

Minutes of a Meeting of the Finance & Risk Governance Committee of City Medical Ltd T/A Napier Urgent Care

Date: 27.8.2025
Location: T E A M S
Time: 7.00 – 8.00pm

Present: Victor Saywell (Chair)
Ken Foote, David Smith, Wayne Hudson, Leanne Mandeno, Sue Taaffe

In Attendance: Delwyn Galbraith

SECTION 1: MEETING OPENING:

1.1 Welcome: Victor welcomed and declared the meeting open.

1.2 Apologies:

1.3 Confirmation of Minutes: The minutes of the Financial Risk Committee held 18 June 2025 were taken as read and confirmed. No matters arising.

Moved: David Smith
Second: Ken Foote
All in favour - carried.

Actions from Minutes

Leasehold Improvements:

Discussion Points – Funding Options and Considerations

- The possibility of shaving back the existing plans and using only the Shrimpton funds of \$300k – \$250 construction + \$50 project manager. To possibly prioritise work on the paediatric and clinical space with a slight improvement to the administration space.
- Self-fund the remaining or utilising external funding options?
- Leanne suggested exploring tender options through the National Urgent Care framework.
- **Actions:**
 - Work on \$250 + \$50 and what this looks like – ready to go concept designs.
 - Explore fundings – Urgent care tenders, Ken to engage with Rika Hentschel.

Discussion Points: After-hours doctors working during in-hours remuneration

- Proposal to approach GPs currently working in the after-hours space to also provide in-house coverage.
- David Smith declared his conflict of interest as a GP with an existing “GP for Contract Service” contract.
- A rate of \$160 per hour (aligned with the after-hours rate) was suggested.
- Sue emphasised the need to avoid competing with other practices in recruitment into this space.

- Wayne spoke from TDN perspective, no concerns and advised GPs have expressed interest in working in this space.
- **Risks & Considerations**
- Withholding tax obligations must be considered when employing individuals directly. Victor noted that if GPs are contracted via a company or trust, withholding does not apply.
- Recruitment delay: a GP from the United States may face a 6–12 month delay before being added to the roster.

Actions:

- Development of three potential rate options.
- Sue to prepare a recommendation for submission to the Board of Directors, including the three current incentivised rates for in-hours employed doctors.

SECTION 2: Financial Reporting

2.1 Patient Numbers & Practice Utilisation Reporting

- Average of 102 patients per day, representing a 9.9% increase in numbers.
- YTD numbers show a 6.8% increase.
- In-hours patient numbers declined by 2.6%, whereas after-hours visits increased by 8.5%.
- ACC numbers remain stable, while GMS numbers have increased by 9.4% in comparison to 2024.
- Thalamus current reporting is acknowledged as inaccurate; the implementation of Thalamus will in time allow benchmarking against other regional Urgent Care facilities.

Discussion Points: Drivers for utilisation and wait times:

- Current wait times do not meet the Australasian Triage Standard.
- A new Priority Pathway process (dependent on Medical Director oversight) is being introduced to reduce wait times, with a target of patients being seen within 2 hours. However, this applies only to in-hours care and has known limitations.
- As an Urgent Care facility, the need to balance episodic care with patient expectations should be considered.
- To analyse emerging data: increase in patients in the after-hours space, average waiting times and number of patients who left without being seen or were triaged away.

Actions:

- CM Management Team to discuss potential drivers and strategies for improving utilisation and patient flow.
 - Episodic care – As an Urgent Care facility Dr's should take this into consideration.

2.2 Monthly Financial Report – July

Leanne spoke to her report.

- Overall direct income down on budget by \$41,778 (9.7%)
- Net profit loss for July at \$13,084 unfavourable to budget by \$46,838.
- ACC unfavourable to budget by \$42,561
- Combined patient fee and GMS revenue down on budget by \$22,943.

2.3 Management Financial Review

- Leanne spoke to the importance revising the budget. Re-forecast to be discussed at the next management meeting to adjust the revenue line and provide strategies.
- Discussion: increasing patient co-payment, this could impact patient utilisation, an increase would remain comparable with HHC.

Actions: Budget re-forecast to come to next FRC meeting for consideration, before going to the Board.

SECTION 3. General Business

3.1 Shareholder Warranty Repayment Schedule

- Review of Potential Claims: The team discussed areas where claims might arise and assessed any outstanding concerns.
- It was agreed to recommend full repayment, contingent on no new issues being raised. If no further matters come to the attention of management or the Board, repayment will be confirmed on 3 September, with the payment due by 10 September, marking the end of the six-month period.
- Sue acknowledged CM has a HDC case outstanding.
- Redundancy package will be paid to medical director, agreed not included in warranty conditions.

3.2 Risk Register Update

- No updates were provided regarding the development of a register.
- Financial performance was identified as a key risk. A financial review is currently underway to assess and address concerns.
- The resignation of the Medical Director was noted as an operational risk. Recruitment for a replacement will commence.
- It was highlighted that appointing a full-time Medical Director with increased presence on the floor is expected to positively impact:
 - Patient wait times
 - Clinical best practice
 - Leadership visibility
 - Cost management

Meeting closed at 8.00am.

Next meeting 24th September 2025 (TEAMS) 7.00am