



ASHBURN CLINIC ANNUAL REPORT 1 JULY 2016 – 30 JUNE 2017

First established in 1882, Ashburn Clinic is now administered by the Ashburn Hall Charitable Trust and operates as a not-for-profit rehabilitation clinic and therapeutic community, providing a professional and supportive environment for diagnosis, treatment and recovery from mental illness and addictions.

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ASHBURN CLINIC

Both a therapeutic community and psychiatric hospital, Ashburn Clinic offers comprehensive psychiatric and psychotherapeutic residential treatment, individually and in group settings as well as pharmacological treatment when necessary.

Ashburn works particularly well for patients who have serious and/or complex psychiatric illness, e.g. personality disorders, eating disorders, addictions, treatment resistant depression/anxiety and severe and complex responses to trauma. Through a psychodynamically-informed programme incorporating group and individual therapy, patients are supported to address their unhealthy behaviours, understand their underlying emotional and psychological issues and move towards improved wellbeing and a better quality of life.

Aims of Treatment:

- To enable patients to learn more about their problems and difficulties, thereby increasing their ability to affect change.
- To encourage personal responsibility for patient's own behaviour and situation.
- To assist patients to live successfully in the outside world without resorting to unhelpful and unhealthy behaviour patterns, particularly when faced with stressful or difficult situations.

Our Values:

- We recognise the individuality of all, taking into account the whole person and their significant others.
- We respect cultural and spiritual dimensions and acknowledge the partnership with tangata whenua by honouring the spirit and the articles of the Treaty of Waitangi.
- We accept into our care those people we believe can be helped within our services.
- We provide a comprehensive treatment approach to enable patients to achieve a better quality of life.

BOARD CHAIRPERSON REPORT

Board Chairperson Report

I am pleased to provide this 2016-2017 report on behalf of the Ashburn Hall Board of Trustees.

The Trust's principal purpose and activity is to provide psychiatric services at the Ashburn Clinic in Dunedin. The essence of Ashburn, as described by our Medical Director, continues to be our residential therapeutic community programme. This is unique in New Zealand and draws patients from throughout the country.



STRATEGIC HIGHLIGHTS

This year we welcomed three new members to the Board. Barbara Payton, Iris Reuvecamp and Mike Horne bring a wealth and variety of professional, management and governance experience including community services, the private sector, health and disability law, and finance. The Trust and the Clinic are set for strong governance in coming years.

The retirements of Lindsay Brown and Judith Medicott were significant as they were appointed when the Trust was established in 1998, and Lindsay was our serving chairperson. We thank them both sincerely and wish them well.

The Board generally meets monthly and has also met specifically to discuss and confirm our strategic framework.

We have started real work on our rebuilding project, employing project managers and letting our first contract. This work arises from the need to undertake earthquake strengthening, and we are proceeding ahead of the legal requirement to do so. At the same time we will improve the functionality and reinforce the quality of our built environment.

FINANCIAL HIGHLIGHTS

The Trust had a strong year financially, recording a surplus of almost \$1.3 million from revenue of \$7.1 million. Net current assets stand at about \$3.5 million. A summary of our audited accounts is attached. We plan to spend more on staffing in the coming year and our capital spending programme will be underway.

SERVICE HIGHLIGHTS

The Clinic continued to accept patients from throughout New Zealand, funded by the Ministry of Health, ACC and privately. Outcome measures and patient and family/whānau surveys confirm the effectiveness of the Ashburn treatment and experience. This is our reason for being, and continuing to get good outcomes, and cost-effectively, is very satisfying. The inpatient programme includes an addiction programme, and outpatient services are also provided.

We have a further and separate purpose, which is to promote study and research in psychiatry. We continue to fulfil this purpose by providing psychotherapy and mental health seminars, as well as placements for clinical staff in training.

BOARD CHAIRPERSON REPORT

We acknowledge the quality of our staff and thank them for being so good at what they do and so willing in their work, which can be very challenging at times. In particular, we recognise our Medical Director Dr Brett Ferguson, who leads Ashburn Clinic in both clinical and management roles.

Over 70 full-time, part-time and casual staff members are employed by Ashburn at any one time. Being a good employer is important to us, and this year we confirm the recognition of our responsibilities under the new health and safety legislation. The Board is conscious of Ashburn as a Dunedin employer and permanent fixture, having been here for 135 years.

LOOKING AHEAD

Building work will become part of Ashburn Clinic daily life for the next several years. Our environment - the beautiful grounds, the buildings, the whole feeling of the place (and even the food!) are part of what makes Ashburn distinctive in the New Zealand scene, and this work will enhance that and our capacity to provide high quality services.

In common with other mental health service providers, we have had difficulty attracting the people we would like to employ. Our quality of service has been maintained and our financial position actually improved, but some of our people are stretched. We will be trying very hard to correct this situation.

We intend to get better at analysing and reporting clinical outcome data; the data currently collected is both useful and encouraging and as extensive as anyone collects, but we would like to know more if possible about the long-term impact of treatment services – how people are doing long after they have left us.

While we continue to fulfil our mission - helping people get well – we do not wish to rest where we are. We will continually strive to grow what we do, attract new patients, perhaps diversifying our typical patient profile and treatment options to meet the changing needs of the community, and hopefully even more actively engaging in research and education.

There are some challenges ahead, but they are good ones and will not hamper the steady stream of people who will be helped in the coming year.

Hon Dr Clive Matthewson
Chairperson, Board of Trustees
Ashburn Hall Charitable Trust

MEDICAL DIRECTOR REPORT

Medical Director Report

OUR CLINICAL SERVICES

- The essence of Ashburn remains its residential therapeutic community treatment. As summarised in Table 1, a total of 67 patients were admitted for the year July 2016 – June 2017. The longer length-of-stay for ACC and MoH-funded patients largely reflects the fact for these patients to meet funding criteria for inpatient treatment at Ashburn, they must have complex and often long-standing mental health problems that have not adequately responded to extensive treatment from their local mental health services.
- Our contract with the MoH includes providing residential treatment for people who require an inpatient admission but are not able to be admitted to their local psychiatric unit without significantly compromising their privacy and confidentiality, usually due to their work as health professionals. Over the past year 13% of MoH-funded inpatients were admitted on this basis.
- Since its inception in 1882, Ashburn has provided alternative options to the public mental health system for psychiatric and psychotherapeutic treatment. Over the past year our numbers of private-paying patients have gradually increased, with admissions to our main therapeutic programme and our fixed-term addiction programme.
- Ashburn Clinic also provides a psychiatric outpatient service for patients from the Dunedin area, as well as monthly clinics based in Central Otago and Invercargill. This provides support for local GPs and other mental health professionals in obtaining specialist psychiatric assessment and treatment for their patients. Over the past year, 101 new outpatients were seen as part of this service. With regards to community-based contracts, we oversee the highly-regarded Dunedin Homebase Detox and the Southern Support Eating Disorder services and are an ISSC supplier.



**Table 1: Inpatient Admissions, Discharges and Average Length-of-Stay
1 July 2016 – 30 June 2017**

	Admissions	Discharges	Total length of Stay	Range	Mean Length of Stay
MoH	30	24	4565	14 - 676	190 days (27 weeks)
ACC	6	4	625	64 - 207	156.25 (22 weeks)
Private	31	38	2191	1 - 308	58 days (8 weeks)
Combined Total	67	66	7381	1 - 676	112 days (16 weeks)

RELATIONSHIPS WITH OTHER SERVICES

- The majority of our funding and referrals are sourced from national contracts with the MoH and ACC. We welcome visits from agency representatives and the MoH contract manager has been invited to attend Board meetings. We provide quarterly reporting data to the MoH (PRIMHD) and ACC, and meet with regional services (including DHB Regional Coordinators) when the opportunity arises. We maintained

MEDICAL DIRECTOR REPORT

certification of our services and systems through independent audits by the designated audit agencies against MoH and ACC standards.

- We continue to have a positive working relationship with the Southern District Health Board through our MHAID MoU which encompasses reciprocal service issues (including patient transfers and capacity patients), as well as the two community-based service contracts.
- We continue to be actively involved with the “Community of Communities”, an international organisation of therapeutic communities linked to the Royal College of Psychiatrists in the UK. Within the last year we completed a comprehensive review of all aspects of our community against well-developed international therapeutic community standards. This emphasized that we fulfilled the majority of criteria as well as identifying some areas we could improve upon.

PLANNING

- We had our annual Planning Day in May 2017 in which Board members, clinical and non-clinical staff, and patients met to review and discuss various aspects of our strategic plan and service provision. This has guided our subsequent focus on further developing our family/whānau participation, bicultural awareness and how we structure our inpatient services.
- A major focus for the Ashburn community has been towards moving from one larger inpatient unit to two smaller ones. The need for this was borne out of a general increase in inpatient numbers and recognition that two smaller units should facilitate closer and more effective therapeutic relationships between patients and their clinical teams. Going forward, both patients and staff will review aspects of the content and structure of our therapeutic programme in order to provide a service that best meets the treatment needs of our patients.
- Inpatients and clinical staff continue to complete a suite of outcome measures assessing levels of symptoms and functioning on admission and discharge, as well as regularly throughout the course of each patient’s stay. This information is reviewed by the patients themselves and their clinical teams as a way of monitoring their progress and identifying important areas to work on in their treatment. We are considering methods by which we can increase the numbers of patient’s electing to continue completing outcome measures post-discharge in order to obtain longer-term follow-up data. Through investing more resources in the development of a research database containing patient demographic, diagnostic and outcome data, we will be better able to produce aggregated patient data to evaluate our treatment effectiveness and guide us towards further improving our therapeutic community treatment programme. This is likely to involve collaboration with IT consultants and researchers from the University of Otago.

Dr Brett Ferguson
Medical Director

OUR PLACE AND PEOPLE

Our Place and People

STAFF

- To sustain a multi-disciplinary approach to our work we employ a diversity of non-clinical and clinical staff, including psychiatrists, nurses, psychotherapists and occupational therapists. Providing clinical training placements including the NESP programme supports both our educational purpose and the ongoing recruitment of new staff. Staff have represented Ashburn and enhanced their professional development this year at a number of conferences including the International Medicine in Addiction, International Association for Relational Psychoanalysis and Psychotherapy, NZ Association of Psychotherapists, ICED Eating Disorder, Asia Pacific Quality Organisation and the NZ Association for Cognitive Behavioural Therapies conferences.

EDUCATIONAL SERVICES

- We maintain an education programme to fulfil a key part of our charitable purpose, which is to promote education in psychiatry and related sciences. Ashburn's education programme provides opportunities for developing and established practitioners to extend their knowledge of psychotherapy, psychiatry and broader mental health topics.
- Education services provided this year include psychotherapy seminars and supervision workshops, luncheon seminars and student placements in nursing and allied health.

FACILITIES

- In 2014, Ashburn Clinic began a comprehensive programme to assess, strengthen and improve the hospital facilities so they would better meet the needs of the patient group, as well as meet the latest building requirements. The development programme was initiated by earthquake-strengthening requirements and the Ashburn community has taken the opportunity to refurbish and re-design living and working spaces to better accommodate the therapeutic programme and its objectives. This year the focus has been on plans to redevelop the inpatient unit by obtaining architectural designs and engineering reports as well as hiring a firm to oversee the development. Board members, staff and patients have been involved.
- The earthquake-strengthening and changes to health and safety legislation prompted a review of our contractor management processes. The result is that all contractors are required to undertake revised application, induction and monitoring procedures and a database of approved contractors is in place. Additional information resources have also been developed to support the new processes.

OUR PLACE AND PEOPLE

“An open and inviting environment. Excellent grounds and facilities – peaceful and rejuvenating.” (Quality of Treatment questionnaire results 2016/17)

“The accommodation is spacious and suits the needs of the people who reside. There are a range of lounges as common meeting places for general use.” (MoH Certification Audit 2017)

“Tertiary Level: evidence of continuous improvement over the last two years with a particular focus on the HSWA Act, earthquake strengthening work, ongoing staff training and hazard management.” (ACC WSMP Audit 2016)



“No hesitation in recommending. If your life is in crisis I would strongly recommend Ashburn Clinic” (Quality of Treatment questionnaire results 2016/17)

“Service provision is provided by an appropriately qualified and skilled multidisciplinary staff. The strong emphasis on patient involvement is well-integrated into assessment, care planning review and evaluation processes. Family are involved in decision-making and informed of progress appropriate to the individual patient’s needs and preferences.”

“(MoH Certification Audit 2017)

STRATEGIC PLAN SNAPSHOT

Strategic Plan Snapshot

ASHBURN CLINIC STRATEGIC PLAN 2014 - 2019

The Ashburn Clinic Strategic Plan outlines the vision, purpose, values and goals of the organisation as well as the models of care underpinning its services. Four key goals were identified to ensure Ashburn Clinic would be well-placed to meet the changing needs of the mental health sector, address its major economic challenges and maximise opportunities for expansion and improvement.

STRATEGIC GOAL PROGRESS 2016-17	
Improved Service Delivery	
✓	Consumer input through Planning Day participation and patient and family/whānau surveys
✓	Engagement of Rūnaka representative to support bicultural service development
✓	Audit of service models against MoH and Therapeutic Community standards
✓	Recruitment and professional development of multi-disciplinary teams
Improve Access to Ashburn Clinic Stepped Care Services	
✓	Promotion of Ashburn services through clinical and consumer networks
✓	Review of referral pathway for MoH and ACC-funded beds
✓	Redesign and expansion of Ashburn Clinic website and referral information
✓	Maintained self-care facility to support patient transition into the community
Provide Effective Environment and Resource Management	
✓	Fulfillment of MoH, SDHB and ACC contracts for inpatient and primary care services
✓	Auditing and reporting of annual financial accounts
✓	Planning for earthquake-strengthening and refurbishment of Medlicott Education Centre and Conolly inpatient area
✓	Appointment of project management company to oversee the building project implementation and compliance
Remain a Vital Part of New Zealand's Mental Health Service	
✓	Consulted with Otago University and IT specialists to plan IT Patient Management System upgrade to support aggregate analysis and reporting of clinical outcome measures
✓	Continued representation on regional and national health sector networks
✓	Presented papers on treatment models and methodology at national and international conferences
✓	Provided education opportunities for the wider sector through clinical training placements and educational seminars

FINANCIAL SUMMARY

Financial Summary

Statement of Comprehensive Revenue and Expense

Ashburn Hall Charitable Trust (for the year ended 30 June 2017)

	Notes	2017	2016
		\$	\$
Revenue			
Donations, Fundraising & Other Similar Revenue	1	20,300	147,265
Revenue from Providing Goods or Services	1	6,973,937	6,761,978
Investment Revenue	1	80,779	45,800
Other Revenue	1	42,706	39,270
Total Revenue		7,117,722	6,994,313
Expenses			
Employee Related Costs	2	4,473,455	4,174,396
Costs Related to Providing Goods or Service	2	1,221,127	1,216,323
Financing Costs	2	211	5,853
Other Expenses	2	142,809	158,895
Total Expenses		5,837,602	5,555,467
Surplus for the Year		1,280,120	1,438,846
Other Comprehensive Revenue & Expense			
Total Other Comprehensive Revenue & Expense		-	-
Total Comprehensive Revenue & Expense for the Year		1,280,120	1,438,846

Statement of Financial Position

Ashburn Hall Charitable Trust (as at 30 June 2017)

	Notes	2017	2016
		\$	\$
Equity			
Accumulated Comprehensive Revenue & Expense		4,387,124	3,108,879
Canteen Welfare Fund Reserve	7	46,039	44,164
Total Equity		4,433,163	3,153,043
Assets			
Current Assets			
Cash & Cash Equivalents	3	1,168,593	1,067,283
Short-Term Investments	3	2,512,071	1,512,254
Debtors & Prepayments	3	645,334	656,835
Inventory - Consumables		8,201	7,771
Other Current Assets	3	35,964	18,121
Total Current Assets		4,370,163	3,262,264
Non-Current Assets			
Property, Plant & Equipment	6	734,845	737,556
Other Non-Current Assets		7,717	-
Non-Current Investments	3	203,218	-
Total Non-Current Assets		945,780	737,556
Total Assets		5,315,943	3,999,820
Liabilities			
Current Liabilities			
GST Payable		126,524	133,152
Current Portion of Term Loans	4	-	15,072
Creditors & Accrued Expenses	4	98,527	103,344
Employee Costs Payable	4	654,003	595,209
Other Current Liabilities	4	3,726	-
Total Current Liabilities		882,780	846,777
Net Assets		4,433,163	3,153,043

COMPANY INFORMATION

Company Information

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