation of formal Myosure patient information leaflet    | 31/07/2020 | [REDACTED] |
| 3 | Re-audit in 1 year  | 31/07/2020 | [REDACTED] |

## Actions

|   | Recommendation(s)   | Action   | Responsible | Date raised | Due date   | Action RAG | Progress       |
|---|---|--|-------------|-------------|------------|------------|----------------|
| 1 | <ul style="list-style-type: none"> <li>Improve procedure and counselling documentation in clinic</li> <li>Creation of formal Myosure patient information leaflet</li> <li>Re-audit in 1 year</li> </ul> | <p>Discussed at departmental audit meeting</p> <p>Discussed whether Myosure produce their own leaflet we could utilise</p> | [REDACTED]  | 31/07/2020  | 31/07/2020 | ●          | Fully Complete |

|   | Recommendation(s)   | Action   | Responsible              | Date raised | Due date   | Action RAG | Progress                  |
|---|---|--|--------------------------|-------------|------------|------------|---------------------------|
| 2 | <ul style="list-style-type: none"> <li>• Improve procedure and counselling documentation in clinic</li> <li>• Creation of formal Myosure patient information leaflet</li> <li>• Re-audit in 1 year</li> </ul> | i AM IN THE PROCESS OF DRAFTING A PATIENT INFORMATION LEAFLET AND PROFORMA TO FILL AT CONSULTATION TO OPTIMISE DOCUMENTATION AND WILL REAUDIT THE PERFORMANCE AGAIN IN A YEARS TIME TO COMPLETE THE AUDIT CYCLE. | ██████████<br>██████████ | 04/08/2020  | 01/09/2021 | ●          | Action no longer relevant |

# Post Project Impact

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**No post project impact has been added to this audit.**

## List of Uploaded Files

| Name       | File Type               | Usage               | Uploaded By | Uploaded Date |
|------------|-------------------------|---------------------|-------------|---------------|
| [REDACTED] | DOCX                    | Audit data input    | [REDACTED]  | 22/07/2020    |
| [REDACTED] | PowerPoint Presentation | Audit presentations | [REDACTED]  | 22/07/2020    |
| [REDACTED] | Excel Spreadsheet       | Audit results       | [REDACTED]  | 22/07/2020    |

# Failure rate of outpatients hysteroscopy

Clinical Audit Project

Report generated: **29th September 2023**

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## Project

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Project Category: **National Guidance Audit**

Project Priority: **3**

Project Code: **GYNAE/CA/2022-23/10**

CQC Domains: **Safe, Caring**

Reported Type: **Directorate / Division**

Is your project related to particular sites? **Yes**  
**Russells Hall Hospital**

Is your project related to particular wards/areas? **Yes**  
**Day Case Theatre 1, Day Case Theatres**

## Project team

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Lead Participant: [REDACTED]

Participant(s): N/A

Mentor: [REDACTED]

# Rationale

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An outpatient hysteroscopy service offers a safe, convenient and cost-effective means of diagnosing and treating abnormal uterine bleeding as well as aiding the management of other benign gynaecological conditions.

It has many advantages over the traditional day case hysteroscopy in form : post operative rapid mobilization, quicker recovery , high women's satisfaction . economic benefit for the women( less time off work less travel cost), and economic benefit for the national health service as the cost per women is substantially less for the outpatient procedure. (1,2)

Failure rate of outpatients hysteroscopy and the reasons for failure are recommended audit topics as part of clinical effectiveness/governance analysis (ROCG, 2011). Outpatient Hysteroscopy failure should be routinely audited to maintain the failure rate at its lowest value and to make sure the it is not exceeding the recommended failure rate.

# Objective

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- 1- Auditing and reviewing the failure rate of outpatient hysteroscopy in Russell's Hall hospital against the accepted standard national failure rate.
- 2- Defining the causes of failed outpatient hysteroscopy in Russell's Hall hospital.
- 3- Reviewing and auditing patient's modifiable risks that increase outpatient hysteroscopy failure.
- 4- Reviewing and auditing the structure of the outpatient hysteroscopy service that increase the failure rate of outpatient hysteroscopy against the recommended hysteroscopy service.
- 5- Setting an action plan and recommendation to decrease the failure rate of outpatient hysteroscopy.

# Methodology & Data Collection

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Methodology and source of data: **-It is a Retrospective study**

**-hysteroscopy clinics attendance records**

**- operative theatre patient record**

**-departmental database**

**- patients case notes**

Data time frame from: **20/05/2022** to: **20/11/2022**

Type of patients: **All paint who had a failed outpatient hysteroscopy in the see and treat clinic**

Retrospective/prospective: **Retrospective**

Has the data already been collected?: **No**

Will you be collecting sensitive patient data for this project?: **No**

## Guidance

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| Type            | Origin  | Title                                    | Status   | Further comments |
|-----------------|---|--|----------|------------------|
| Guidance (RCOG) | The Royal College of Obstetricians and Gynaecologists | Best Practice in Outpatient Hysteroscopy | Achieved | .                |

# Results

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## Data Analysis

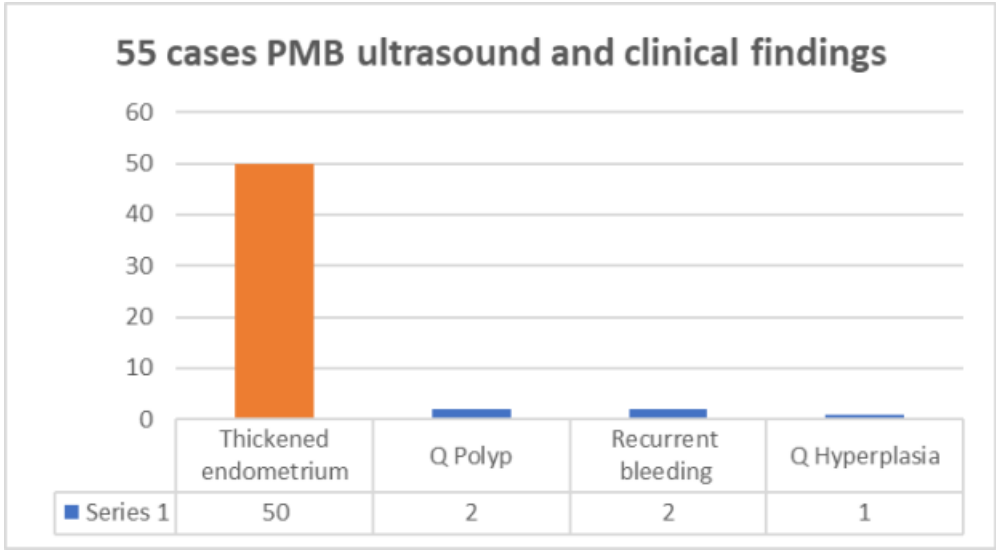
- The data of a total of 123 patients were retrieved from the departmental database and operative theatre record during the specified period of time (5 months)
- Patients who were booked for a hysteroscopy for a different reason, failed follow up or cancelled procedure were excluded from this audit leaving a total of 85 patients.
- Patients notes included in the study were reviewed on Sunrise
- 85 proforma were generated
- Excel sheet generated for the 85 patients

### **Hysteroscopy indication for the 85 patients**

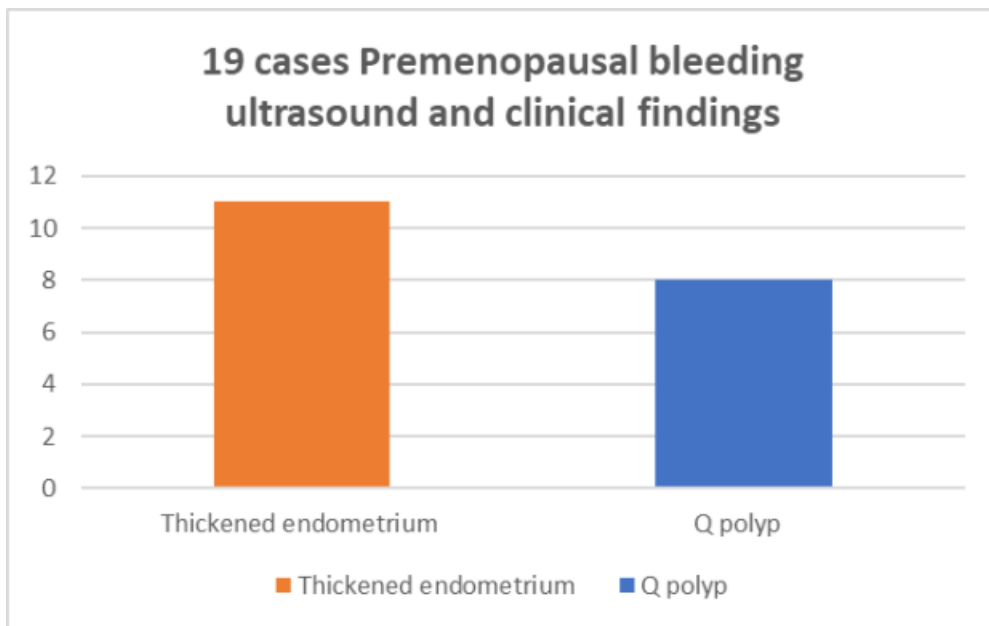
### Hysteroscopy indication



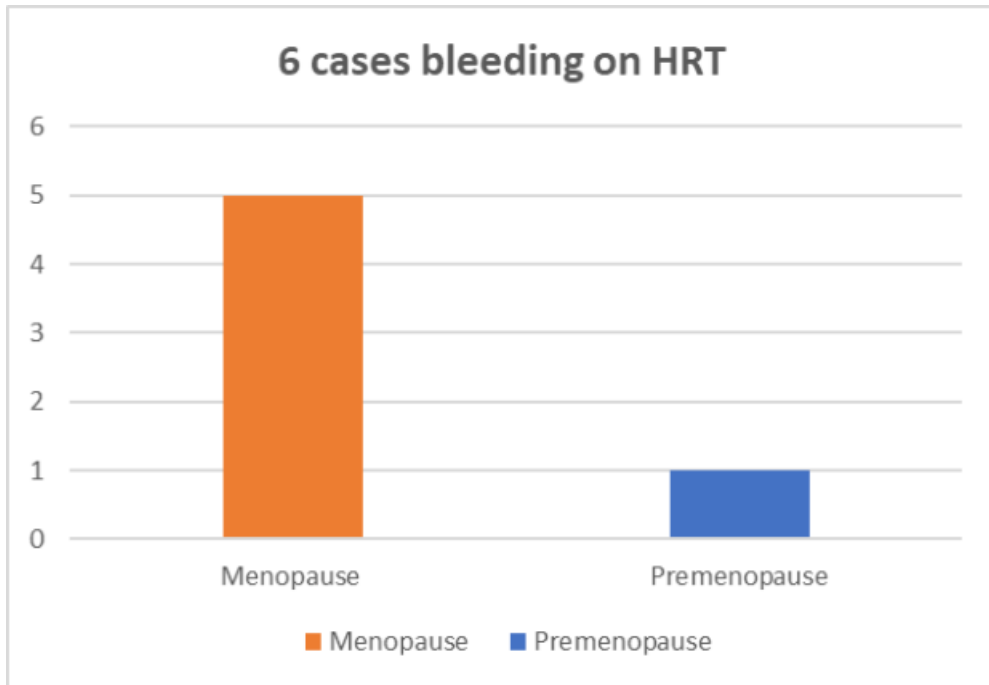
- Postmenopausal bleeding (55)
- Premenopausal bleeding (19)
- Bleeding on HRT (6)
- US thickened endometrium (3)
- Hematometra (1)
- Pipelle endometrial hyperplasia (1)



*PMB with thickened endometrium 50 case, PMB with Q endometrial polyp 2 cases, PMB with Q pipelle atypical hyperplasia 1 case, recurrent PMB 2 cases without endometrial thickness.*



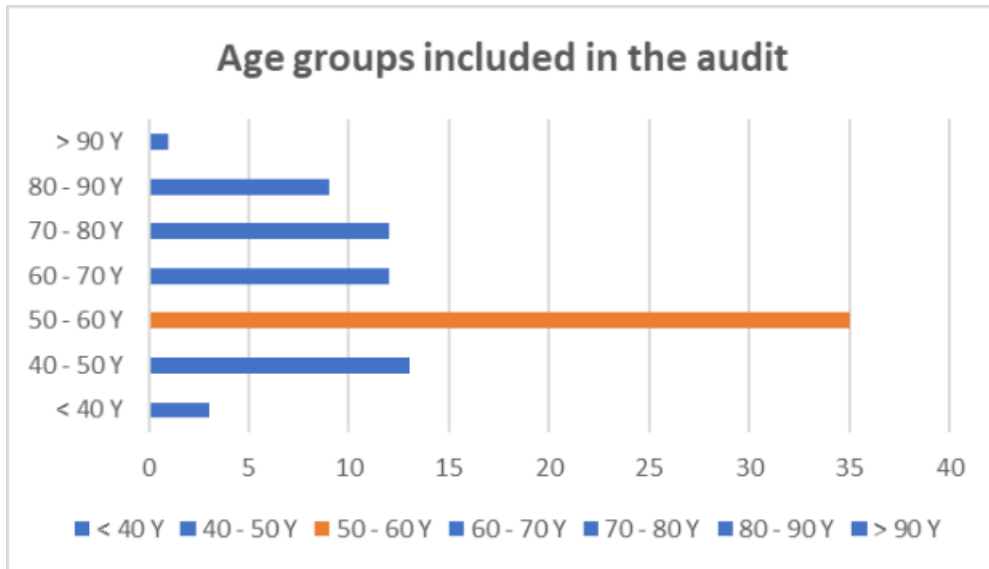
*Premenopausal bleeding (thickened endometrium 11 cases), Premenopausal bleeding with (US polyp 8 cases).*



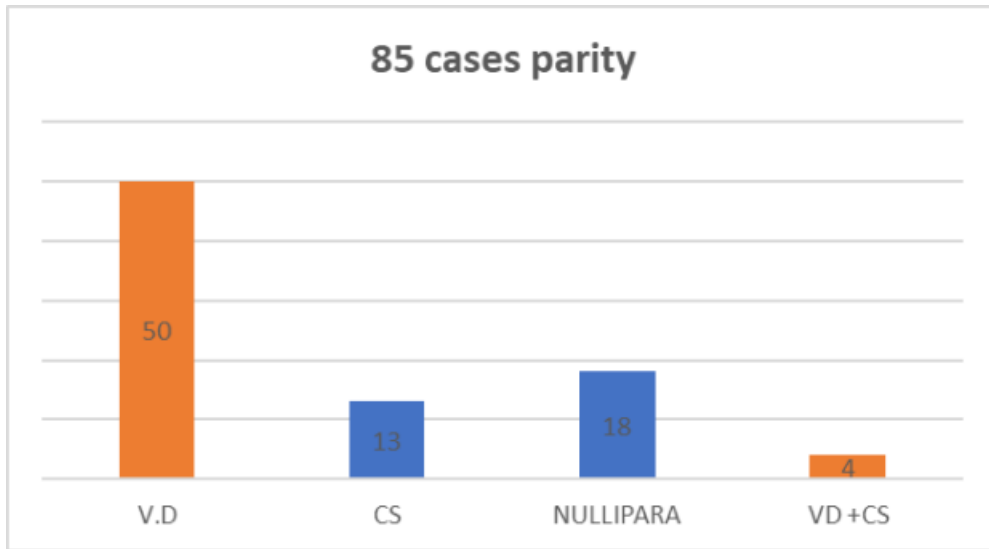
*Menopause 5 cases, Premenopausal 1 case.*

**Age groups included in the study:**



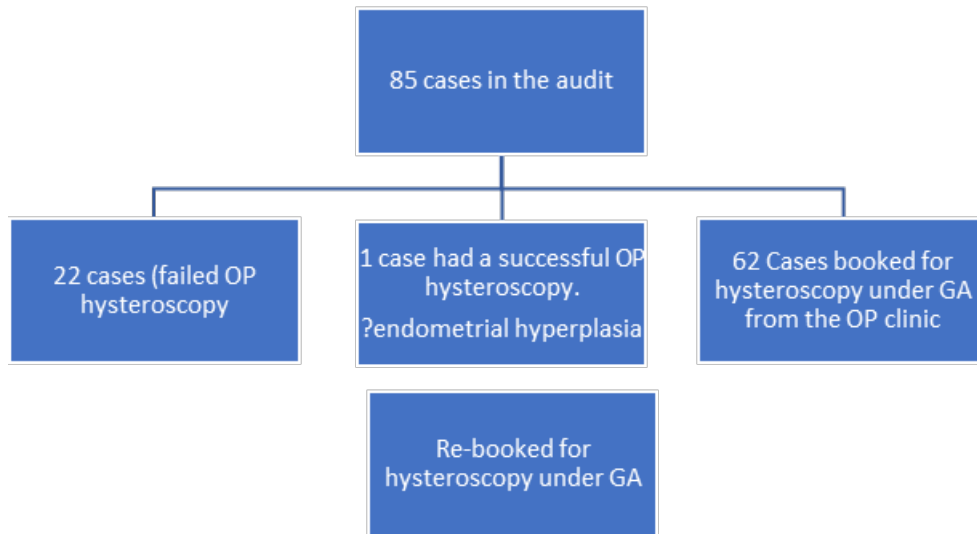


Above 90 Y 1 case, 80 -90 Y 9 cases ,70 -80 Y 12 cases, 60 -70 Y cases 12 cases , 50- 60 Y 35 cases , 40 - 50 Y 13 cases, 30 - 40 Y cases .



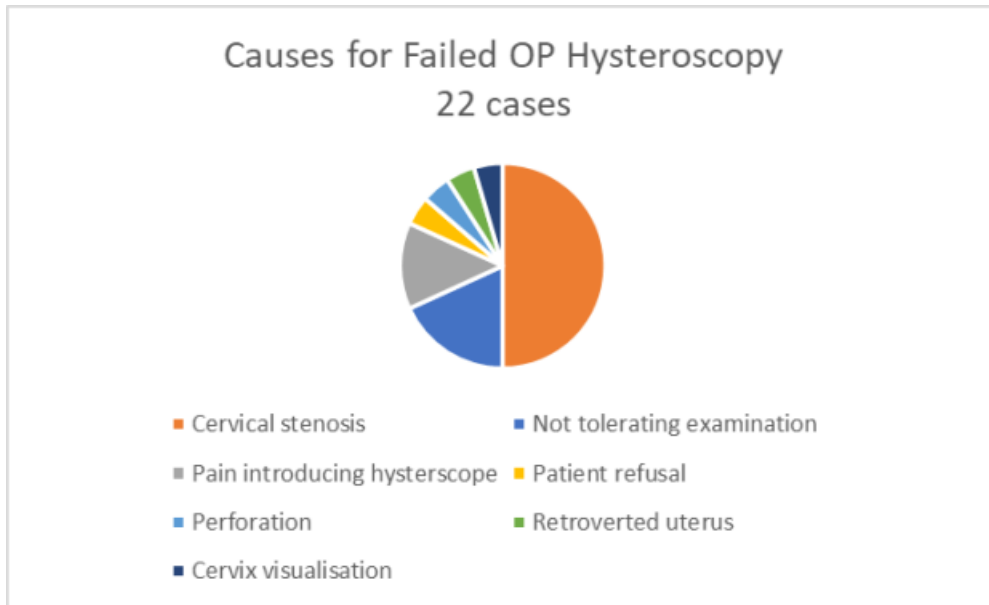
*Vaginal delivery 54 (4 Cases VD +CS), Nullipara 18 cases, Caesarean section 13 cases*

- Tamoxifen 2 cases on tamoxifen, 83 without

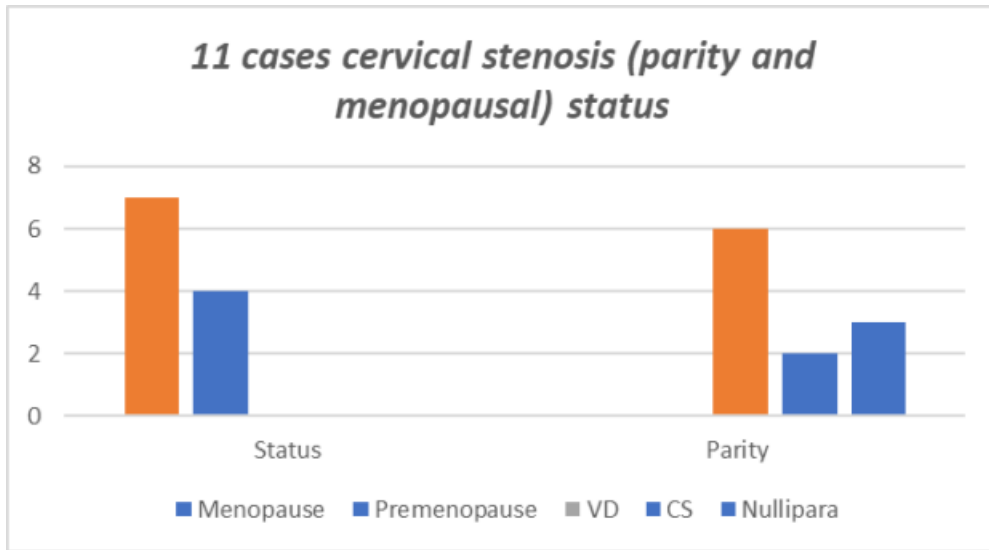


**22 cases of failed outpatient hysteroscopy data analysis:**

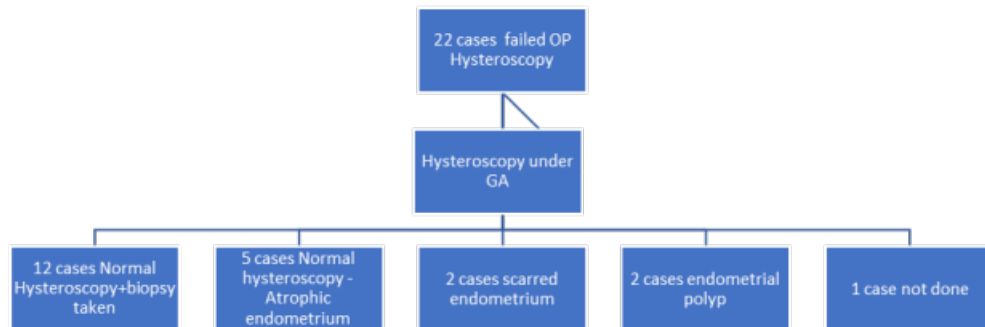
*FAILED 22 cases: 14 menopause, 8 pre-menopause. (7 cases Nullipara, 11 cases vaginal delivery, 4 cases caesarean section).*



- 4 cases not tolerating examination (2 VD, 1 CS, nullipara) (3 menopause, 1 pre-menopause)
- 3 cases introducing hysteroscope, (2 pre-menopause, 1 menopause) - (1 nullipara – 2 VD)
- 1 cases perforation (pre-menopause) (nullipara)
- 1 patient refusal (menopause) (nullipara)
- 1 cases retroversion (menopause) (nullipara)
- 1 cases unable to visualize the cervix (menopause) - (nullipara)
- 9 cervical stenosis (3 pre-menopause, 6 menopause) - (2 null - 4 VD – 3CS)
- 2 cervical stenosis with endometrial ablation (1 pre – 1 menopause) (2 VD)



**100% success rate in hysteroscopy under GA after failed OP hysteroscopy**

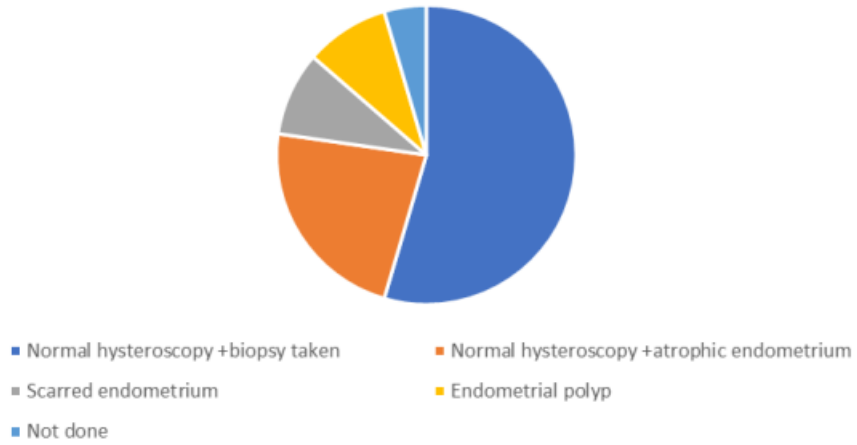


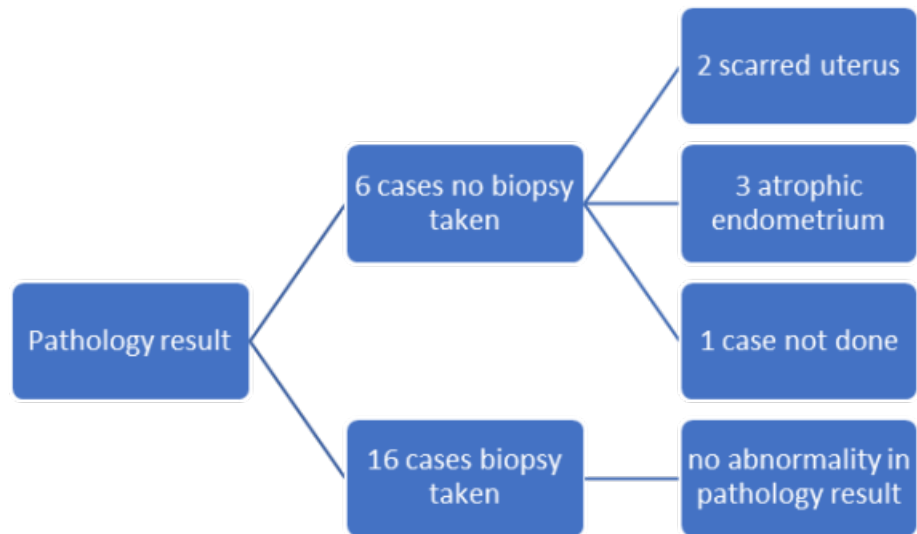
### GA Hysteroscopy Outcome after failed OP Hysteroscopy



- Normal hysteroscopy + biopsy taken
- Normal hysteroscopy + atrophic endometrium
- Scarred endometrium
- Endometrial polyp
- Not done

GA Hysteroscopy Outcome after failed OP Hysteroscopy

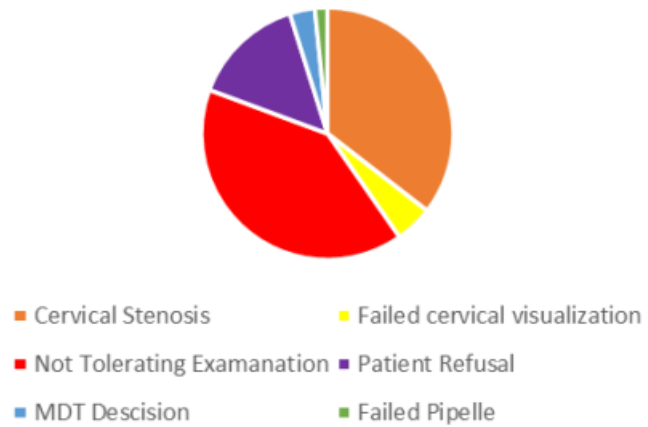




62 cases Hysteroscopy under GA without OP hysteroscopy:

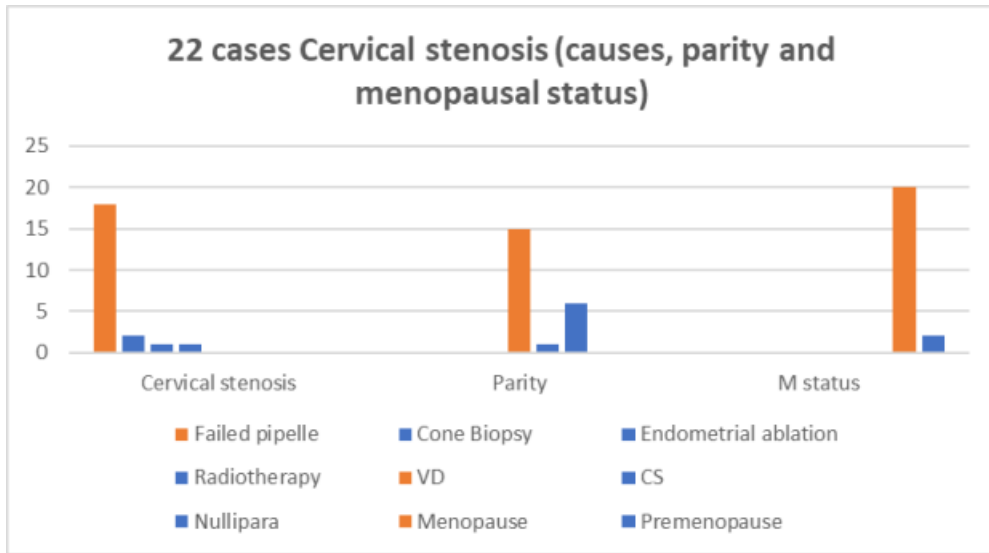


### Causes for referral GA Hysteroscopy

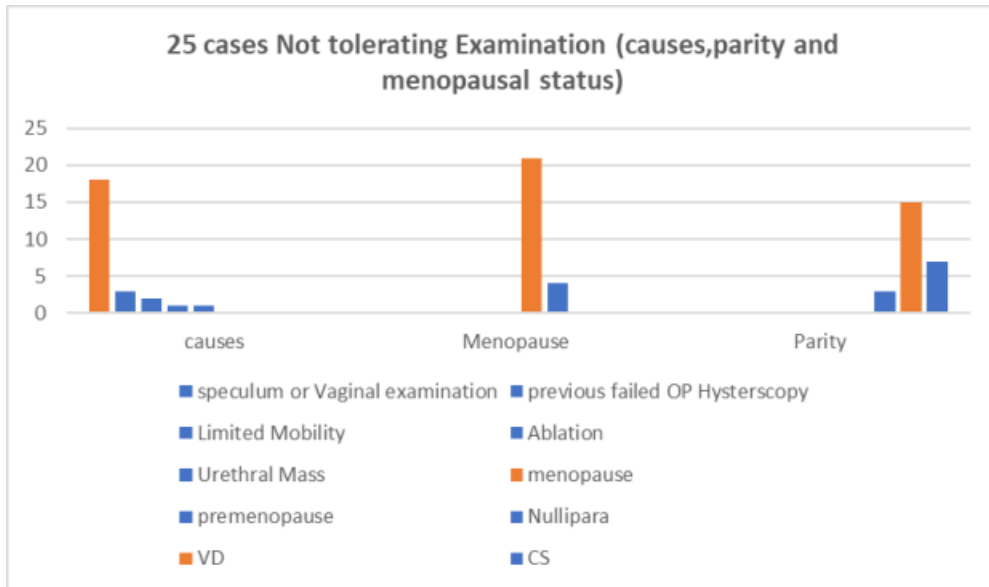


62 cases booked for Hysteroscopy under GA from the outpatient clinic

*(22 cases of cervical stenosis, 3 cases of failed cervical visualization, 25 cases not tolerating the examination, 1 case failed biopsy, 2 cases MDT decision, 9 cases patient refusal)*



18 cases of failed pipelle biopsy, 2 cone biopsy, 1 case endometrial ablation, 1 case short and flushed cervix (15 cases VD, 6 Cases nullipara, 1 case caesarean section), (20 menopause, 2 perimenopause)



**25 cases not tolerating examination** 18 not tolerating examination and speculum, 3cases history of failed OP hysteroscopy, 2 cases limited mobility, 1 case endometrial ablation, 1 case urethral mass. (4 perimenopause, 21 menopause) (15 VD, 3 nullipara, 7 CS)

### 3 cases failed cervical visualization.

(2 no reason, 1 radiotherapy), (3menopause), (3 VD)

### 1 case failed pipelle biopsy.

(VD), (pre-menopause)

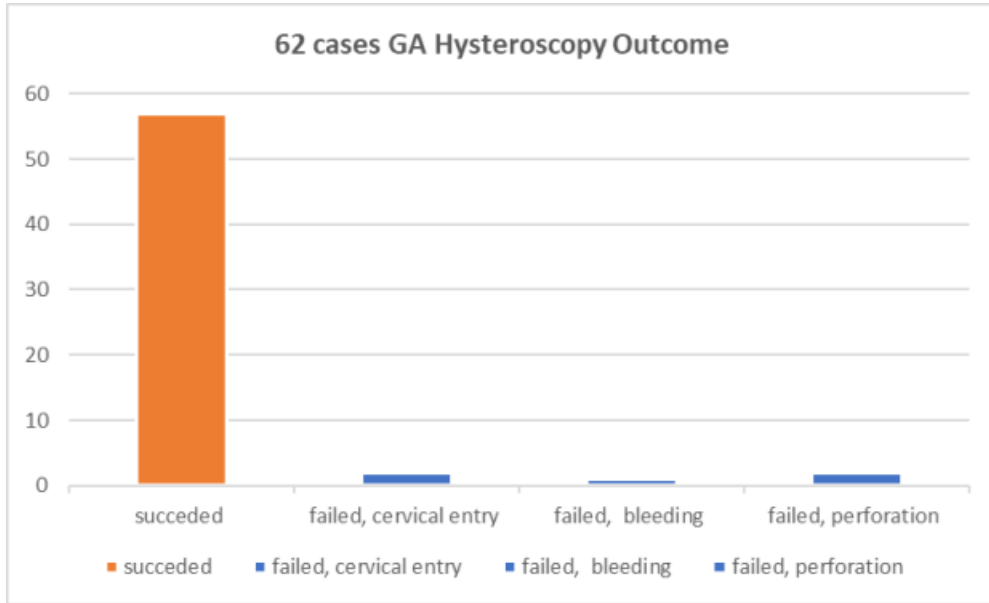
### 2 cases MDT decision

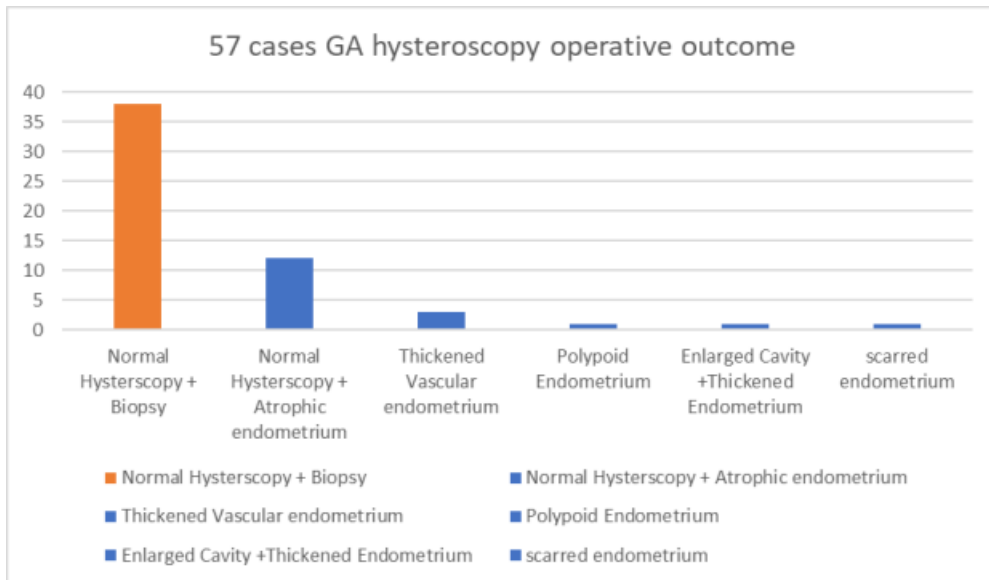
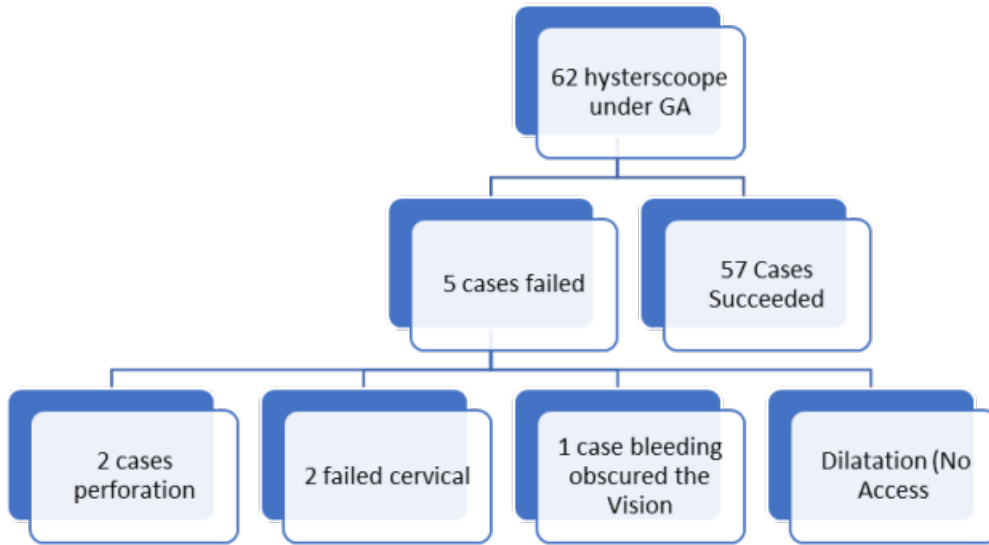
(2 pre-menopause), (2 VD) (hyperplasia, squamous metaplasia)

### 9 cases patient refusal

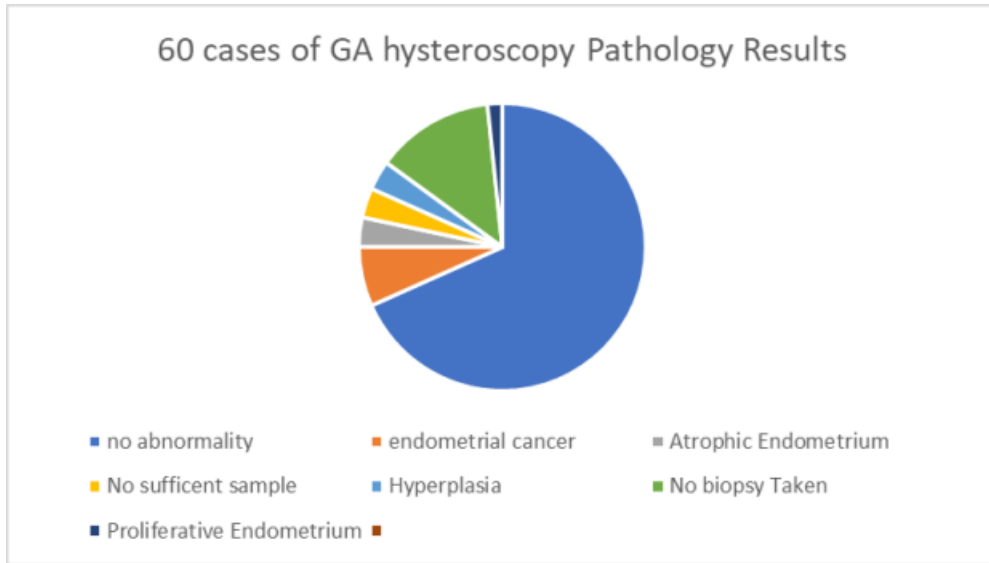
(7 refusal, 1 lack of leaflet, 1 ablation), (6 menopause, 3 pre-menopause), (8 VD, 1 nullipara)

**62 patient hysteroscopy under GA Outcome:**

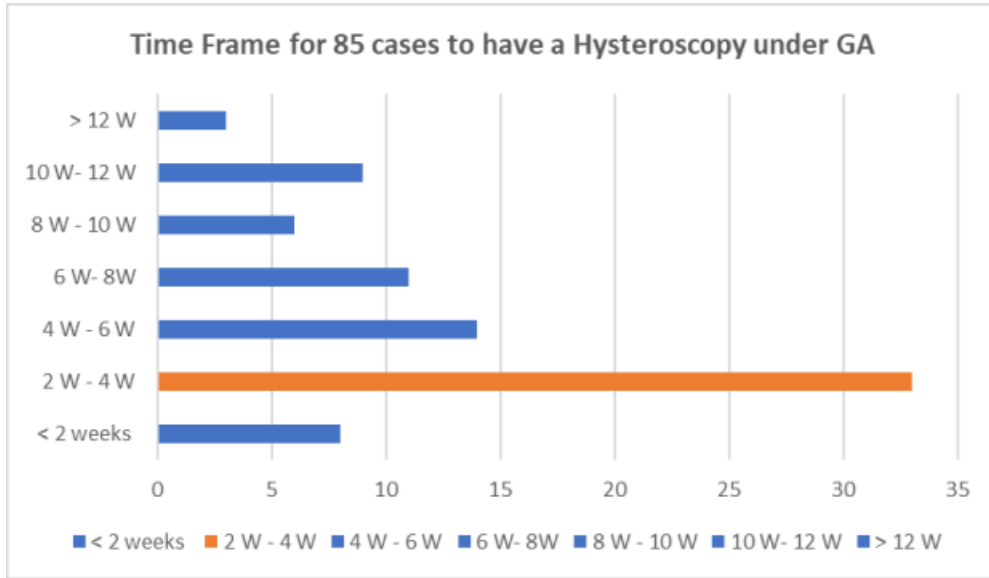




38 cases normal Hysteroscopy+ biopsy taken, 13 cases atrophic endometrium , 1 case scarred endometrium, 3 cases thickened vascular endometrium, 1 case polypoid endometrium, 1 enlarged cavity + thickened endometrium.



41 cases no abnormal pathology, 4 cases endometrial cancer, 2 cases atrophic endometrium, 8 cases no biopsy taken, 2 cases endometrial hyperplasia, 2 cases insufficient sample, 1 case proliferative endometrium.



8 cases less than 14 day, 33 cases between 14 and 30 days ,14 cases 30 to 45 days ,11 cases between 45 days and 60, 6 cases 60 to 75 days, 9 cases 75 to 90 days, 3 case more than 90 days, one case not done.

## Criteria

| Order | Criteria   | Numerator/Denominator/Exceptions | Numerator/Denominator figures | Target  | Previous | Current | Status | Guidance |
|-------|--|----------------------------------|-------------------------------|---------|----------|---------|--------|----------|
| 1     | All patient who had a failed outpatient hysteroscopy | 60 / 60 / N/A                    |                               | <=60.00 | N/A      | 55.00   | ⊖      | 0        |

# Conclusion

---

## **Key Findings:**

- Most common cause for hysteroscopy in this audit is PMB (65%)
- Most common US findings in thickened endometrium (90%) in PMB, in pre-menopausal bleeding (58%)
- (50-60 Y) is the most common age group involved in this audit (41%)
- 63% of the patient included in this audit had at least one vaginal delivery
- 72% of the patient in this audit were referred to hysteroscopy under GA from the OP clinic
- 50% of the failed OP hysteroscopy due to cervical stenosis
- 100% success in hysteroscopy under GA following failed OP hysteroscopy
- 55% of patients who had hysteroscopy under GA, following a failed OP hysteroscopy, their hysteroscopy was normal, and biopsy was taken
- Cervical stenosis and not tolerating examination were found in 35% and 40% of the patient who were referred for hysteroscopy under GA from the OP clinic.
- Hysteroscopy under GA for patients who were referred from the OP clinic had a success rate of 91%
- 66% was the percentage of the normal hysteroscopy in patient who has been referred to hysteroscopy under GA
- 2 to 4 weeks was the most common (38%) waiting time frame to have hysteroscopy under GA



## Assurance and risk

---

Assurance level: **Significant**

The project has mostly achieved the standards or criteria being audited against

Risk level: **None**

Standards met and findings demonstrate no risk to patient safety

## Key successes

---

No data has been recorded yet.

## Key concerns

---

No data has been recorded yet.

# Action Plan

## Recommendations

|   | Recommendation  | Added      | By         |
|---|---|------------|------------|
| 1 | Keep a register in the outpatient hysteroscopy clinic to record failed and successful cases                             | 25/01/2023 | [REDACTED] |
| 2 | Implement an outpatient hysteroscopy failure proforma in the outpatient hysteroscopy clinic.<br>recommendation proforma | 25/01/2023 | [REDACTED] |
| 3 | Implement a hysteroscopy under anaesthesia referral proforma in the outpatient clinic and PMB clinic.                   | 25/01/2023 | [REDACTED] |

## Actions

|   | Recommendation(s)   | Action   | Responsible | Date raised | Due date   | Action RAG | Progress       |
|---|---|--|-------------|-------------|------------|------------|----------------|
| 1 | Keep a register in the outpatient hysteroscopy clinic to record failed and successful cases | Register to be placed within the outpatient hysteroscopy clinic for completion | [REDACTED]  | 22/03/2023  | 31/03/2023 | ●          | Fully Complete |

# Post Project Impact

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**No post project impact has been added to this audit.**

## List of Uploaded Files

| Name       | File Type         | Usage               | Uploaded By | Uploaded Date |
|------------|-------------------|---------------------|-------------|---------------|
| [REDACTED] | DOCX              | Audit presentations | [REDACTED]  | 25/01/2023    |
| [REDACTED] | DOCX              | Audit data input    | [REDACTED]  | 16/12/2022    |
| [REDACTED] | PDF               | Audit evidence      | [REDACTED]  | 02/05/2023    |
| [REDACTED] | PDF               | Audit evidence      | [REDACTED]  | 02/05/2023    |
| [REDACTED] | PDF               | Audit evidence      | [REDACTED]  | 30/04/2023    |
| [REDACTED] | PDF               | Audit evidence      | [REDACTED]  | 30/04/2023    |
| [REDACTED] | Excel Spreadsheet | Audit results       | [REDACTED]  | 13/01/2023    |

# See and treat Hysteroscopy-Patient Satisfaction Survey

Patient Questionnaire (feedback, satisfaction, etc.)

Report generated: **04th October 2023**

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## Project

---

Project Category: **Patient Satisfaction Audit**

Project Priority: **2**

Project Code: **GYNAE/PQ/2021-22/09**

CQC Domains: **N/A**

Reported Type: **Directorate / Division**

Is your project related to particular sites? **No**

Is your project related to particular wards/areas? **No**

## Project team

---

Lead Participant: [REDACTED]

Participant(s): N/A

Mentor: [REDACTED]

## Rationale

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Hysteroscopy, see and treat, clinic was launched in the middle of August 2021.

The aim of this clinic is to provide the best services to women in a one-stop service.

Before it has been started, there were two clinics: hysteroscopy clinic and MyoSure clinic.

In other words, most of the women have had to attend twice to solve their problem and went through the stress, anxiety, and pain twice, also, they might be a delay in providing the definitive management.

This survey offers greater insight and understanding into the experiences of women undergoing the procedure.

## Objective

---

- To facilitate engagement with women in all aspects of their outpatient hysteroscopic journey and improve women's experiences
- To find if the women have received information prior to attending the clinic, the quality of the information, and the advice of taking painkillers.
- To evaluate the level and the quality of the consultation itself, including information about the OPH, answering women questions, involving them in the care plan, and providing information about recovery and ongoing management
- To assess the level of anxiety, stress, and women's control during the OPH
- To measure pain intensity during OPH, we selected the widely accepted 11-point (0-10) numerical rating scale (NRS)
- To evaluate the overall experience of the women



# Methodology & Data Collection

---

Methodology and source of data: **Prospective audit**

**Questionnaires were given to all women who had outpatient hysteroscopy over a 6-week period**

**30 patients were responded to the survey**

**The questionnaire covers four phases:**

**1- before attending the hysteroscopy clinic.**

**2- the consultation itself before commencing the procedure.**

**3- the procedure.**

**4- The overall experience.**

Data time frame from: **01/11/2021** to: **15/12/2021**

Type of patients: **All the patients who attended the outpatient see and treat hysteroscopy clinic in the giving period of time**

**: this includes all the patients who were referred from general gynecological clinics, PMB clinic, direct referrals from the GP either routine or through a rapid access pathway.**

**The sample of patients included a variety of ages from teenagers to postmenopausal women.**

Retrospective/prospective: **Prospective**

Has the data already been collected?: **Yes**

Will you be collecting sensitive patient data for this project?: **Not entered**

# Guidance

| Type            | Origin  | Title                                    | Status   | Further comments                                      |
|-----------------|---|--|----------|---|
| Guidance (RCOG) | The Royal College of Obstetricians and Gynaecologists | Best Practice in Outpatient Hysteroscopy | Achieved | All patients were seen within the expected time frame |

## Results

An 87% of the patients, who attended the clinic when the audit was conducted, responded that they had received information about what they will expect when they attend the hysteroscopy clinic, 80% of them found this information useful and 83% have received advice to take painkillers before the appointment.

During the consultation, 90% of the women have said that the staff explained things in an understandable way and their questions were answered properly. On the other hand, 90%, 93%, and 87% have said that they were involved in the decision of their ongoing management, treated with respect and dignity, and were given information about recovery, respectively.


The procedure was regarded as mildly to moderately painful in 80% of the cases with an average pain score of 4.2/10. Only 20% of the patient found the procedure was severely painful.

It was interesting to know that 90% of the patient found the speculum insertion, cervical dilatation, and endometrial biopsy are the most painful part of the procedure, not the diagnostic hysteroscopy or the MyoSure resection.

An 83% of the patient classified the service in the hysteroscopy clinic as excellent and 17% as good, none of the patients considered the service fair, poor, or very poor.

An 87% of the patients would choose this way of having the procedure if I were in the same situation again and 90% of them recommend See and Treat Hysteroscopy clinic for their friends, colleagues, and relatives.

## Criteria

| Order | Criteria   | Numerator/Denominator/Exceptions | Numerator/Denominator figures | Target   | Previous | Current | Status  | Guidance |
|-------|--|----------------------------------|-------------------------------|----------|----------|---------|---|----------|
| 1     | All patients attended outpatient see and treat hysteroscopy clinic in the given period of time | N/A / N/A / N/A                  |                               | =100.00% | N/A      | 100.00% |  | 1        |

## Conclusion

---

- This survey offers greater insight and understanding into the experiences of women undergoing the procedure.
- Areas of sub-optimal performance can be more readily identified, which will help in more remedial measures to be in place aiming to improve the provided services.
- Areas of good practice can be highlighted, and explanations for excellent performance can be explored and shared with the wider gynaecological community.

## Assurance and risk

---

Assurance level: **Full**

The project has fully achieved the standards or criteria being audited against

Risk level: **None**

Standards met and findings demonstrate no risk to patient safety

## Key successes

---

| Description                                   |
|---|
| 1 out of 1 criteria were marked as 'Achieved' |

## Key concerns

---

No data has been recorded yet.

# Action Plan

## Recommendations

|   | Recommendation   | Added      | By         |
|---|--|------------|------------|
| 1 | 100% of women should receive information, leaflet about what they will expect on the day when attending the hysteroscopy clinic which will provide advice to have painkiller before attending their appointment which will improve the tolerance to the procedure. | 03/01/2022 | [REDACTED] |

## Actions

|   | Recommendation(s)  | Action   | Responsible | Date raised | Due date   | Action RAG | Progress       |
|---|--|--|-------------|-------------|------------|------------|----------------|
| 1 | 100% of women should receive information, leaflet about what they will expect on the day when attending the hysteroscopy clinic which will provide advice to have painkiller before attending their appointment which will improve the tolerance to the procedure. | Leaflet to be provided to all women prior to having a hysteroscopy which includes information on taking painkillers prior to the procedure | [REDACTED]  | 03/01/2022  | 31/03/2022 | ●          | Fully Complete |

# Post Project Impact

---

13/12/2022 [REDACTED] update - The project has fully achieved the standards or criteria being audited against.

## List of Uploaded Files

| Name       | File Type               | Usage               | Uploaded By | Uploaded Date |
|------------|-------------------------|---------------------|-------------|---------------|
| [REDACTED] | DOCX                    | Audit Pro Forma     | [REDACTED]  | 03/01/2022    |
| [REDACTED] | PowerPoint Presentation | Audit presentations | [REDACTED]  | 03/01/2022    |
| [REDACTED] | Excel Spreadsheet       | Audit data input    | [REDACTED]  | 03/01/2022    |



# Clinical effectiveness of MyoSure for the removal of fibroid and patient experience / satisfaction

Quality Improvement Project

Report generated: **29th September 2023**

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## Project

---

Project Category: **Local Guidance Audit**

Project Priority: **3**

Project Code: **GYNAE/QI/2021-22/01**

CQC Domains: **N/A**

Reported Type: **N/A**

Is your project related to particular sites? **No**

Is your project related to particular wards/areas? **No**

## Project team

---

Lead Participant: [REDACTED]

Participant(s): [REDACTED]

Mentor: [REDACTED]

## Rationale

---

Submucosal fibroids are one of the reason of irregular and heavy menstrual bleeding. It can be treated effectively by hysteroscopic tissue removal devices, ie : MyoSure, Truclear, Bigatti Shaver. Theses methods can remove the fibroid and save patient from having more major surgery ( myomectomy or hysterectomy via laparotomy ).

This project aims to measure the effectiveness of MyoSure in treating submucosal fibroid and to survey patient satisfaction

## Objective

---

Effectiveness of MyoSure in removing submucosal fibroid

Survey patient experience and satisfaction

# Methodology & Data Collection

---

Methodology and source of data: **Data collection electronic or patient's notes**

Data time frame from: **01/02/2020** to: **01/02/2021**

Type of patients: **Patient who had the diagnosis of submucosal fibroid (Please refer to proforma )**

Retrospective/prospective: **Retrospective**

Has the data already been collected?: **No**

Will you be collecting sensitive patient data for this project?: **Not entered**

## Guidance

---

**No guidance has been related to this audit.**

## Results

- 60 % of the patients had complete resection of the fibroid in one session. Their symptoms were relieved and no further treatment were required and they were satisfied with the final result of the procedure.
- Complications: only one case was complicated by fluid overload. No other complications were recorded which means that MyoSure is effective and safe procedure in treating submucosal fibroid.
- EBL: in the cases were the EBL was recorded, the maximum blood loss was 100 ml and in the other 3 cases, it was negligible.
- Cutting time: the cutting time in five cases was < 1 minute, one case 2 minute and the last case it took 14 minutes
- Fluid deficit: seven cases: less than 500 ml, one case : 500-1000, and one case the fluid deficit reached 1500 and this patient had fluid overload and she was admitted for 2 days.
- Complications: only one case among those 12 cases had a fluid overload, no other complications were recorded.

## Criteria

| Order | Criteria  | Numerator/Denominator/Exceptions | Numerator/Denominator figures | Target    | Previous | Current | Status | Guidance |
|-------|---|----------------------------------|-------------------------------|-----------|----------|---------|--------|----------|
| 1     | All patients who have had fibroid resection via MyoSure as inpatient and outpatient procedure in the given period | N/A / N/A / N/A                  |                               | >=100.00% | N/A      | 100.00% | ✓      | 0        |

## Conclusion

---

MyoSure is an effective device in treating submucosal fibroids. It saves patients from having more invasive procedures. It has a low complication rate and high success rate. Most importantly, it has high patients satisfaction

## Assurance and risk

---

Assurance level: **Significant**

The project has mostly achieved the standards or criteria being audited against

Risk level: **Low**

Peripheral element of treatment or service suboptimal

Add to risk register: **No**

Reason: **Secondary outcome: deficiency in documentation which will be solved by implementing a proforma for Myosure**

## Key successes

---

| Description  |
|--|
| 1 out of 1 criteria were marked as 'Achieved'  |
| Highlighting the defects in the practice and planning to improve the service to achieve better results and more patients' satisfaction |

# Key concerns

---

| Description       |
|-------------------|
| No major concerns |



# Action Plan

## Recommendations

|   | Recommendation  | Added      | By         |
|---|---|------------|------------|
| 1 | It is a good practice to document the size of the fibroid in the US report to plan ahead the procedure in terms of venue, counselling the patient( it may need more than one session to complete resection) and suitability for MyoSure. Intraoperative findings ( type and size of the fibroid) should be documented in patient notes Document the type of MySure used to resect the fibroid Improve documentation by writing the relevant information such as, cutting time, fluid deficit, pressure which has been used and EBL. Sticking the MyoSure sticker in patient's note which will provide the above mentioned information and the MyoSure type. | 07/07/2021 | [REDACTED] |

## Actions

| Recommendation(s) | Action | Responsible | Date raised | Due date | Action RAG | Progress |
|-------------------|--------|-------------|-------------|----------|------------|----------|
|-------------------|--------|-------------|-------------|----------|------------|----------|

|   | Recommendation(s)   | Action   | Responsible              | Date raised | Due date   | Action RAG | Progress       |
|---|---|--|--------------------------|-------------|------------|------------|----------------|
| 1 | It is a good practice to document the size of the fibroid in the US report to plan ahead the procedure in terms of venue, counselling the patient( it may need more than one session to complete resection) and suitability for MyoSure. Intraoperative findings ( type and size of the fibroid) should be documented in patient notes Document the type of MySure used to resect the fibroid Improve documentation by writing the relevant information such as, cutting time, fluid deficit, pressure which has been used and EBL. Sticking the MyoSure sticker in patient's note which will provide the above mentioned information and the MyoSure type. | Present the result of this audit i in the upcoming Audit meeting to highlight the defects in our practice and propose solutions to overcome these defects.<br>Design a proforma to cove all the details related to Mayosure from assessment and preoperative preparation through intraoperative findings and postoperative plan and follow up. | [REDACTED]<br>[REDACTED] | 07/07/2021  | 21/07/2021 | ●          | Fully Complete |

# Post Project Impact

---

13/12/2022, [REDACTED] update - Re-audit recommended 2023, mentor Ambulatory Gynae Lead

## List of Uploaded Files

| Name       | File Type               | Usage               | Uploaded By | Uploaded Date |
|------------|-------------------------|---------------------|-------------|---------------|
| [REDACTED] | DOCX                    | Audit Pro Forma     | [REDACTED]  | 15/02/2021    |
| [REDACTED] | PowerPoint Presentation | Audit presentations | [REDACTED]  | 01/07/2021    |
| [REDACTED] | Excel Spreadsheet       | Audit data input    | [REDACTED]  | 02/07/2021    |

# Management of women with postmenopausal bleeding

Quality Improvement Project

Report generated: **29th September 2023**

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## Project

---

Project Category: **National Guidance Audit**

Project Priority: **3**

Project Code: **GYNAE/QI/2021-22/10**

CQC Domains: **N/A**

Reported Type: **Directorate / Division**

Is your project related to particular sites? **No**

Is your project related to particular wards/areas? **No**

## Project team

---

Lead Participant: [REDACTED]

Participant(s): [REDACTED]

Mentor: [REDACTED]

## Rationale

---

Postmenopausal bleeding (PMB), is the most common red flag symptom for Endometrial malignancy. These women should therefore be seen within 2 weeks of referral in Post menopausal bleeding clinic. The British Gynaecological Cancer Society (BGCS) recommend Transvaginal scan (TVS) as first-line investigation for PMB, followed by endometrial biopsy, with or without Hysteroscopy, if the endometrium is thickened.

Current practise in trust is to perform Pipelle endometrial biopsy if endometrial thickness is >4mm. Though the sensitivity of detecting endometrial malignancy is 80-90%, there is failure rate of 11% and inadequate sampling (31%).

Hysteroscopy is the gold standard procedure for assessing endometrial cavity and carries a failure rate around 4.2%.

Current evidence recommends Hysteroscopy for women with a thickened, irregular endometrium, or other concerning features on ultrasound; those with recurrent or prolonged bleeding; or where random endometrial sampling has been non diagnostic. Many units are now offering outpatient Hysteroscopy procedure as part of a one-stop clinic (instead of pipelle biopsy), as it is most cost-effective and efficient way of investigating unexplained PMB.

Performing Hysteroscopy on every patient with thickened endometrium may not be cost-effective and needs setting up more hysteroscopy clinics. However, this procedure can be performed on high risk patients and patients with concerning features on Ultrasound scan for better diagnostic accuracy and early treatment.

## Objective

---

Assess the number of patients with thickened endometrium >4mm attending PMB clinic.

Review Ultrasound report on thickness, regularity of endometrium and presence of cystic changes/polyps

Review the histological diagnosis and further management of patients with thickened endometrium

Assess the average number of patients with thickened end>10mm, polyps, irregular endometrium, on Tamoxifen who could be referred to outpatient Hysteroscopy clinics

Identify service development issues to improve patient care



# Methodology & Data Collection

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Methodology and source of data: **PMB clinic lists, sunrise system**

Data time frame from: **01/10/2021** to: **31/12/2021**

Type of patients: **Patients referred to PMB clinics at Russells hall Hospital**

Retrospective/prospective: **Retrospective**

Has the data already been collected?: **No**

Will you be collecting sensitive patient data for this project?: **Not entered**

## Guidance

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**No guidance has been related to this audit.**

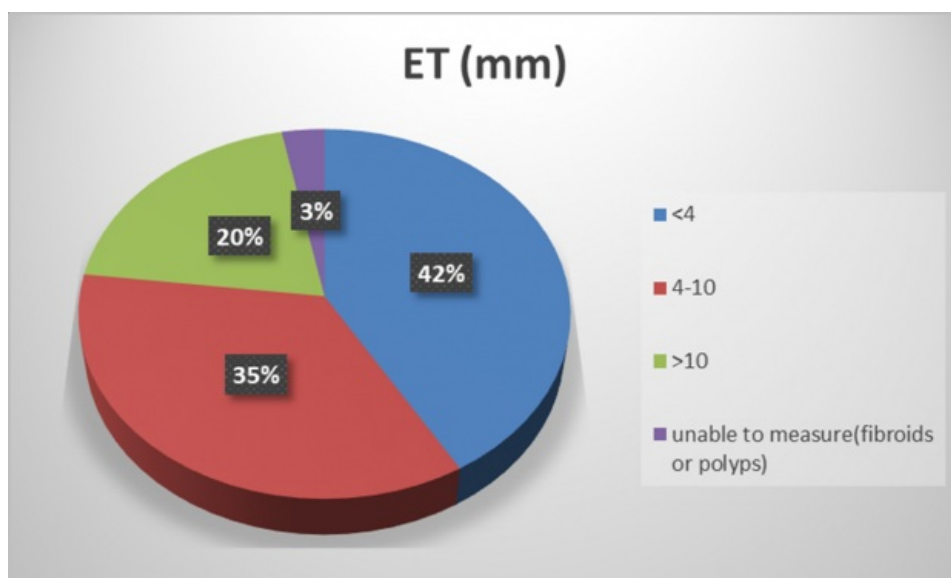
# Results

65 patients : 60 PMB, 4 perimenopausal, 1 INCIDENTAL

4 Recurrent PMB

2 Tamoxifen

13 End > 10mm (20%)



41 needed pipelle - 63%

- 38 >4mm
- 1 F/H 3.9mm
- 2 unable to measure

17 had successful  
pipelle and report-

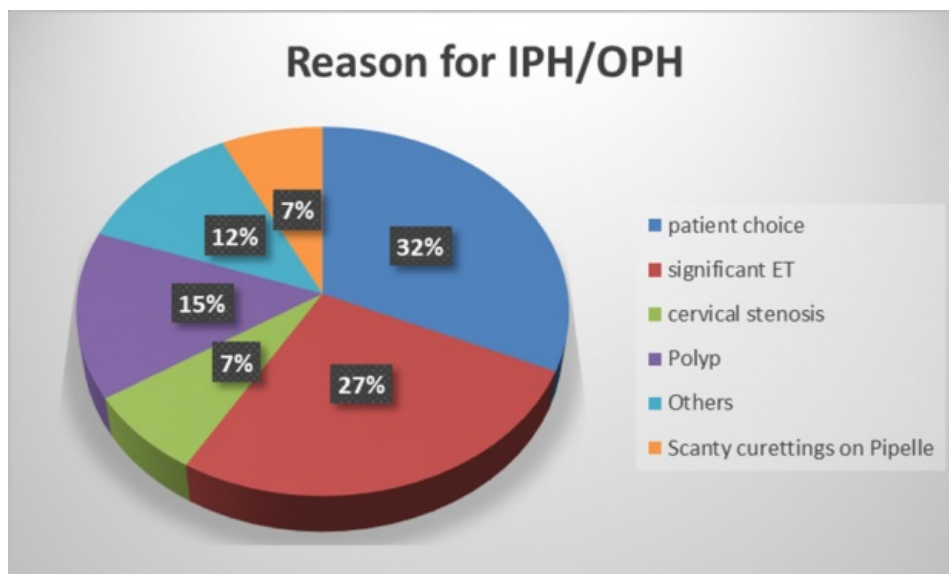
41.46%

24 - 58.54% needed  
further work up

1 malig (>55 yrs,  
BMI>40, Irregular end  
with vascularity,  
pipelle not done, ref  
to OPH)

Inconsistencies in  
ref to OPH

24 pts - 58.54% needed further work up



|                              |    |    |
|------------------------------|----|----|
| patient choice               | 13 | 32 |
| significant ET               | 11 | 27 |
| cervical stenosis            | 3  | 7  |
| Polyp                        | 6  | 14 |
| Others                       | 5  | 13 |
| Scanty curettings on Pipelle | 3  | 7  |

## Criteria

| Order | Criteria  | Numerator/Denominator/Exceptions  | Numerator/Denominator figures | Target    | Previous | Current | Status | Guidance |
|-------|---|---|-------------------------------|-----------|----------|---------|--------|----------|
| 1     | All Patients (without hysterectomy) postmenopausal bleeding should have Ultrasound scan to assess endometrial thickness | N/A / N/A / If had hysterectomy<br>If had alternative investigation like CT,MRI |                               | >=100.00% | N/A      | 100.00% | ✓      | 0        |
| 2     | All patients with endometrial thickness>4mm should be offered endometrial biopsy  | N/A / N/A / N/A   |                               | =100.00%  | N/A      | 100.00% | ✓      | 0        |
| 3     | Ultrasound scan should report thickness of endometrium, regularity and about adnexal masses                             | N/A / N/A / If had hysterectomy   |                               | >=100.00% | N/A      | 100.00% | ✓      | 0        |

## Conclusion

It has been agreed to develop guidelines according to national guidance

guidelines are redy to be discussed in gynae governance meeting and to go out for consultation.

## Assurance and risk

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Assurance level: **Full**

The project has fully achieved the standards or criteria being audited against

Risk level: **None**

Standards met and findings demonstrate no risk to patient safety

## Key successes

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### Description

3 out of 3 criteria were marked as 'Achieved'

## Key concerns

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No data has been recorded yet.

# Action Plan

## Recommendations

|   | Recommendation   | Added      | By         |
|---|--|------------|------------|
| 1 | 1.Guideline for PMB management- draft done ,2 Agree on criteria for direct ref to OPH- "see & treat" ,3.Laminated sheets and pathway to be displayed in PMB clinics 4.Revise Pt information info leaflet | 11/03/2022 | [REDACTED] |

## Actions

|   | Recommendation(s)  | Action  | Responsible | Date raised | Due date   | Action RAG | Progress       |
|---|--|---|-------------|-------------|------------|------------|----------------|
| 1 | 1.Guideline for PMB management- draft done ,2 Agree on criteria for direct ref to OPH- "see & treat" ,3.Laminated sheets and pathway to be displayed in PMB clinics 4.Revise Pt information info leaflet | To Make sure compliance with Guidelines , Pathways is being adhered , hence to re-audit the practice after changes have been established.<br>Ensuring all staff aware of changes and new pathways to achieve compliance with guidelines.<br>Disseminating messages to all staff by emails , laminated pathways and sharing in teaching and doctors meetings.<br>Presenting guidelines in weekly teaching. | [REDACTED]  | 11/03/2022  | 30/11/2022 | ●          | Fully Complete |
| 2 | 1.Guideline for PMB management- draft done ,2 Agree on criteria for direct ref to OPH- "see & treat" ,3.Laminated sheets and pathway to be displayed in PMB clinics 4.Revise Pt information info leaflet | As before   | [REDACTED]  | 11/03/2022  | 30/11/2022 | ●          | Fully Complete |

|   | Recommendation(s)  | Action   | Responsible              | Date raised | Due date   | Action RAG | Progress       |
|---|--|--|--------------------------|-------------|------------|------------|----------------|
| 3 | 1.Guideline for PMB management- draft done ,2 Agree on criteria for direct ref to OPH- "see & treat" ,3.Laminated sheets and pathway to be displayed in PMB clinics 4.Revise Pt information info leaflet | Guidelines have been drafted and sent out for discussion once guidelines are done re-audit and lamination/display of pathway would be done | [REDACTED]<br>[REDACTED] | 11/07/2022  | 31/12/2022 | ●          | Fully Complete |



## Post Project Impact

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A Clinical Guideline has been developed and a re-audit will take place in September 2022

13/12/2022 - Update from MSJ Achiampong - The project has fully achieved the standards or criteria being audited against. No further re audit required imminently.

## List of Uploaded Files

| Name       | File Type               | Usage               | Uploaded By | Uploaded Date |
|------------|-------------------------|---------------------|-------------|---------------|
| [REDACTED] | DOCX                    | Audit evidence      | [REDACTED]  | 28/02/2023    |
| [REDACTED] | DOCX                    | Audit evidence      | [REDACTED]  | 28/02/2023    |
| [REDACTED] | DOCX                    | Audit evidence      | [REDACTED]  | 15/02/2023    |
| [REDACTED] | DOCX                    | Audit presentations | [REDACTED]  | 08/08/2022    |
| [REDACTED] | DOCX                    | Audit evidence      | [REDACTED]  | 21/07/2022    |
| [REDACTED] | PDF                     | Audit evidence      | [REDACTED]  | 28/02/2023    |
| [REDACTED] | PDF                     | Audit evidence      | [REDACTED]  | 28/02/2023    |
| [REDACTED] | PDF                     | Audit evidence      | [REDACTED]  | 16/02/2023    |
| [REDACTED] | PowerPoint Presentation | Audit evidence      | [REDACTED]  | 28/02/2023    |
| [REDACTED] | PowerPoint Presentation | Audit evidence      | [REDACTED]  | 28/02/2023    |
| [REDACTED] | PowerPoint Presentation | Audit evidence      | [REDACTED]  | 21/07/2022    |

| Name       | File Type               | Usage               | Uploaded By | Uploaded Date |
|------------|-------------------------|---------------------|-------------|---------------|
| [REDACTED] | PowerPoint Presentation | Audit evidence      | [REDACTED]  | 21/07/2022    |
| [REDACTED] | PowerPoint Presentation | Audit evidence      | [REDACTED]  | 05/07/2022    |
| [REDACTED] | PowerPoint Presentation | Audit presentations | [REDACTED]  | 11/03/2022    |
| [REDACTED] | Excel Spreadsheet       | Audit results       | [REDACTED]  | 07/03/2022    |
| [REDACTED] | Excel Spreadsheet       | Audit results       | [REDACTED]  | 07/03/2022    |
| [REDACTED] | Excel Spreadsheet       | Audit results       | [REDACTED]  | 17/02/2022    |
| [REDACTED] | Message files           | Audit evidence      | [REDACTED]  | 28/02/2023    |
| [REDACTED] | Message files           | Audit evidence      | [REDACTED]  | 28/02/2023    |