



*Nau mai, haere mai ki Ashburn. Whakatau mai ki waenganui i a mātou hei whai oranga mōu mō ngā rā kei te heke mai.*

Welcome to Ashburn Clinic. A warm welcome among us as you seek well-being for the days to come.

# ASHBURN CLINIC ANNUAL REPORT 1 JULY 2020 – 30 JUNE 2021

*First established in 1882, Ashburn Clinic is 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 an inpatient 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.

### Mission Statement:

Ashburn Clinic works in partnership with people with mental health and addiction difficulties to improve their wellbeing and quality of life.

### Aims of Treatment:

- To enable patients to learn more about their problems and difficulties, thereby increasing their ability to effect 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.
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# BOARD CHAIRPERSON REPORT

## Board Chairperson Report

Kia ora tātou. I am pleased to introduce this annual report on behalf of the Board of Trustees.

No-one requires Ashburn to produce an annual report. We have no owners. However, we are responsible for delivering significant outcomes - primarily in helping people get well, but also in leading mental health practice and in maintaining the existence and enhancing the reputation of Ashburn, which is now 139 years old. Acknowledging this responsibility, we report to our community.

Following sections of this report provide a good description of our activity over this past year. In particular, the Medical Director has reported comprehensively. I need only add a brief Board perspective, looking both backward and forward.

### OUR STAFF

I use the term “we” inclusively, joining board and staff members - and indeed patients - together as the Ashburn community. However, it is the staff, all 79 current employees, who own and deliver health outcomes throughout Aotearoa on behalf of Ashburn. We, the Board look on, acknowledge their dedication and ability, and say thank you.

I also thank my fellow board members, who bring strong experience and strong opinions. Mike Horne left the Board recently to take up his new appointment as Chief Executive of Deloitte NZ. He leaves with our thanks and good wishes.

Our Medical Director Dr Brett Ferguson will leave in December, after 12 years in the role, and 20 years at Ashburn. No-one could doubt Brett’s loyalty to the institution nor the workload he carries. There will be a separate opportunity to farewell him and to note his considerable contribution to Ashburn’s heritage, but I now record our grateful thanks for his leadership through periodically challenging times. While occasionally those times have been uncertain, he leaves us in good shape.

Dr Ferguson will be replaced by Dr Megan Bryan, who has also been a long-term Ashburn psychiatrist, from junior to senior. We look forward to another rewarding chapter with Dr Bryan in the role.

The results of separate reviews of the administration and of the management team structures have seen us get well set up for the future. Perhaps there will also be fewer challenges recruiting clinical staff, particularly psychiatrists. Locums have been expensive this year.

### OUR PATIENTS

Ashburn’s reason for being is to help people get well. 568 people accessed our help this year despite the impacts of Covid-19 and our building project.

Ashburn does not “do things” to people to make them well, but rather enables patients to make changes in their own lives, enlisting them to also help those around them. Thus, we thank our patients as well as our staff members.

It is patient outcomes that measure our worth as an organisation, and these are indeed recorded, and we know that people get better at Ashburn and our surveys of patients, and their whānau, confirm this. However, we cannot measure these outcomes as well as we can track our financial performance, and it has been the Board’s long-standing wish to do it better. This has led to a collaborative project with the Department of Preventive and Social Medicine at the University of Otago.



# BOARD CHAIRPERSON REPORT

## Private patients

There was a possibly significant increase in the total number of private inpatients this year. Private patients are a minority in the Clinic at any one time, accounting for less than a quarter of our income, but they form a much higher proportion of the total number of patients seen. This is because their average length of stay is shorter - because they are generally less unwell when they arrive at Ashburn but also, presumably, because they are required to pay.

Aiming for more inpatient admissions would help more people at the best time for them and would also help Ashburn financially. Further, as the Medical Director notes, private patients through their diversity also help other patients. We will look for ways to achieve these higher numbers.

## GOVERNMENT FUNDED CONTRACTS

Our major and most critical relationship is with the Ministry of Health, which provides around two-thirds of our income and is the referral source of patients from throughout the country. Our five-year contract is a source of security, and our relationship is strong and stable. Nevertheless, we have not in the past years received the cost pressure uplifts provided for in the contract and which are routinely applied to DHBs and NGOs. Clearly, we will not, for example, pay our nurses less than other employers do. The cost pressures are real, and we are hopeful that this oversight will be remedied in this and following years. However, there is also the legacy effect: our base contract has been eroded and we will seek to renegotiate this in the coming year.

We also receive referrals from the ACC, and these are of high importance to us, both because of the opportunity to work with these patients and because of the income we derive.

## PHYSICAL DEVELOPMENT

The catalyst for our building project was the need for earthquake strengthening, where we quickly decided that we would act well ahead of legal requirements. As well as that, however, we have upgraded underground and electrical and heating services and removed asbestos and refurbished existing buildings beyond the strengthening requirement. This is the biggest building project at Ashburn, ever.

The work is not finished, with the administration block still requiring work. The major milestone was achieved, however, with the completion and opening on December 11 of the new Glen Wilson wing.

The style of the opening reflected the Ashburn therapeutic community approach, being a happy occasion with active patient and staff participation. Minister of Health Hon Andrew Little, Director-General Dr Ashley Bloomfield, and Southern DHB Kaumātua Matapura Ellison were among the very special guests attending.

The building represents a modern approach to mental health treatment and is pleasant to be in. It has provided increased inpatient capacity and the opportunity for flexible use of all our buildings.

## FINANCIAL

We can describe our financial situation as steady. We had a small deficit of \$16,000 this year and adopted a similar budget for 2021-2022. However, there has been an improvement in income since the balance date and our cash reserves are strong - \$1.3m at balance date. Our debt is at a very reasonable level of \$1.6m, having financed a building project of almost \$5.5m and when measured against our income of about \$7.5m, and the market value of our assets will significantly exceed the listed value. We are in a thoroughly sound overall situation.

However, we cannot continue to run a deficit, however small, and our spending has already been thoroughly examined: our income must increase to cover rising costs. Also, we have delayed some capital spending - for example, the purchase of a new patient management system, and unfinished earthquake strengthening. While we could, and do, from time-to-time seek charitable gifts for our capital requirements, we prefer to fund these from a fair income for the services we provide. Looking ahead, my earlier comments about both the Ministry of Health contract and about our private patient numbers are relevant.

# BOARD CHAIRPERSON REPORT

## STRATEGY

Ashburn's geographic situation means we have been relatively safe from Covid-19, although our patient intake from Auckland has been affected a little. What I sense, though, is that the uncertain times have created a pause in our formal long-term thinking,

This pause will be addressed properly in the new year. Our new position of Director of Strategy and Operations was created as an outcome of the management team review mentioned earlier and has been filled by David Murray. The whole Ashburn community will be engaged in fine-tuning where we are going and how we will get there.

We think we have much to offer, to both patients and to the health system in general, through the example of our treatment methods and our work in education and training.

## Momentum

Looking back, we have had a very good year. We have negotiated Covid-19, opened a building that positions us well for the future, strengthened our leadership team, cemented relationships, and helped lots of people.

Looking forward, and despite acknowledging some risks, I believe we are now ready to become even stronger and contributing more widely, that there is a sense of momentum about Ashburn.

Mauri mahi, mauri ora.

Mā te wā.

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



Dr Ashley Bloomfield commemorates the Gwen Wilson building opening by planting a tree.

**Ehara taku toa i te toa takitahi engari he toa takimano.**

My strength is not that of an individual but that of a collective.

# MEDICAL DIRECTOR REPORT

## Medical Director Report

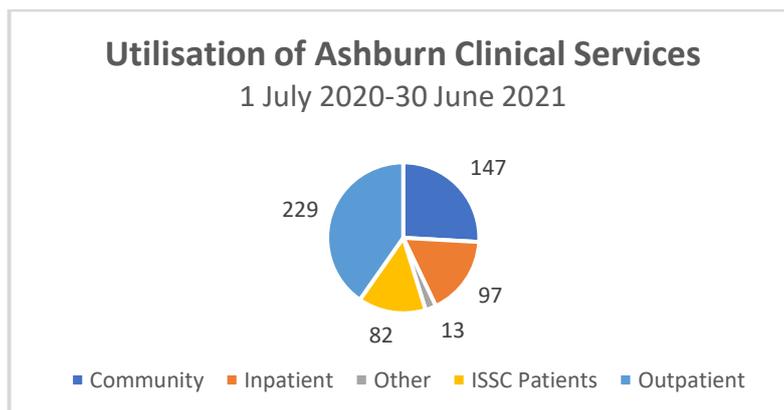


### CLINICAL SERVICES

Over the past year Ashburn Clinic has continued to provide high quality services for the assessment and treatment of people with mental health problems. As described in more detail below, this has included both outpatient and inpatient services for people who live locally in Dunedin, as well as others from the greater Otago/Southland region and throughout New Zealand. *Figure 1* summarises the number of patients who have accessed our various clinical services over the past 12-month period.

Ashburn Clinic remains an essential part of the New Zealand’s national mental health services. Our core clinical focus is our residential facility which, importantly, operates both as a psychiatric hospital and a democratic therapeutic community. The latter underpins our primary model of care which has a strong emphasis on patients and staff working collaboratively to seek to bring about positive change in individual’s mental health, both in terms of their symptoms and their day-to-day functioning. There is a strong focus on psychotherapeutic work, predominantly in groups but also one-to-one therapy, where patients utilise the experience of living and working within a therapeutic community to gain a greater understanding of their mental health difficulties.

*Figure 1*



*Note: Total = 568. The 'Other' category consists of inpatient detoxification clients and SDHB capacity patients.*

As summarised in *Table 1*, the majority of Ashburn Clinic inpatients are government funded, either through the Ministry of Health or ACC. Regarding the former, there are two parts to our contract with the Ministry of Health. The main part provides longer-term residential treatment for patients throughout New Zealand who have serious and complex mental health problems which have not been able to be successfully treated within the services available from their local DHB. The second part of the contract provides assessment and treatment for people, often but not exclusively health professionals, who require residential treatment but would not be able to obtain this locally without significantly compromising their privacy and confidentiality. Ashburn Clinic’s contract with ACC provides assessment and treatment for people whose major mental health problems are largely attributable to past sexual trauma. Both contracts are crucially important to Ashburn Clinic and continuing to have good working relationships with both ACC and the Ministry of Health remains an important priority for us.

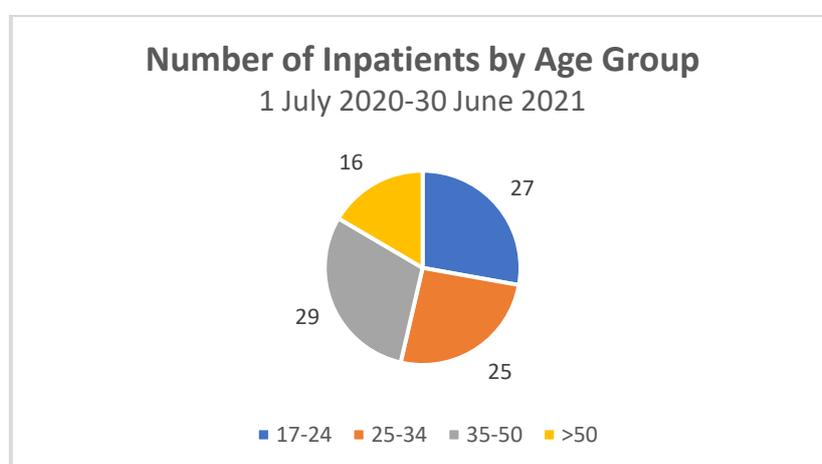
*Table 1*

Inpatient Treatment July 2020–June 2021					
	Total Residents	Admissions	Discharges	Range (days)	Mean Length of Stay
MoH	48	28	26	6 – 690	29 weeks
ACC	10	5	6	129 - 515	40 weeks
Private	39	36	25	1-287	10 weeks
Total Combined	97	69	57	1 - 690	13 weeks

# MEDICAL DIRECTOR REPORT

As *Table 1* indicates, at Ashburn Clinic continues to provide treatment for private paying patients, and in this way provides an alternative to public mental health services, which it has done since its inception in 1882. This group of patients tend to have shorter lengths of stay than government funded patients, sometimes due to financial constraints but also because they often present with less severe and long-standing mental health problems. Another contributing factor to the shorter length of stay shown in *Table 1* is that a number of private paying patients elect to attend Ashburn's addiction programme, which comprises a 2-3 week assessment/detox phase and an eight-week treatment programme. Our addiction programme has now been successfully running for over a decade and patients can either complete this programme alone or at some point during their time in the main therapeutic programme. Private paying patients comprise a very important part of Ashburn's inpatients, not only in terms of the financial contribution they make but also the wider variety of experiences they bring into the therapeutic community, which can assist all other patients. In the months to come we are keen to look at further ways to market our services to private paying patients throughout New Zealand who could potentially benefit from the unique therapeutic community the approach to treatment we offer.

*Figure 2*



## OUTPATIENT SERVICES

In terms of Ashburn's outpatient services, these fall into three main categories. Ashburn has two community-based contracts with Southern DHB focused eating disorders, and alcohol and substance problems. *Figure 1* (previous page) indicates these services assisted nearly 150 outpatients within the current 12-month period. The home-based detox service largely operates in the greater Dunedin region but offers a model of community-based treatment that could be successfully extended into other regions. The community-based eating disorder service has been required to undergo some changes to its service provision based on financial constraints but has recently been able to recruit a second clinician who will assist in providing a wider service, and succession planning. Both services have a very important role in educating and supporting patients, their families and carers, healthcare professionals and members of the wider community in these very important and sometimes overlooked areas of mental health. Both services also continue to be very highly regarded with respect to the quality of the service they provide.

Ashburn Clinic provides a psychiatric outpatient service for assessment and treatment of people throughout the wider Otago and Southland region. This service is only provided by Ashburn's psychiatrists, and it would certainly be our preference to have sufficient resource in the future to return to providing outpatient psychotherapy services. Ashburn currently is undertaking a review of its outpatient services as part of the need to reconsider the balance of psychiatric resource between inpatient and outpatient work, but also in response to a significant increase in referrals to the service. This will see Ashburn centralising its outpatient services to Dunedin with patients who were previously seen in our Invercargill and Central Otago clinics travelling to Dunedin if they wished to be seen by an Ashburn psychiatrist. After our outpatient fees have remained static over the last several years, we have also recently seen the need to review and increase these to rates comparable with the rest of the country. Despite these changes we have needed to make, our

# MEDICAL DIRECTOR REPORT

outpatient service remains an important priority in providing high quality assessment and treatment to patients, and advice and support to the many individuals and services who refer patients to us.

## STAFF AND EDUCATION

Ashburn Clinic's most valuable asset is the non-clinical and clinical staff who continue to provide a high level of quality care to our patients. Ashburn Clinic employs approximately 79 staff and overall boasts a relatively high retention rate, with a number of staff having worked at Ashburn in excess of 20 years. This provides a good balance of experience along with recruiting new staff, who bring with them some different experiences and new ideas. Of special note this year, we farewelled Ian Clark, our Maintenance Supervisor, who provided service to Ashburn Clinic, above and beyond, for more than 40 years.

We have an ongoing review process within the non-clinical and clinical teams at Ashburn. During the earlier part of the last year, we implemented a number of recommendations within our wider administration team, which has continued to demonstrate significant benefits. Also, over the past year we undertook a major review, with some independent input, of our management team in terms of its overall structure and the various roles and responsibilities associated with different positions. From this came the creation of a new position, Director of Strategy and Operations, which has a particular emphasis on future strategic planning, further developing relationships with our stakeholders, and assisting in fine-tuning some of our business and financial operations. David Murray has brought considerable experience and expertise to this role and is already well settled into it. The other significant change within our management team is a change of Medical Director with Dr Megan Bryan commencing in this position from mid-December. Dr Bryan has been a psychiatrist and senior staff member at Ashburn for several years and is very well versed in the therapeutic community model of working. She is well-regarded and respected by patients and colleagues alike and will bring some fresh and new ideas to move Ashburn forward.

A major and ongoing challenge for Ashburn has been the recruitment of new staff to clinical positions. Despite this, however, we have been able to successfully recruit and employ some quality staff to our nursing and allied health team. We currently have a strong compliment of psychotherapists but continue to struggle to attract psychiatric staff, leading to the need to sometimes employ locum psychiatrists, at considerable extra expense. A significant delay in recruiting staff from overseas has been one of many negative impacts of the COVID-19 pandemic on Ashburn Clinic.

We are pleased that we have been able to continue employing psychiatric registrars from the registrar training programme at Southern DHB and provide them with the opportunity of a six-month working experience within the therapeutic community at Ashburn. As well as providing a unique clinical and educational experience for the registrars, there are also potential important benefits for Ashburn, including the possibility of future recruitment for those who wish to focus on working psychotherapeutically within psychiatry. We have made some recent progress towards reinstating both our psychotherapy training programme and providing advanced training in psychotherapy under the RANZCP training umbrella.

As a charitable trust, Ashburn Clinic has the responsibility and privilege of providing education within the wider field of mental health. This includes our well-known and well-regarded monthly luncheon seminars, a modular psychotherapy seminar series which runs over two years, annual psychotherapy supervision weekends and a considerable amount of teaching and training for our staff. This is another area where unfortunately COVID-19 has had a negative impact, with some of our larger educational events needing to be cancelled. We adopted a policy to hold larger events onsite at Alert Level 1 only, not wishing to risk the health of patients, staff and visitors. Despite this, however, over 500 people have attended the above-mentioned educational opportunities, either face-to-face or via Zoom.

## RELATIONSHIPS WITH OTHER SERVICES

As already alluded to in this report, Ashburn Clinic has some key relationships with a number of funders and other service providers throughout New Zealand. Over a considerable number of years, we have had a sound and successful working relationship with the Ministry of Health, and we continue to value and appreciate the support and confidence they have in the unique service that we provide in this country. We are very pleased that our relationship with the Ministry of Health is on a good footing as we move towards

# MEDICAL DIRECTOR REPORT

the upcoming major restructure of the New Zealand health system and are expectant that this will place Ashburn in a solid and favourable position in the future.

Whilst the Ministry of Health provides funding for patients to receive treatment at Ashburn, this funding is accessed through the DHBs. Thus, relationships with each of the twenty DHBs throughout the country are important to maintain, particularly with the clinicians in the community and inpatient services who are responsible for directly putting patients forward onto the regional waiting lists. Whilst it can be challenging to maintain sufficiently regular contact with these teams and services, which has been further complicated by COVID-19, we do regard it as a priority to maintain contact with all the DHBs. Ashburn Clinic does have a close ongoing relationship with Southern DHB, with whom we have recently renewed our Memorandum of Understanding. The Ashburn management team meets on a quarterly basis with the Southern DHB mental health team, and we look forward to continuing this mutually supportive relationship.

The contracts that Ashburn holds with ACC, both with inpatients (CARS) and outpatients (ISSC), are important to us both clinically and financially. We are pleased to have had some recent discussions with ACC regarding ways in which we can streamline some of the referral and preadmission processes to facilitate more timely admissions for those clients on the waiting list for residential treatment at Ashburn.

In order to facilitate and develop our position as a democratic therapeutic community, Ashburn continues to belong to an international organisation, the Community of Communities. As well as providing opportunities for sharing experiences and knowledge with respect to therapeutic community treatment, this also provides us with access to a self-review and auditing process which has a particular focus on the values and practices that are considered essential for a well-functioning therapeutic community. Within the next month the patients and staff of Ashburn will embark upon another formal review process of ourselves as a therapeutic community.

## SERVICE PLANNING AND DEVELOPMENT

A major aspect of service development for Ashburn over the past year has been the completion and opening of our new inpatient facility, the Gwen Wilson Unit. This was the largest single construction project ever undertaken at Ashburn. Whilst it necessarily caused a significant amount of disruption to the day-to-day running of Ashburn over many months, our patient and staff group demonstrated remarkable tolerance and resilience. The completion of the project was marked with a very moving and impressive opening ceremony in December 2020, with the patients and staff being joined by a number of local and national dignitaries. Several months on, there is a very clear consensus as to the real benefits of having a more fit-for-purpose working and living space for staff and patients.

Part of the motivation for the new build came from the need for us to undertake some earthquake strengthening work on most of our buildings. The completion of the Gwen Wilson unit leaves one further major building project to bring all of our facility up to an appropriate level of earthquake standards. Currently the major barrier to proceeding with the necessary work on our Administration block is a financial one.

Ashburn has made some encouraging progress over the past year regarding a number of our ongoing service development projects. Ashburn's website has been successfully upgraded so that it is now more informative and user-friendly. We have created and filled a new position, Whānau Advisor, which is assisting us in providing a more focused whānau perspective on our overall service provision at Ashburn Clinic, working primarily within our quality framework. Although there is further work to do, we have continued introducing a greater bicultural perspective into the overall culture of Ashburn Clinic. This has occurred at a number of different levels, including clinically, across our management team, and within our Board of Trustees.

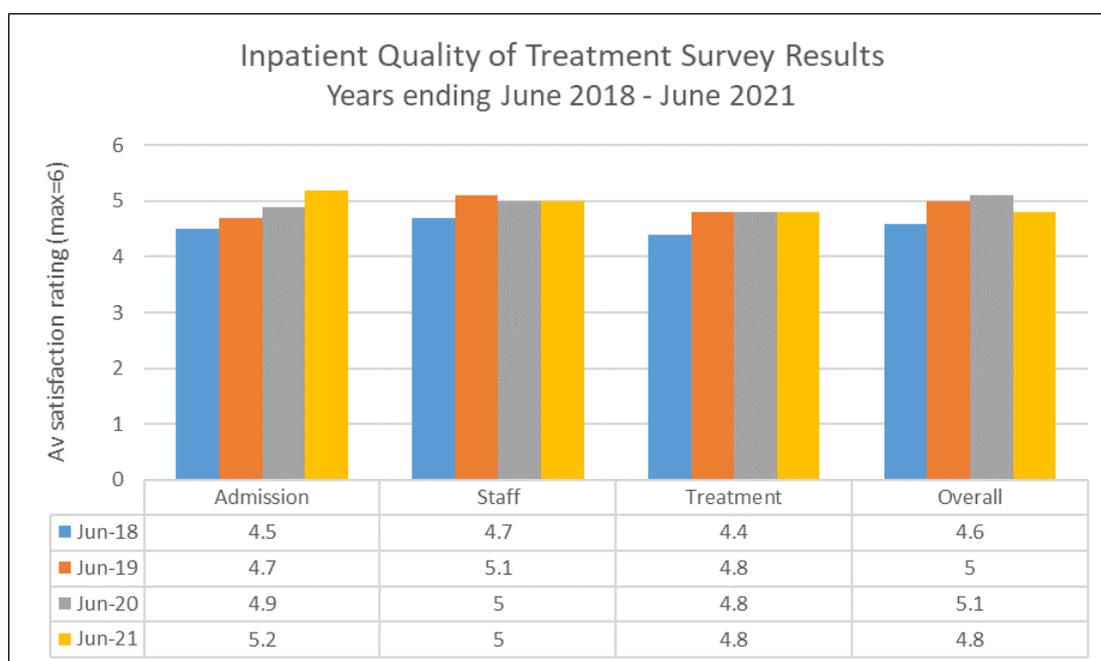
I have alluded to several ongoing service development processes and projects in earlier sections of this report. At the board and management level there has been a more specific focus on strategic planning to ensure that Ashburn continues to provide a high quality relevant mental health service to our patients. With the new position of Director of Strategy and Operations established and the review of our management team, we envisage having a much greater emphasis on strategic planning across all of Ashburn's services.

# MEDICAL DIRECTOR REPORT

This includes further development and refinement of our current services, as well as some innovative ideas we have that would look to further expand our services within the areas that we already have considerable experience and expertise (e.g. outpatient and residential addiction services; a psychotherapeutically-based day programme to bridge the gap between inpatient and community services; establishing a small, intensive unit for inpatients who are too unwell to manage the main therapeutic community programme). We feel that these opportunities for further development also fit well with recommendations from the government’s recent inquiry into mental health and addiction services.

Another important aspect of service development is monitoring and measuring the effectiveness of our therapeutic community model of treatment. There are a number of ways in which this can be conceptualised, one of which is presented graphically in *Figure 3*. This indicates that overall levels of inpatient satisfaction are consistently high with regards to the treatment they receive and the staff providing that treatment. These have all remained relatively consistent over the last several years, apart from a gradual improvement in the ratings around admission, which we hope reflect the increased resource we have put into improving this process. A further important way by which we measure patient outcomes involves a suite of rating scales that both patients and clinical teams complete on admission and discharge and at 8-week intervals in between. In collaboration with researchers from the Department of Preventive and Social Medicine at the University of Otago, we have embarked on a project to look at outcome measures for inpatients admitted to Ashburn between 2011 and 2019. This includes some demographic diagnostic and outcome data for over 500 patients. The data is still in the preliminary stages of being analysed but we expect we will soon have some good quality objective data with which to look more closely at the efficacy of the model of treatment.

*Figure 3*



## STRATEGIC PLANNING

### During 2021-22

Ashburn Clinic has had a successful year actioning the final stages of the previous Strategic Plan. Nine key actions were identified at the start of the 2021-22 year to complete this work, with all either fully implemented or well progressed. The referral and admissions project has resulted in several changes to this process, improving access for patients. A whānau advisor has been appointed to support service development. Our services during Covid-19 have been maintained, with additional virtual clinics supporting patients where appropriate. Opening the new 22 bed hospital wing has concluded a significant investment project. A larger IT project has been kicked off and will run through into 2022. Engagement with key

# MEDICAL DIRECTOR REPORT

stakeholders has developed through the year, in partnership with the University of Otago our clinical outcomes project progressed, and negotiations with the Ministry of Health resulted in a visit onsite by the Associate Medical Director of Health and agreement on how our contact should be varied moving forward.

An internal review of Ashburn has resulted in a restructuring of the leadership and administration teams and duties. This has resulted in the creation of a new position. The Director of Strategy and Operations role has been established and has been filled. The final steps of this restructure will be completed during the later stages of 2021.

## Looking ahead

Ashburn Clinic has initiated a series of staged workshops with staff and patients to develop a comprehensive five-year strategic business plan. It is anticipated that this will involve several steps that result in a clear vision for the organisation, for the period 2022-23 to 2026-27. As a result, Ashburn will be able to produce a series of annual plans that align to this longer-term vision. These annual plans will outline in more detail the actions that will result in successful implementation of the various elements of the strategic vision for Ashburn Clinic.

## IN CONCLUSION

As is the case for any community, Ashburn has certainly had its ups and downs over the past year, with a mixture of achievements and losses, celebrations and disappointments, and successes and failures. Some of these have been related to internal processes and factors that we have sought to learn from and improve on as a community of staff and patients. Others have been somewhat out of our control and inflicted on us, such as the impact of COVID-19. On balance, however, both our patient and staff group have worked very hard, sometimes in challenging circumstances, and overall have been successful in our primary goal of seeking to improve the wellbeing and quality of life of our patients. As a community we have a good understanding of the types of mental health difficulties we can successfully treat, our therapeutic community model of treatment, and the outcomes that together we are striving to achieve. Whilst we are heading into a further period of change within the New Zealand Health system, we know we are in a solid place within wider mental health services and have a sense of anticipation and excitement in looking to our future. Over the past year we have further developed and enhanced our resources, both with regard to our staffing and our physical environment. The changes and improvements we have already made have led to some demonstrable improvements, and we have a sense of expectation with regard to the areas we need to further review and refine. In summary, we are looking forward as a community towards being able to maintain our business as usual to a high standard, whilst strategically planning for our future.

The work that patients and staff do at Ashburn is very often difficult and challenging, and requires a considerable degree of commitment, discipline, and patience. I do want to acknowledge and express my gratitude to our patients, who are ultimately the ones responsible for the changes they make in their lives. My sincere thanks also to all of our staff, whose task it is to create the therapeutic environment in which patients can make these changes. Ashburn is very fortunate to have a team of dedicated and hard-working staff who are willing to go the extra mile when the need arises. I also want to express my appreciation to the Ashburn Clinic management team who, although working collaboratively with other staff and the Ashburn community, do shoulder much of the responsibility for the successful day-to-day running of Ashburn Clinic. And finally, my sincere thanks to Dr Clive Matthewson and the Board of Trustees, who together have a very clear understanding of Ashburn's values and goals and provide considerable encouragement and support at a governance level to the management team and the rest of our staff.

Dr Brett Ferguson  
Medical Director

# FINANCIAL SUMMARY

## Ashburn Hall Charitable Trust

### Summary Statement of Comprehensive Revenue and Expenses for the year ended 30 June 2021

	2021	2020
	\$	\$
<b>Revenue</b>		
Revenue from Non-Exchange Transactions	1,525	270,525
Revenue from Exchange Transactions	7,452,291	7,190,880
<b>Total Revenue</b>	<b>7,453,816</b>	<b>7,461,405</b>
Finance Costs	31,195	-
Other Expenses	7,438,447	7,385,045
<b>Total Expenses</b>	<b>7,469,642</b>	<b>7,385,045</b>
<b>Surplus for the year</b>	<b>(15,826)</b>	<b>76,360</b>
Other Comprehensive Revenue and Expense	-	-
<b>Total Comprehensive Revenue and Expense</b>	<b>(15,826)</b>	<b>76,360</b>

### Summary Statement of Changes in net Assets for the year ended 30 June 2021

	2021	2020
	\$	\$
Opening Balance at the beginning of the year	5,971,664	5,895,304
Plus Total Comprehensive Revenue and Expenses for the year	(15,826)	76,360
<b>Closing Equity at the end of the year</b>	<b>5,955,838</b>	<b>5,971,664</b>

### Summary Statement of Financial Position as at 30 June 2021

	2021	2020
	\$	\$
<b>Assets</b>		
Cash and Cash Equivalents	1,202,766	2,049,774
Other Current Assets	838,981	1,241,312
<b>Total Current Assets</b>	<b>2,041,747</b>	<b>3,291,086</b>
Investment and Property, Plant & Equipment	6,644,358	4,117,125
<b>Total Non-Current Assets</b>	<b>6,644,358</b>	<b>4,117,125</b>
<b>Total Assets</b>	<b>8,686,105</b>	<b>7,408,211</b>
<b>Liabilities</b>		
Trade and Other Payables	2,730,267	1,436,547
<b>Total Current Liabilities</b>	<b>2,730,267</b>	<b>1,436,547</b>
<b>Net Assets</b>	<b>5,955,838</b>	<b>5,971,664</b>

### Summary Statement of Cash Flows for the year ended 30 June 2021

	2021	2020
	\$	\$
Net Cash from (used in) Operating Activities	210,813	(75,867)
Net Cash from (used in) Investing Activities	(1,057,821)	837,229
Net Cash from Financing Activities	-	-
<b>Net (Decrease)/Increase in Cash and Cash Equivalents</b>	<b>(847,008)</b>	<b>761,362</b>
Cash and Cash Equivalents at 1 July	2,049,774	1,288,412
<b>Cash and Cash Equivalents as at 30 June</b>	<b>1,202,766</b>	<b>2,049,774</b>

# FINANCIAL SUMMARY

## NOTES TO THE SUMMARY FINANCIAL STATEMENTS

### **For the Year ended 30 June 2021**

These are the summary financial statements of Ashburn Hall Charitable Trust (the “Trust”) for the year ended 30 June 2021. The specific disclosures included in these summary financial statements have been extracted from the full annual financial statements dated 30 June 2021. The full annual financial statements were approved for issue by the Trustees on 29 September 2021 and have been prepared in accordance with Tier 2 Not-For-Profit Public Benefit Entity (PBE) Financial Reporting Standards as issued by the New Zealand External Reporting Board (XRB). They comply with New Zealand Equivalents to International Public Sector Accounting Standards Reduced Disclosure Regime (NZ IPSAS with RDR) and other applicable Financial Reporting Standards as appropriate to Not-For-Profit Public Benefit Entities.

This summary financial report cannot be expected to provide as complete an understanding as provided by the full financial statement of the financial performance, financial position, cash flows statement and notes to the financial statements of the Trust.

An unqualified audit opinion has been received on the full financial statements for the year ended 30 June 2021. A copy of the full Trust financial statements for the year ended 30 June 2021 can be found online at [www.charities.govt.nz](http://www.charities.govt.nz). These summary financial statements have been audited for the year ended 30 June 2021 and found to be consistent with the full financial statements. An unqualified audit opinion has been received.

These summary financial statements were approved for issue by the Trustees on 3 November 2021.

### **Basis of Preparation**

Ashburn Hall Charitable Trust is a public benefit entity and is a charitable trust incorporated under the Charitable Trusts Act 1957 and a registered charity under the Charities Act 2005.

These are the summary financial statements of the Trust and they comply with PBE FRS 43: Summary Financial Statements. The presentation currency is New Zealand dollars, rounded to the nearest dollar.

The full financial statements upon which these Summary Financial Statements are based, have been prepared to comply with Public Benefit Entity International Public Sector Accounting Standards Reduced Disclosure Regime (“PBE Standards RDR”) and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Tier 2 Not-For-Profit entities.

### **Changes in Accounting Policies**

There have been no changes in accounting policies. All policies have been applied on bases consistent with those used in the previous year.

### **Specific Accounting Policies**

All specific accounting policies have been applied on the same bases as those used in the full financial statements of the Trust.

### **Contingent Liabilities**

A liability exists to strengthen the current building conditions to meet the required earthquake rating at balance date contingent upon the approval of costing.

### **Commitments**

The Trust entered into a contract with Amalgamated Builders Limited for the completion of the Conolly Wing, now Gwen Wilson Unit, with \$107,804 still outstanding at 30 June 2021 (2020: \$2,162,275). Additional related commitments for the completion total to \$8,043 (2020: \$108,694). There were no other capital commitments at balance date.

# FINANCIAL SUMMARY

## Events after the Balance Date

On 1 July 2021 Mike Horne resigned as a Trustee.

There were no other events that have occurred after the balance date that would have a material impact on these financial statements.



## ***Report of the Independent Auditor on the Summary Financial Statements*** to the Trustees of Ashburn Hall Charitable Trust

### **Our Opinion**

The summary financial statements, which comprise the summary statement of financial position as at 30 June 2021, the summary statement of comprehensive revenue and expense, summary statement of changes in net assets and summary statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of Ashburn Hall Charitable Trust for the year ended 30 June 2021. In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, on the basis described in the notes to the summary financial statements.

### **Summary Financial Statements**

The summary financial statements do not contain all the disclosures required for the full financial statements. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

### **The Audited Financial Statements and Our Report Thereon**

We expressed a unqualified audit opinion on the audited financial statements in our report dated 29 September 2021.

### **Trustees' Responsibilities for the Summary Financial Statements**

The Trustees are responsible for the preparation and presentation of the summary financial statements in accordance with PBE FRS-43: Summary Financial Statements.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810 (Revised), *Engagements to Report on Summary Financial Statements*.

Other than in our capacity as auditor we have no relationship with, or interest in, Ashburn Hall Charitable Trust.

### **Restriction on Distribution or Use**

This report is made solely to the Trustees as a body. Our audit work has been undertaken so that we might state to them those matters which we are required to state to them in an audit report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trustees, as a body, for this report, or for the opinions we have formed.

A handwritten signature in blue ink that reads 'Audit Professionals'.

Chartered Accountants  
3 November 2021

Dunedin

# ORGANISATION INFORMATION

## Organisation Information

### Ashburn Hall Charitable Trust Board of Trustees

Chairman	Hon Dr Clive Matthewson
Trustees	Dr John Adams Mike Horne Iris Reuvecamp Barbara Payton

### Management Team

Medical Director	Dr Brett Ferguson
Director of Nursing & Allied Health	Monique Lammers
Quality Director	Annabel Millichamp
Director of Strategy and Operations	David Murray
Deputy Director of Nursing	Ian Smith

### Contact details

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