



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 2021 – 30 JUNE 2022

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.
-

BOARD CHAIRPERSON REPORT

Board Chairperson Report

The Ashburn Clinic has no formal owners who require an annual report, and no statutory duty to provide one. However, the Board and management have a sense of responsibility in several dimensions:

- to those who come to Ashburn from throughout New Zealand to get well, who indeed are our sole reason for existence;
- to those who work at Ashburn, creating the place it is;
- to the Dunedin community, where we have lived since 1882;
- and to the health system of New Zealand, of which we are a small but integral part.



People in these groups may see themselves as having an ownership interest in Ashburn. Here Ashburn reports to them. Details are provided by the Medical Director and in the financial reporting. I will add brief comments from the perspective of the Board.

OUR STAFF

This year we welcomed Dr Megan Bryan as the new Medical Director and Chief Executive. She replaced Dr Brett Ferguson, who had brought Ashburn safely through his 10 years in the role. This is a significant, indeed historic, appointment, because Megan becomes only the 15th Medical Director at Ashburn. She is well known, having worked here for 13 years, and highly respected. Now she heads a cohesive management team that we are thoroughly confident will provide strong leadership for the work ahead.

At Board level, Adrian Christie filled the place left by Mike Horne's departure. We welcome him. We are seeking an appointment to the Board from the mana whenua because it accords with our values to have this engagement at the governance level and because we will learn from it.

At 30 June there were 74 permanent and 11 casual staff members at Ashburn. We know that people want to join us, and as I already mentioned, these are the people who make Ashburn what it is. Work here is not always routine, and it is hard to think of a more meaningful way to spend time and effort than in helping people get well. Our clinical and ancillary staff are joined by the kitchen team (always scoring highly in patient surveys), by those who maintain our unique site and facilities, and by those who support the enterprise through efficient administration. We have quality staff, and the Board conveys thanks to all members, on behalf of every person who is helped by them.

OUR FINANCES

Last year I indicated that the Board could not avoid projecting a small financial deficit for the year, and the result confirmed the projection. However, our debt is manageable, our cash reserves are good, and we can budget for a surplus in the coming year. We cannot yet commit freely to desirable capital spending, but this situation will improve.

During the year we obtained a 5% cost pressure adjustment in the payment received for patients referred by the Ministry of Health. This was most welcome because the contract provision for such a payment had previously been overlooked. We can report similar responsiveness from the ACC, and private patient enquiries are at a high level. Thus, we see strong relationships and strong demand ahead, and will work towards an improved investment position.

BOARD CHAIRPERSON REPORT

OUR WORK

Of course, the Ashburn enterprise exists not to make money, but to produce wellbeing outcomes. As I reiterate, this is why we exist. These outcomes are not so easily measured, but we must somehow do so if we want to know how well we are doing. We do have the judgements of both health practitioners and patients recorded and available for this purpose. Nevertheless, Ashburn has joined with the Department of Preventive and Social Medicine at the University of Otago in a research project aimed at better measuring outcomes. Apart from the generalised benefits of the research, we see so far that we have been doing very well in the outcomes achieved.

674 patients accessed Ashburn services this year, 105 as inpatients. These are good numbers of people helped, together with their whānau. Our active education work continued.

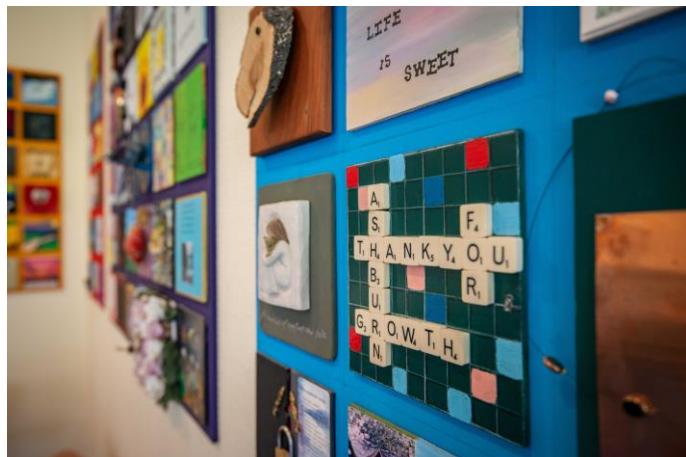
Last year I said there was a sense of momentum about Ashburn going forward. This remains true. We've had a solid and successful year and are very well placed for the one ahead.

We know the therapeutic community model of treatment works. We know we have the staff and facilities to deliver. We will continue to do so, and also seek to judiciously widen and grow the services we provide. We are very proud of this enterprise.

Mauri mahi, mauri ora.

Ngā mihi nui,

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



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

Tēnā koutou. Ko Megan Bryan tōku ingoa.

I was appointed Medical Director of Ashburn Clinic in December 2021. I am the 15th hospital manager in Ashburn's 139-year history, and the second female medical director. I have many years of relevant experience and knowledge as a Consultant Psychiatrist and am passionate about the treatment opportunities that Ashburn provides. I completed my Fellowship in General Practice prior to switching to studying psychiatry in 1997. I did the majority of my psychiatry training at the Southern District Health Board before joining the team at Ashburn Clinic in 2009. At Ashburn Clinic I had the opportunity to study psychotherapy and completed the Royal Australia and New Zealand Advanced Certificate in Psychotherapy.



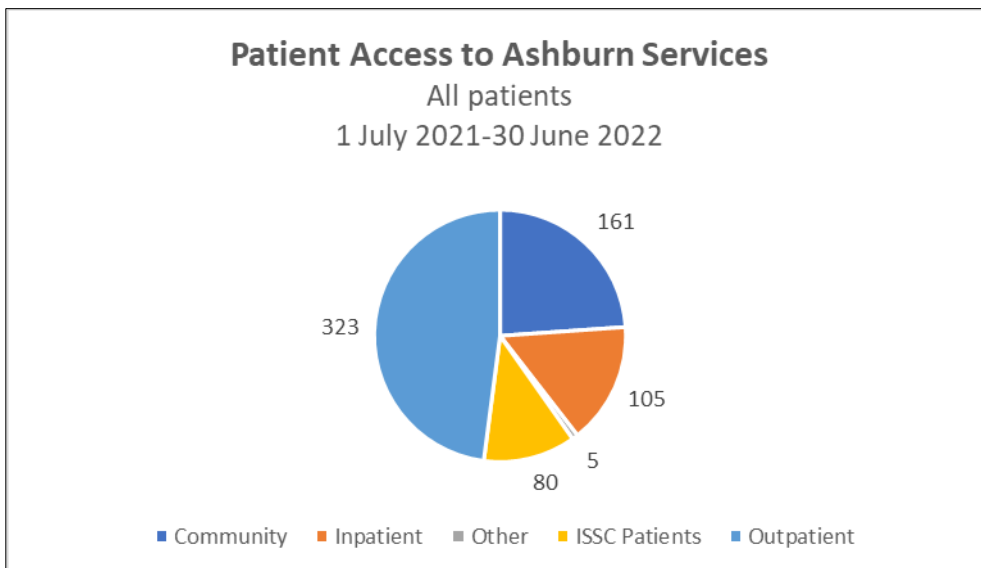
Source: ODT

I wish to acknowledge my predecessor, Dr Brett Ferguson, and his significant contribution to Ashburn's history and service provision. Dr Ferguson started work at Ashburn Clinic as a psychiatric registrar in 2000, became a Consultant Psychiatrist, then the Medical Director from 2009 – 2021. Throughout his time at Ashburn, he remained committed to promoting the Therapeutic Community principles which underpin Ashburn Clinic's approach to treatment.

CLINICAL SERVICES

Despite COVID-19, we have maintained access to all of our services. Compared with the previous year, there was an overall increase in services provided, which included a small reduction in inpatient admissions, and an increase in outpatient and community services (refer Figure 1 below). Inpatient admissions included ACC, private and MoH (Te Whatu Ora) referrals; the latter included an increase in the number of 'impaired professionals' attending for treatment at Ashburn Clinic.

Figure 1



Note: Total = 674. The 'Other' category consists of inpatient detoxification clients and SDHB capacity patients.

Like all health services, the effects of COVID-19 have been wide-reaching on staff and patients. As is the Therapeutic Community way, staff and patients joined forces to combat the risks and respond proactively. Ongoing discussions regarding risk assessment and mitigation strategies took place, sometimes the protocols changed daily as the risk level escalated. The patients were very much a part of the planning and response, and instrumental in reducing the rate of transmission at Ashburn. Due to these measures, the first

MEDICAL DIRECTOR REPORT

Ashburn inpatient tested positive for COVID-19 on 14 June 2022, which while unwelcome, was a significant achievement and positive reflection of staff and patient commitment to infection control measures.

Despite COVID-19, our main aim this year has been to have the hospital operating at full capacity. At times, admissions and discharges were constrained in terms of permitted travel (the majority of Ashburn Clinic inpatients come from outside Otago), however as shown in *Table 1* (below) admissions and occupancy were high overall. This is the result of an in-depth review and more coordinated approach to our inpatient referral and admission processes. The review not only aimed to increase the effectiveness and timeliness of referrals and admissions but also to better prepare patients and whānau for the mahi required. We now take a more coordinated approach to these processes, utilising a multi-disciplinary team, and have developed our referral guides and documentation to improve the quality of information and communication with tangata whaiora, whānau, referrers and funders. This approach is in keeping with our mission and values that *we admit those people we believe we can help*.

Table 1

Inpatient Treatment July 2021–June 2022					
	Total Residents	Admissions	Discharges	Range (days)*	Mean Length of Stay *
MoH	51	27	27	36 - 800	39 weeks
ACC	17	13	4	69 - 372	29 weeks
Private	37	25	31	8 - 339	11 weeks
Total Combined	105	65	62	8 - 800	24 weeks

*Range and mean length of stay – only applies to patients discharged during the reporting period.

The age of patients admitted to Ashburn Clinic continues to be wide-ranging. We would like to increase referral and access by Māori and Pasifika people, but acknowledge we need to do more to upskill our staff’s cultural knowledge and practice, and demonstrate the benefits that the Therapeutic Community treatment model can provide. We are already experiencing the benefit and inspiration of a Tikanga and Te Reo Māori staff training programme and are reconnecting with wider Otago health services and networks, hopefully to establish lasting, collaborative working relationships, of benefit to all.

Figure 2

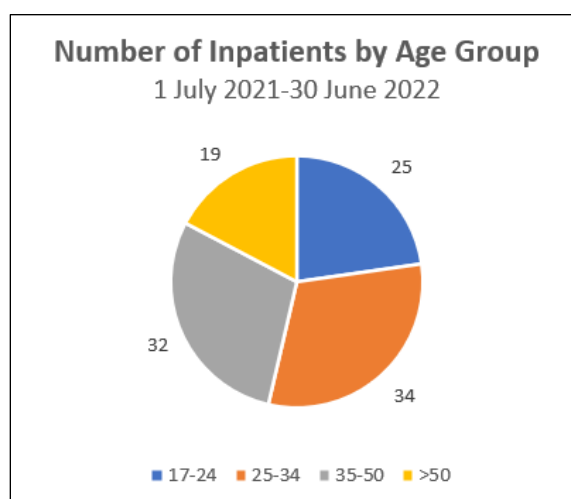
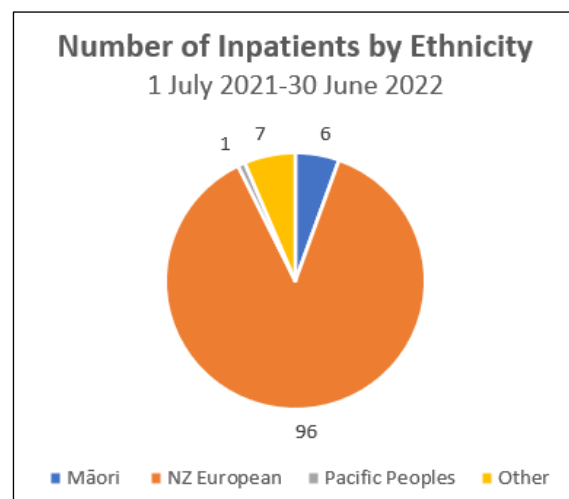


Figure 3



OUTPATIENT SERVICES

For a period, our outpatient psychiatric services were closed, however these have resumed due to our successful recruitment of psychiatrists. The demand for outpatient services continues to be high; in particular there are a large number of people requiring assessments for Adult Attention Deficit Hyperactivity Disorder. We have developed a rigorous pathway for assessment and treatment including

MEDICAL DIRECTOR REPORT

working collaboratively with community-based clinical psychologists to complete psychometric testing. We continue to explore options for outpatient treatment to provide alternative pathways for those who find it difficult to access treatment in the public system. We recognize that the demand for mental health and addictions services continues to grow and wish to be a proactive and accessible part of the community response.

STAFF AND EDUCATION

The Ashburn Clinic staff are our strength, and despite all the challenges in the last year, we have maintained a dedicated workforce and continue to recruit to a high professional standard. I wish to recognise and thank all Ashburn staff for their efforts this last year and the way in which they worked together, maintaining services and high standards of care, while managing the effects of COVID, personally and professionally.

Providing opportunities for ongoing education is a priority for Ashburn, for our own staff and the wider profession, as part of our charitable purpose and a desire for continuous improvement. Although we suspended the monthly luncheon seminars this year due to COVID-19, we delivered the Advanced Theory of Psychotherapy Module series (via Zoom when necessary) and reinstated the three-year Psychotherapy Traineeship. Nursing, Occupational Therapy and Psychiatric Registrar placements were also maintained; the introduction of new staff (even short-term) provides fresh perspectives to the work we do and learning opportunities for everyone.

RELATIONSHIPS WITH OTHER SERVICES

We value and rely on maintaining good working relationships with our stakeholders, including prospective patients and whānau, referrers, contract managers, and other health services. In the last year, we have made a concerted effort to strengthen these relationships to improve service delivery and support our respective mahi.

Our positive relationship with Te Whatu Ora (at the regional and national level) continues with regular and open dialogue. At the local level, Ashburn Clinic and Te Whatu Ora Southern have a Memorandum of Understanding which includes inpatient transfers between services when appropriate, shared delivery of SPEC training to staff, and nursing and psychiatric registrar placements. We also appreciate their lead in, and support of all regional health services in managing the COVID-19 pandemic.

As a specialist service provider, the majority of our referrals and funding come through our national contracts, which provide funded treatment pathways for people with long-standing, complex mental health difficulties, including major depression, anxiety disorders, eating disorders, significant personality disturbances, complex responses to trauma, alcohol, and drug disorders. We have welcomed regular online meetings and onsite visits from the MoH/Te Whatu Ora and ACC contract managers. As outlined above, we have improved our referral and admission processes and communication to increase service access.

This year, we also re-engaged with Moana House and Nga Kete Matauranga Pounamu Charitable Trust to provide psychiatric services to tangata whaiora in their services as needed.

Clinical Outcomes Project: Over the past 25 years Ashburn Clinic has used various databases to enter demographic, diagnosis and clinical outcomes data using measures completed by patients and/or clinicians to inform patients' progress in treatment and outcomes.

The 'Health and Wellbeing Outcomes for Patients Attending the Ashburn Clinic Therapeutic Community: A Developmental Project', a collaborative project between Ashburn Clinic and the University of Otago Department of Preventive and Social Medicine, led by Professor Sarah Derrett, was completed in December 2021. The project, supported by a grant from the James Hume Bequest fund, analysed aggregate data from three Ashburn databases for the consideration of a range of outcomes relating to 519 inpatients treated and discharged by Ashburn Clinic between 2011 and 2019.

MEDICAL DIRECTOR REPORT

Despite the complexity of the patient population at Ashburn Clinic, the research project found that improvements between admission and discharge were considerable according to the range of clinician-reported and patient-reported outcome measures used. Improvements were apparent across the range of characteristics including sex, age, funding arrangements, and for all five most-prevalent major diagnostic groups.

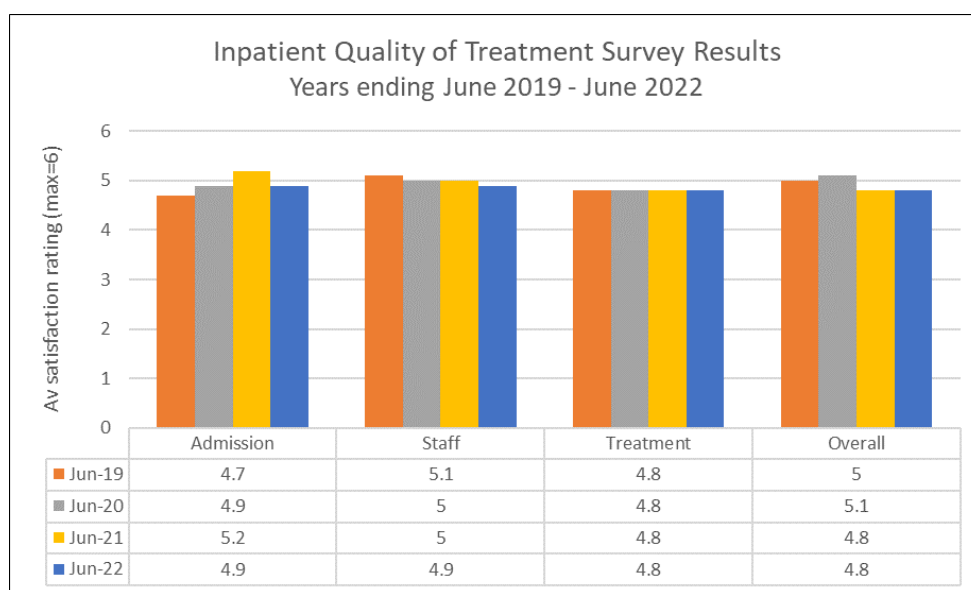
SERVICE PLANNING AND DEVELOPMENT

We continue to review our service structure and how we can meet the increasing demand for mental health and addiction services. We are exploring further ‘step-down’ options for treatment, in particular expanding the use of our independent, transitional living space, Alexander House, into a stand-alone programme with greater emphasis on preparing inpatients for life in the community and to provide a daily group programme for outpatients.

We are also developing an outpatient service utilising Repetitive Transcranial Magnetic Stimulation (rTMS), a novel antidepressant treatment which has been under development internationally for over 25 years as an effective alternative to pharmacotherapy and psychotherapy. rTMS is a non-invasive transcranial brain stimulation (NIBS) intervention that relies on the principle of electromagnetic induction to modulate the activity of cortical neurons. This service will be available at the beginning of 2023.

As part of our quality improvement cycle, we seek tangata whaiora and whānau feedback on the inpatient programme and services. The average ratings across key categories are as follows:

Figure 4



STRATEGIC PLANNING

Ashburn Clinic held two strategic planning days during the last year. The first provided staff and patients an opportunity to discuss and provide thoughts on how Ashburn was performing, and what opportunities might be explored. The second summarised and expanded on the key elements identified by staff and patients. This day included the Board and Leadership Team of Ashburn Clinic.

The main options discussed were:

1. To increase our inpatient business.

With the goal being to continue to provide and develop the high-quality therapeutic programme, which includes psychiatric, medical, psychotherapeutic (both individual and group), psychosocial nursing and therapeutic milieu/community treatment modalities.

MEDICAL DIRECTOR REPORT

The prioritised investment option is the redevelopment of the old Alexander House to establish a 17 bed, day programme. Subject to a business case presentation to the Board. This would move and expand the current Alex House programme (6 beds). The net increase in beds for inpatient activity would be 11 additional beds.

2. To increase our outpatient business.

With the goal to provide a comprehensive psychiatric and psychotherapeutic outpatient service to the wider Southern region.

The key priorities have been to provide additional resource to our outpatient services. Ashburn has also committed to establishing a Transcranial Magnetic Stimulation service as an outpatient service. This project is well advanced.

3. Cultural Development

With the goal to design a strategy for cultural competence within the organisation. This will provide a clear strategy for cultural competency where the team will be supported in its cultural competency journey and be advised on te reo and tikanga Māori. Additional goals: building and maintaining long-term mutual relationships with Māori and communicating with tangata Māori and Māori organisations.

The relationship between Ashburn, Moana House and Nga Kete Matauranga Pounamu Charitable Trust has established a service to these Kaupapa Māori providers whereby they can access psychiatric support in a timely manner as required for their manawanui.

4. IT infrastructure

With the goal to enable improved efficiency of our workforce. To use the information provided by our programme to enhance our understanding of how we meet our aims.

Ashburn has rolled out the use of Medi Map and has engaged MYOB to work with us to establish an electronic rostering solution that links into our payroll.

5. Workforce Development

Ashburn continues to recruit and retain staff at a satisfactory level. We have seen the addition of a Psychotherapy trainee to the staff group and have been successful in expanding the Psychiatrist team.

IN CONCLUSION

It has been a challenging year but also provided an opportunity for review and growth. I wish to thank the Board of Trustees, who generously provide their expertise and oversight, the Ashburn staff who are hardworking and deeply committed to the mahi, our patients and whānau who commit to the very challenging and difficult journey to wellbeing, and our funders, referrers and other stakeholders who continue to support our mission.

Tū pakari tonu mai e te Whare Tapawhā!

Let the house of health and well-being stand strong!

Dr Megan Bryan
Medical Director

FINANCIAL SUMMARY

Ashburn Hall Charitable Trust

Summary Statement of Comprehensive Revenue and Expenses for the year ended 30 June 2022

	2022	2021
	\$	\$
Revenue		
Revenue from Non-Exchange Transactions	19,628	1,525
Revenue from Exchange Transactions	8,238,823	7,452,291
Total Revenue	8,258,451	7,453,816
Finance Costs	83,763	31,195
Other Expenses	8,341,905	7,438,447
Total Expenses	8,425,668	7,469,642
Surplus for the year	(167,217)	(15,826)
Other Comprehensive Revenue and Expense	-	-
Total Comprehensive Revenue and Expense	(167,217)	(15,826)

Summary Statement of Changes in net Assets for the year ended 30 June 2022

	2022	2021
	\$	\$
Opening Balance at the beginning of the year	5,955,838	5,971,664
Plus Total Comprehensive Revenue and Expenses for the year	(167,217)	(15,826)
Closing Equity at the end of the year	5,788,621	5,955,838

Summary Statement of Financial Position as at 30 June 2022

	2022	2021
	\$	\$
Assets		
Cash and Cash Equivalents	1,087,657	1,202,766
Other Current Assets	931,118	838,981
Total Current Assets	2,018,775	2,041,747
Investment and Property, Plant & Equipment	6,534,068	6,644,358
Total Non-Current Assets	6,534,068	6,644,358
Total Assets	8,552,843	8,686,105
Liabilities		
Trade and Other Payables	1,113,664	1,099,197
Loans – Current portion	130,693	1,631,070
Total Current Liabilities	1,244,357	2,730,267
Loans – Non-current portion	1,519,865	-
Total Non-Current Liabilities	1,519,865	-
Total Liabilities	2,764,222	2,730,267
Net Assets	5,788,621	5,955,838

Summary Statement of Cash Flows for the year ended 30 June 2022

	2022	2021
	\$	\$
Net Cash from/(used in) Operating Activities	(27,456)	210,813
Net Cash from/(used in) Investing Activities	(87,653)	(1,057,821)
Net Cash from Financing Activities	-	-
Net (Decrease)/Increase in Cash and Cash Equivalents	(115,109)	(847,008)
Cash and Cash Equivalents at 1 July	1,202,766	2,049,774
Cash and Cash Equivalents as at 30 June	1,087,657	1,202,766

FINANCIAL SUMMARY

NOTES TO THE SUMMARY FINANCIAL STATEMENTS

For the Year ended 30 June 2022

These are the summary financial statements of Ashburn Hall Charitable Trust (the “Trust”) for the year ended 30 June 2022. The specific disclosures included in these summary financial statements have been extracted from the full annual financial statements dated 30 June 2022. The full annual financial statements were approved for issue by the Trustees on 25 October 2022 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 2022. A copy of the full Trust financial statements for the year ended 30 June 2022 can be found online at www.charities.govt.nz. These summary financial statements have been audited for the year ended 30 June 2022 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 25 October 2022.

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.

FINANCIAL SUMMARY

Commitments

There are no capital commitments as at 30 June 2022. (2021: 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. Additional related commitments for the completion total to \$8,043.)

Events after the Balance Date

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 2022, 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 2022. 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 27 October 2022.

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
27 October 2022

Dunedin

ORGANISATION INFORMATION

Organisation Information

Ashburn Hall Charitable Trust Board of Trustees

Chairman	Hon Dr Clive Matthewson
Trustees	Dr John Adams Adrian Christie Iris Reuvecamp Barbara Payton

Management Team

Medical Director	Dr Megan Bryan
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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Tel 03 476 2092
www.ashburn.co.nz

*Swing seat donated by
departing Medical Director
Dr Brett Ferguson.*

