WELL WOMAN CENTRE



Annual Report 2014

Well Woman Medical and Counselling Services 2014

Family Planning Services:

- Combined oral contraceptive pill, the mini pill and Nuvaring
- Intrauterine devices, including Mirena, Jaydess, Copper T 380 and Flexi-T 300
- Implants (Implanon) and injectable contraception (Depo Provera)
- Evra (contraceptive patch)
- · Emergency contraception and post-coital coils

Women's and General Health Services:

- Pregnancy testing and blood testing
- Initial infertility investigations
- Post termination medical check-ups
- Breast examinations
- P.M.S. and Menopause consultations

Screening and Sexual Health Services:

- Cervical smear testing CervicalCheck (the National Cervical Screening Programme) and Biomnis
- Screening for Sexually-Transmitted Infections (Men's STI screening is available in Pembroke Road and Liffey Street)
- · Chlamydia testing
- Cryotherapy
- HPV typing

Counselling:

- Non-directive pregnancy counselling, and post-termination counselling available in all centres
- General counselling available in all centres (including sexual abuse, depression, relationship issues, stress, low self-esteem)
- Counselling in Pembroke Road to support women with Hepatitis C
- In Pembroke Road Consultant Psychiatrist Dr Eimer Philbin Bowman deals with issues including phobias, panic attacks, depression, eating disorders, psycho-sexual problems and vaginismus

More information on services or opening hours can be obtained by visiting our website, www.wellwomancentre.ie or by phoning any Well Woman centre.

City Centre

35 Lower Liffey Street

Dublin I

872 8095 / 872 8051

Northside

Northside Shopping Centre
Coolock, Dublin 5
848 4511

Ballsbridge

67 Pembroke Road Ballsbridge, Dublin 4 668 1108 / 660 9860

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A Message from our Chairwoman



As in recent years, the recession continued its grip on the economy. The climate in which we operate has changed utterly with serious pressure on personal income leading to a fall in discretionary spending, and while the same is true for many other organisations operating in the not-for-profit sector, the impact of this on Well Woman again proved to be a very significant challenge in 2014.

Since 2011, we have made a series of difficult decisions which have defined a restructuring phase for the organisation. Initially, this was confined to rationalising clinic coverage, and two periods of short-term working, in 2011 and 2013. Subsequently we implemented a pay cut at the start of 2012 (with the welcome understanding and consent of staff).

As 2013 drew to a close, it became apparent that these measures, combined with the fact that women were putting off attending their doctor, had not been enough to return the organisation to profitability. The Board began a series of consultations around a more impactful restructuring of the Dublin Well Woman Centre which continued through 2014.

The Board's Finance Committee made a major contribution during this difficult process; this is much appreciated by the Chief Executive and myself. We were also fortunate to benefit from the goodwill of external experts, Cooney Carey, who advised the Board on a pro bono basis and played a vital role in helping us develop a 3 year financial projection with scenario planning.

At time of writing (May 2015), the Board and senior management have implemented a number of significant measures to return the Dublin Well Woman Centre to stability, and profitability and we are confident that the difficult decisions taken will serve their purpose.

During 2014, we were fortunate to benefit from a collaboration with the D.C.U. Ryan Academy, who detailed experienced business students to work with senior management in drawing up a series of recommendations to revitalize the Well Woman brand, and drive sales in certain core services.

Part of this process included a detailed Patient Satisfaction survey, whereby nearly 3,000 Well Woman patients were invited to give us feedback on the quality of our service delivery, as well as making recommendations on steps we can take to improve the quality of our services to patients. We got a very high response rate, which shows how engaged with the brand our patients are. It was also gratifying to note that over 90% of our patients are happy to recommend Well Woman to friends, family members or colleagues. There were also a number of constructive suggestions for improvement, which are being included in our medium-term development plan. A detailed summary of the survey is contained elsewhere in this report.

Against the backdrop of pressure on public funding and personal spending, public confidence in the not-for-profit sector began a process of slow recovery, after the damage done in 2013 by revelations about governance deficiencies in a small number of charities.

The Dublin Well Woman Centre takes seriously its responsibilities as a recipient of public funding. We welcome the long-overdue establishment of the Charities Regulator, and will work positively and responsibly to meet that office's standards for charities.

Not only does this require that Well Woman, like all other funded charities, observes the highest standards of governance – it also pushes us to continue to 'keep our eye on the ball' where women's healthcare is concerned. Our services must be evidence-based, and they must respond to what women really need from a primary healthcare provider.

Well Woman's partner relationship with the H.S.E. is a valuable facet of our work. We are proud to deliver GMS services in our Coolock clinic, along with crisis pregnancy services (in partnership with the H.S.E. Crisis Pregnancy Programme) and cervical screening services (in partnership with CervicalCheck) in all our locations.

In day-to-day service delivery, Well Woman's success is built on a massive team effort. To all of our dedicated doctors, nurses, counsellors, and administration staff, many thanks.

In the strategic development of the organisation, the Board of Directors deserve generous recognition for the

tremendous amount of time, expertise and commitment they gave to the organisation and its senior management during 2014. I would like to extend particular thanks to our Chief Executive and Medical Director whose commitment and guidance has been exemplary.

I am proud to be Chairwoman of the Well Woman Centre and part of the team, and to witness our resilience and determination to model the best standards in women's healthcare, as well as advocating for our patients. I wish the organisation well for its continued success in the coming year.

Jan Richards, Chairwoman May 2015

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Chief Executive's Report

"It was the best of times, it was the worst of times.."

For the Dublin Well Woman Centre, 2014 was a year for which Dickens's memorable opening line might have been written.

One of the positive developments in 2014 was working with the DCU Ryan Academy on a strategy to revitalize the Well Woman brand, and drive awareness of core services – cervical screening, sexual health screening, and the fitting of LARCs.

The report which resulted from this collaboration makes a number of useful recommendations, including the need for a business development function within Well Woman, and the need to implement a comprehensive digital marketing strategy to appeal to younger women. We are working towards realising these steps.

We also conducted our first Patient Satisfaction survey; a summary of the results is contained elsewhere in this report. It is clear that patients hold the Dublin Well Woman Centre in high esteem, bearing out the organisation's core values:

- Excellence is at the heart of what we do. It drives
 us to innovate and to lead when it comes to new
 developments, and to take inspiration from other, leading
 healthcare organisations, nationally and internationally.
- We are non-judgemental in our treatment of patients and clients; our approach upholds the right of each woman to make health decisions appropriate to her, and her needs.
- Our client-centred approach respects our patients and clients; we support the choices women make about their sexual and reproductive health, and offer our services in the most accessible way possible.
- We are caring and supportive in what we do;
 Well Woman doctors, nurses and counsellors connect with patients and clients in a relationship of equals.

What was more difficult in 2014 was the continuing challenge of operating in recession Ireland. We were faced with a number of very difficult decisions in the latter part of the year, but they were necessary in order to secure the future of the organisation.

That a not-for-profit organisation that is relevant to women, and looks to constantly argue the case for women's health

gain, can endure in the teeth of a deep recession, is cause for joy, and I am proud of how Well Woman has adapted to survive.

The not-for-profit sector continues to work hard to rebuild the trust which had been so badly damaged in 2013 by a series of revelations concerning pay and governance practices in a small number of organisations.

The damage had been done at a particularly bad time for the sector; many not-for-profits, already hugely dependent on the goodwill of the public, had experienced reductions in State funding. The work done by not-for-profit organisations is valuable and important to Irish society. The last thing they needed was for the generosity of the Irish public in supporting that work through fundraising to be jeopardized.

That being said, the glare of politically-driven spotlight on the sector, along with the genuine anger felt against certain outliers, presented every one of us with an opportunity to get our own houses in order. Good governance must be at the heart of everything a social enterprise does; in this regard, Well Woman is committed to working within the standards defined by the Charities Regulatory Authority.

In 2013, we had welcomed the signing into law of the *Protection* of *Life during Pregnancy* Act. Even as a highly restrictive piece of legislation, it was a long-overdue response to the X Case judgement. However, It would not be until late in 2014 that guidelines were published to inform those healthcare professionals who may – today – be faced with dealing with a pregnant woman whose life is at risk.

In the closing days of 2014, a distressing case involving a pregnant woman who had been declared brain-dead showed just how far we still have to go in order to vindicate the rights of women. It also demonstrated the 'chill' effect upon healthcare professionals of Article 40.3.3. While we work towards repeal of the 8th Amendment; Well Woman's role in advocating for women with a crisis pregnancy will continue.

Writing as far back as 2006, I said that Well Woman wanted to see policy-makers engage with stakeholders before implementing a national strategy, which would deal with all aspects of sexual health – education and prevention, awareness and services.

It is a source of frustration that the long-awaited National Sexual Health Strategy was not published during 2014 and, at time of writing, has not yet been published. When it is eventually published, it must be matched by an increase in funding to underpin sexual health services. It should offer healthcare providers a road-map which defines standards in

education and prevention, best practice testing in primary care and hospital-based clinics, laboratory testing and monitoring of outcomes.

It is clear that Ireland's sexual health needs have changed, with most people now having a number of sexual partners throughout their lives. People live longer and consequently remain sexually active for longer, and both women and men are now more exposed to more sexually transmitted infections than ever before. Quality services must be in place to meet these needs.

I must thank all of our staff for their dedication to our patients, and their loyalty to what Well Woman represents.

Finally, warmest thanks must go to our Chairwoman Jan Richards, and to Well Woman's Board of Directors. Jan and the Board gave me extraordinary support and guidance during 2014, for which I am most grateful.

Alison Begas, Chief Executive May 2015

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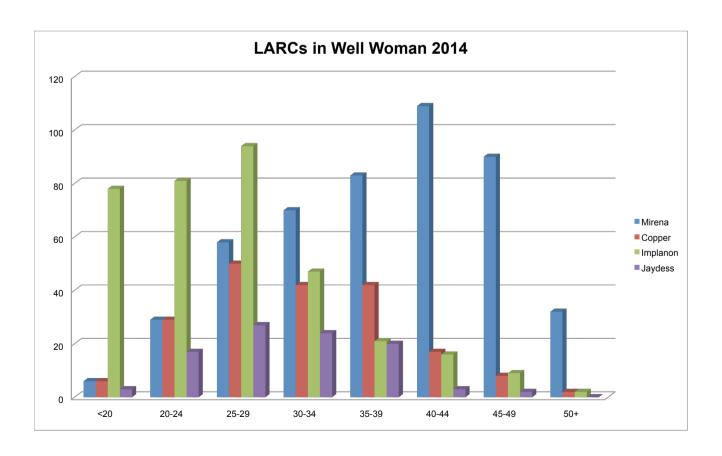
Medical Director's Commentary and Report

The most striking change in activity levels in the clinic in recent years is the increase in the use of long acting reversible contraception (LARC). During consultations it is apparent that many women have researched their options and are aware that LARCs are highly effective, have minimal side effects and best of all they can adopt a "fit and forget" approach. They are also cost effective because they can last for between three and ten years. Overall there was a 27% increase in the number of LARCs fitted in 2014 when compared to 2013. This is the first year the number of LARCs fitted exceeded one thousand – the total for the year was 1,117.

LARCs in Well Woman 2014

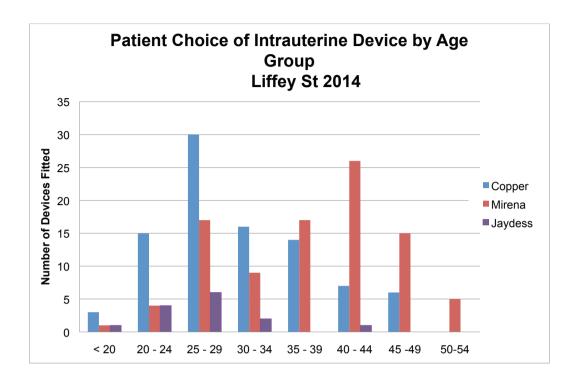
Women can choose between an implant that is placed under the skin of the inner upper arm or one of the forms of intrauterine device. Mirena is an intrauterine device which releases a hormone, levonorgestrel, into the uterine cavity. Jaydess is a lower dose version of Mirena. It was introduced to the Irish market in January 2014. There are a number of copper intrauterine devices. In the clinic we use either the Copper T 380 or the Flexi –T 300.

Younger women tend to choose the implant whereas older women prefer Mirena. Copper coils are increasing in popularity. There is a trend towards avoiding hormones completely where possible. The number of copper coils fitted in 2004 was just 37 – in 2014 this has risen to 196.



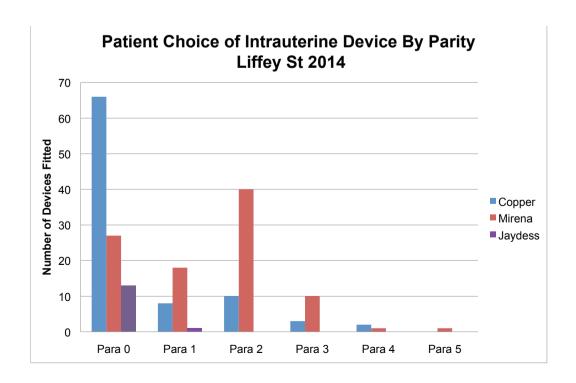
Patient Choice of Intrauterine Device by Age Group Liffey Street 2014

For women who have light – normal periods copper coils can cause bleeding to be slightly heavier but still manageable. The Mirena intrauterine system is very effective in reducing menstrual bleeding. As women get older menstrual periods tend to become heavier. This is particularly the case after childbirth.



Patient Choice of Intrauterine Device by Parity Liffey Street 2014

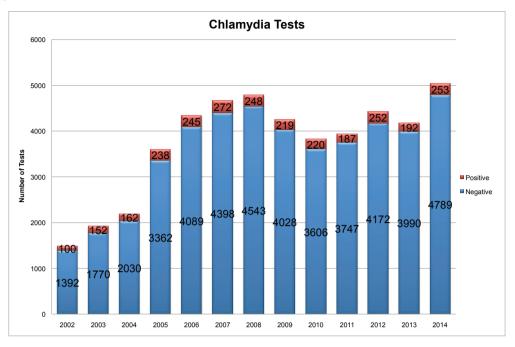
Parity is the term used to describe the number of children a woman has given birth to. When discussing contraception options women often rule out intrauterine devices if they have not had children However the Liffey Street clinic data shows that in 2014 we fitted more intrauterine devices for women who have not had children than have had children. Women who have no children are much more likely to choose a copper coil whereas post pregnancy a hormone-containing coil is the device of choice. This probably reflects the change in periods associated with having a pregnancy.



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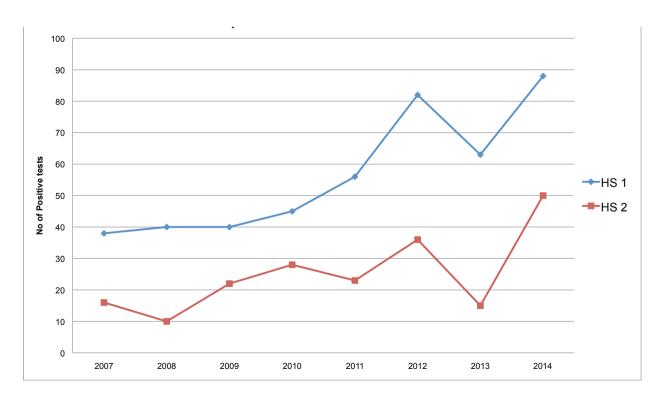
Chlamydia Tests

We have been monitoring the rates of detection of chlamydia infection since 2002. The number of people presenting for testing is at the highest level ever. The number of positive tests is the second highest over the last thirteen years. Chlamydia is a sexually transmitted infection that often has no symptoms but left untreated can cause chronic pelvic pain, an increase in the risk of ectopic pregnancy and an increase in the risk of infertility in women. Appropriate use of condoms protects against transmission of this infection.



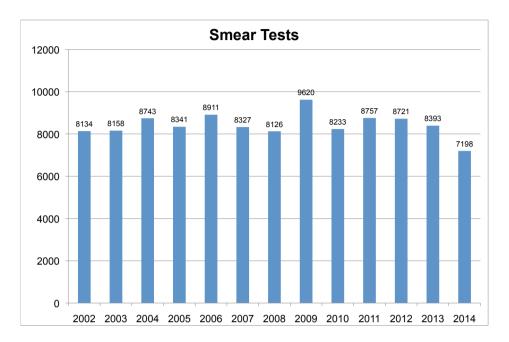
Herpes Positive Swab Test Results

Infection with Herpes simplex (HS) viruses type I and type 2 is common in the general population. It is estimated that about 80% of the population have contracted HS I at some point. This is the virus that causes "cold sores" but if it is transmitted to the genital area it can also cause genital ulceration. The estimate is that 20% of the population have been in contact with the HS 2 virus. This causes genital ulceration only. Most people who have contracted these viruses never have any symptoms. An episode of genital herpes can be very painful. Patients who present with symptoms suggestive of genital herpes have a viral swab taken and are commenced on antiviral medication immediately. Detection rates continue to increase. The numbers for 2013 may be due to a data retrieval difficulty due to a computer changeover that year rather than a true dip in the rate.



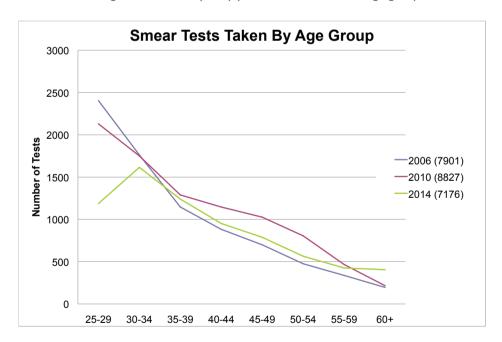
Smear Tests

There was a surge in demand for smear tests in the year after the national cervical screening programme was launched (Autumn 2008). Since then numbers have decreased particularly in 2014. The lower numbers may be partly explained by a change in the algorithm for following up abnormal smear tests. For example those women who had minor cell changes on a test were advised to have a repeat test in one year rather than six months. The numbers are likely to decline further with the introduction of HPV testing in 2015.



Smear Tests Taken By Age Group

The greatest fall off in numbers attending for smear test is in the 25 - 29 age group. In 2006 some patients would have requested test more frequently than the three year interval set by the screening programme. Also as already referred to follow up of minor changes is less intensive. Due to emigration there may simply be less women in this age group to attend for screening.



The other aspect of note is the reduction in older women attending for testing. Initially the smear programme did seem to increase the numbers of middle aged women getting tested but this appears to have levelled off. The average age for diagnosis of cervical cancer is 44 so it is important that this age group is seen.

Dr Shirley McQuade, Medical Director May 2015

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Trichomonas Vaginalis Prevalence Study

Background

Trichomoniasis, caused by the protozoan Trichomonas vaginalis (TV), is a common sexually transmitted infection (STI) affecting men and women. Approximately 50 to 60% of TV infections in women are asymptomatic. Available effective treatment makes TV one of the most curable STIs. However, untreated TV infections may result in pelvic inflammatory disease, preterm births, or low-birth-weight infants. Moreover, TV infection has been shown to increase the risk of HIV transmission. Insensitive traditional methods for diagnosis, such as culture and wet mount microscopy, have resulted in missed opportunities to treat, reduce transmission and prevent the long term sequelae of TV infection. Recent innovations in detection, including the availability of nucleic acid amplification tests (NAAT) for TV have improved the sensitivity and specificity for diagnosis.

Although a notifiable disease in Ireland, national prevalence data is likely to be significantly underestimated with current notifications indicating that just 0.5% of all STI's in 2013 (n=76) were due to TV infection. Prevalence data from the United States generated using NAAT testing suggests that TV is the most common STI when measured against Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) with relative values of 8.7%, 6.7% and 1.7% respectively. There is also a higher reported prevalence in women >40 years of age.

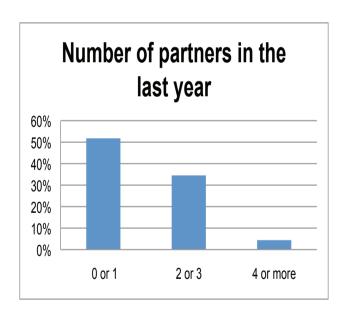
The objective of this prospective study was to determine the TV prevalence, by using NAAT testing, in a cohort of patients presenting at one of three Well Woman Clinics in Dublin city centre.

We recruited 365 patients into the study between November 2013 and March 2014. They were all over age 30. Some had symptoms (206) either vaginal discharge or pain on urination, others had no symptoms (136) but were attending for routine screening.

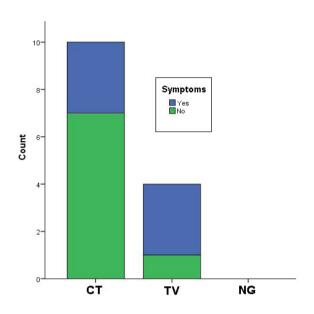
All patients were managed according to normal practice and in addition an extra test for TV was taken.

The National Virus Reference Laboratory (NVRL) analysed all the samples.

Results



Results



Results

- Trichomonas vaginalis 4 positive tests
- Chlamydia 10 positive tests
- · Gonorrhea no infections found
- Three out of ten with chlamydia had symptoms.
- · Three out of the four people with TV had symptoms

Conclusions

The prevalence of TV infection was I.1%, higher than that of NG which is routinely tested for in asymptomatic cohorts. The data suggests that symptomatic patients are more likely to be infected with TV than CT, although this difference is not statistically significant.

The availability of a CE marked rapid and sensitive method, which can be run on the same fully automated system and with the same samples, provides a unique opportunity to screen women at risk for TV, CT, and NG infections simultaneously. Expansion of routine testing to include TV NAAT analysis for symptomatic patients may be warranted.

The findings were presented at the Autumn 2014 meeting of the Society for the Study of Sexually Transmitted Diseases in Ireland (SSSTDI). As a result of this study the NVRL plan to introduce routine TV testing in Summer 2015.

We would like to thank all the patients who agreed to take part, all the clinic and laboratory staff who worked on the project and the ICGP ethics committee who approved the study.

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Counselling Services: An Overview

Austerity measures continued to impact in 2014, with less clients attending for general counselling, even if they might very much need such support. We continue to offer a sliding scale for general counselling to assist clients to avail of support, but pressure on discretionary spending means there may be little or no financial resource available to them to enter into a counselling relationship.

Crisis Pregnancy Counselling:

Our counselling service upholds the client's right to make decisions regarding her pregnancy around the options of parenting, adoption and abortion. Crisis pregnancy can result from failed contraception, change in relationships, rape or incest, or foetal abnormality.

A planned, wanted pregnancy can also become a crisis through change of circumstances in the client's life, a job loss or financial instability, a relationship breakdown or the diagnosis of a serious foetal abnormality. Our counsellors offer clients the necessary support and information to enable them to reach informed choices. Counselling is client-led, non-directive and legally compliant.

Clients are welcome to attend alone, with their partner or with family members. The client's rights are uppermost throughout the session, but time is given to support the people who attend with her. The client is welcome to attend for as many counselling sessions as she needs to explore this personal dilemma.

The introduction of The Protection of Life During Pregnancy Act, 2013, clarified the circumstances where an abortion may be lawful in Ireland, and the complex processes through which an assessment must be made by medical and psychiatric practitioners. It does not allow abortion in circumstances of rape or foetal abnormality.

We have found that since the introduction of this Act some clients assume that abortion is now available in Ireland. Further distress is experienced when it is brought to their attention that there are strict limited circumstances in which it may be permitted.

Services available in Belfast also continue to confuse clients, who consider they may travel there for termination. However, Northern Ireland has very different and complex abortion laws to those of England, thereby ensuring that the service cannot be accessed by clients from the Republic, except in particular psychiatric assessments.

As in recent years, many clients express concern that they are financially unable to continue with a pregnancy due to employment insecurity, or evolving mortgage-related issues. It is of great concern that clients may need to put their financial position before their ethical or personal well being in this critical time.

The HSE Crisis Pregnancy Programme continues to provide a training module in conjunction with NUI Maynooth on crisis pregnancy counselling. This training has been further extended by the introduction of 'Master Classes 'which bring deeper learning to specific aspects of crisis pregnancy, and reflect the wider cultural and religious realities of modern Ireland. New training has been provided on the Protection of Life During Pregnancy Act 2013, and on the Statutory Instrument governing prescription medication.

Clients frequently raise concerns about confidentiality, safety and lack of support for them, and many speak of the distress caused to them by ongoing media debate about pregnancy and abortion.

Such unease can lead clients to avail of inappropriate medication via the internet or perhaps make a decision to travel for termination without any support from services in Ireland. This is a worrying dimension to the care of women with crisis pregnancy. Should they take inappropriate medication or travel for termination without an opportunity to explore all the options available to them they may experience further isolation.

The H.S.E. Crisis Pregnancy Programme is – at time of writing – in the early stages of rolling out a Self-Assessment Framework of quality management and continuous improvement, which will apply to all funded organisations. Well Woman was proud to work with the CPP during 2014 in testing the pilot for this framework. Whereas the

finished version will challenge all organisations, it cannot but be a positive development, and one which should provide reassurance to women seeking services.

Post Termination Counselling

Legal issues and investigation reports also impacted on clients who had experienced termination, bringing them back to therapeutic support to re visit their experiences and work through the emotions invoked by media coverage.

Whilst women do not avail of abortion aftercare services in the numbers we would hope to see, we note from our statistics an increase in clients using both medical and counselling services. We have also seen a small increase in the number of men using our service which is a welcome indication that anyone touched by the experience of termination can be supported through appropriate counselling supports.

Hopefully this suggests that the still present stigma of abortion in Ireland and the secrecy for clients when they return to family, friends and work conditions is lessening. Teenagers, in particular, can experience isolation from family who may express opposition to their decision to terminate, and may be unable to discuss with friends from whom they must keep this secret.

The H.S.E. Crisis Pregnancy Programme has maintained its advertising commitment to ensure wide media awareness for women of the availability of support services when they return to Ireland. Termination remains a very emotive issue however, and it is of utmost importance that a client can attend any Well Woman clinic and be assured of confidential and professional counselling. It is also of relevance to our multi national clients who may have very little support in this country.

Our post-termination counselling service is available to any person, female, male or couples who have familiarity with the experience of abortion and look for support to work through any emotional issues reached through that experience.

General Counselling:

Our general counselling service is attended by many people recognising the benefits of a confidential, safe and therapeutic meeting. It is still possible, due to lack of legislation, to offer counselling services without appropriately trained therapists, which leaves clients open to potentially serious harm. At Well Woman we strive to meet all professional and ethical criteria with ongoing training, supervision and workplace support for all our counsellors.

Dr Eimer Philbin Bowman offers services which deal with vaginisimus, eating disorders and phobias in our Pembroke Road clinic.

Well Woman liaises with other service providers, facilitating information and knowledge flow to maintain best practice. Similarly, continued engagement with our funders, the HSE Crisis Pregnancy Programme, and partaking of ongoing training ensures professional development for our counsellors, bringing best practice to our service.

Linda Wilson Long
Head of Counselling Services
May 2015

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Patient Satisfaction Survey: July – August 2014

During Summer 2014, we conducted a Patient Satisfaction survey, to measure the level of happiness — or otherwise — felt by patients, and to seek their feedback and recommendations as to service improvements they would like to see us make.

We used Survey Monkey, an anonymous online survey software, and emailed a link to the survey to every patient who had attended any of the three Dublin Well Woman Centre clinics from 1st January through 30th June 2014. This was a total of 2,872 patients.

The findings of the survey were extremely positive overall. The response rate of 18.5% which represented 533 patients was also a very positive indicator of how engaged clients are with the Dublin Well Woman Centre.

There was a good spread of respondents in terms of age category:

- 22% in the 18 25 range
- 46% in the 26 35 age range
- 20% in the 36 45 age range

Key highlights include the following:

- 97% of respondents felt that the Dublin Well Woman Centre understands their health needs.
- 93% felt they were treated with courtesy and respect by Reception staff.
- 92% were able to get an appointment at a time that suited them.
- 64% of visits were followed up (Note: follow-up is not always clinically required, which may explain why the number is not higher).

- 83% indicated that the Clinic Doctor listened to them with 82% indicating that the Clinic Doctor was friendly and helpful.
- 77% indicated that the Clinic Nurse listened to them with 76% indicating that the Clinic Nurse was friendly and helpful.
- 93% said they would be likely to recommend the Dublin Well Woman Centre to a friend, family member or colleague.

Whereas most of the questions were qualitative, we used the final question to ask them for *their* recommendations as to what the Dublin Well Woman Centre can do to improve the quality of our service to patients.

We got 166 verbatim comments, most of them very positive, but with some patients expressing concern over either the openness of our Reception desk, or our charges. This is a selection of what they told us:

Excellent service all round Made a not nice experience of going to a doctor /nurse very pleasant.

Keep doing what you're doing. Your staff are extremely professional and knowledgeable, but also extremely warm and personable and put people at ease. Thanks.

There can be a bit of waiting around involved.

I have never had a bad experience at the Well Woman Centre. Keep doing what you are doing!

The Well Woman Centre is an amazing place, the nursing staff are just wonderful. Treatment of patients is second to none.

The clinician who I saw was lovely.... Perhaps a lower Reception desk would encourage more interaction with the patient and create less of a barrier?

Brilliant service and very important facility to have for women. Staff are excellent.

Nicer waiting area.

I have no recommendations. I was thrilled with how I was treated, and with my treatment.

Student prices should be available all day.

I think the service is excellent and will continue to use it as required.

My experiences in Well Woman have all been top class.... I felt at no point rushed or ill at ease. The nurse who took my cervical smear was professional, efficient and very friendly, cannot speak highly enough of her.

An online booking system would help a lot.

You have the kindest and most understanding nurses and doctors. I have been going on and off for years and you have made me feel so much better. When upset they are so caring. You never feel rushed for time. I really think you have the most amazing staff and no improvement is needed.

I'm very happy with the services and advice I got from your doctor and I trust her more than my own doctor. She explains everything to me in terms that make sense to me. Thank you for all your great work and support.

An express consultation just for prescriptions with a reduced price would be excellent!

The Doctor urged me to go for a mammogram - I went & abnormal cells were found by biopsy. I since has them removed. All good - thank God, but thank you to the lady doctor who insisted I make appointment immediately!

I am really so impressed every time I visit the centre that there is honestly nothing I can suggest. The fact that you're inviting this feedback is even more impressive. I've only ever attended Pembroke and really hope that the other centres offer as good and courteous service.

None, I could not be happier. I was rushing for a flight as well and was really accommodated as well as feeling that the consultation could not have been more thorough.

I was extremely happy with all aspects of the service here. I felt listened to and in no way judged. The nurse was incredibly friendly and I felt comfortable throughout the whole process.

The feedback received has been hugely valuable, and has been discussed by the Board of Directors and senior management, who will use it to drive continuing improvement in the Dublin Well Woman Centre. We are grateful to all our loyal patients for their feedback. We plan to repeat the Patient Satisfaction Survey on an annual basis from now on.

Alison Begas Chief Executive May 2015

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Board of Directors 2014

Ms Jan Richards

Jan is currently Head of Insights and Planning at Dublin Airport where she is responsible for managing the Dublin Airport brand and for the research programme – over 30,000 interviews/pa.

Previously, Jan was the Senior Planner with MCCP Planning and Insights, where she worked with client companies in brand development and positioning, qualitative research and insight generation. Jan worked in advertising in London, Budapest and Dublin for 16 years; she was Planning Director of Owens DDB in Dublin for 2 years, and also lectured in Marketing and Communications at Fitzwilliam College, and as a guest lecturer with D.I.T. She also facilitates on the adoptive parenting courses run by the H.S.E. for prospective adopters.

Ms Grainne Mullan (Resigned from Board January 2014)

Grainne is a practising barrister specialising in the areas of judicial review, human rights law, child law and criminal law. She also lectures in Trinity College, Dublin.

Breda Brown

Breda is co-founder and Director of Unique Media, a media consultancy firm which provides a range of services including Public Relations, crisis management, media training, digital / social media management, advertising, creative, production and broadcast consultancy. Prior to establishing Unique Media, she worked as a print and radio journalist with a number of media outlets in Ireland. She holds a BA in Communication Studies and MA in Journalism, both from Dublin City University.

Breeda Cunningham

Breeda is a Chartered Accountant, who trained with Price-waterhouse Coopers. During her time in practice she was involved in the audits of banks, stockbrokers, manufacturing and distribution companies. Post qualifying Breeda has worked for a number of large organisations including an investment bank in London and an insurance company and insurance broker in Ireland. Breeda currently works in Dillon Eustace where she assists clients in interpreting and adhering to regulatory obligations..

Pat Edmondson

Pat acts as Partnership Development Manager leading corporate fundraising for Ireland's fastest growing educational charity for youth, Young Social Innovators. She is an experienced business development professional with over 20 years' experience applied across multiple sectors including not-for-profit, biopharma / biomedical, technology, engineering and the service industries in Ireland and internationally. Over her career Pat has held manager and director level sales and marketing positions with a number of blue chip corporations, served as a mentor for Dublin City Enterprise Board and owned her own business. Pat holds an undergraduate Science Degree and an MSc. in Manufacturing Engineering from Trinity College Dublin. She also has qualifications in Business Management and Business Innovation from both TCD and DCU.

Martha Kavanagh

Martha Kavanagh is a director of Drury Porter Novelli, a leading Irish communications consultancy. She specialises in corporate communications, reputation management and crisis / issue management. Her experience covers sectors including healthcare, retail and financial services.

Profit And Loss Account

For the year ended 31 December 2014

		2014	2013
	Notes	€	€
INCOME		2,081,963	2,169,627
GROSS PROFIT		1,910,066	1,996,218
EXPENSES			
Staff costs	3	(1,583,968)	(1,573,310)
General overheads		(344,683)	(338,455)
Depreciation		<u>(71,510)</u>	(70,903)
OPERATING PROFIT FROM CONTINUING ACTIVITIES		(90,095)	13,550
Interest payable and similar charges	4	(9,635)	<u>(14,994)</u>
PROFIT/(LOSS) ON ORDINARY ACTIVITIES BEFORE TAX	5	(99,730)	(1,444)
TAX ON PROFIT ON ORDINARY ACTIVITIES	6		
PROFIT/(LOSS) ON ORDINARY ACTIVITIES AFTER TAX		(99,730)	(1,444)
RETAINED PROFIT BROUGHT FORWARD		259,057	260,501
RETAINED PROFIT CARRIED FORWARD		159,327	259,057

All recognised gains and losses have been included in the profit and loss account.

On behalf of the Board

MS JAN RICHARDS
Director

MS BREEDA CUNNINGHAM Director

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Balance Sheet

For the year ended 31 December 2014

		2014	2013
	Notes	€	€
FIXED ASSETS			
Tangible assets	7	213,835	282,103
CURRENT ASSETS			
Stocks	8	17,254	22,007
Debtors	9	44,597	58,651
Cash at bank and in hand		70,937	<u>55,609</u>
		133,058	136,267
CREDITORS (amounts falling due within one year)	10	(128,150)	(117,600)
NET CURRENT ASSETS		4,908	18,667
TOTAL ASSETS LESS CURRENT LIABILITIES		218,743	300,770
Financed by:			
CREDITORS (amounts falling due after more than one year)	13	<u>59,416</u>	41,713
		59,416	41,713
RESERVES			
Special reserves fund	17	-	-
Profit and loss account		<u>159,327</u>	<u>259,057</u>
		159,327	259,057
		218,743	300,770

On behalf of the Board

MS JAN RICHARDS MS BREEDA CUNNINGHAM
Director Director

The Well Woman Team

(at December 31st, 2014)

Chief Executive:

Alison Begas

Medical Director:

Dr Shirley McQuade

Administrator:

Post vacant

Accounts Manager:

Josephine Murphy Siobhan Wright

Bookkeeper:

Rachel Carey

Clinic Managers:

Siobhan Caskie Josephine Healion Imelda Healy

Doctors:

Dr Zainab Abed Dr Fadzilah Ab Aziz Dr Gillian Darling Dr Elaine Donnelly Dr Sandra Hubert Dr Lisa O'Neill

Dr Vina Kessopersadh

Head of Counselling Services:

Linda Wilson Long

Counsellors:

Anne Feeney Michele Pippet Paula Tierney

Nurses:

Betty Coggins Anne Crawford Kirsten Feehan Gay Greene Tanya Kearns Geraldine Little Sinead McDonald Claire McElroy Norah McPeake Shirley O'Malley Simeon Orr

Receptionists:

Yvonne Dowling Olive Fanning Patricia Keogh Siobhan Laherty Miriam McCann Doretta McNally Angela McNally Fionnuala O'Flaherty Andrea O'Neill Linda Scanlan

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The Dublin Well Woman Centre

Head Office: 25, Capel Street, Dublin 1