



Annual Report

July 2018/June 2019

Including the
ECCT Annual Regional
Emergency Services Plan
2019/2020

**Canterbury, South Canterbury, West Coast,
& Nelson Marlborough**

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1 Executive Summary

1.1 Background to Canterbury West Coast ECCT

In 1999 the Government released its “Roadside to Bedside” publication, which documented a 24-hour, clinically integrated Acute Management System for New Zealand. The Ministry of Health (MoH) outlined a number of key strategies to ensure the best outcomes for people involved in trauma, medical or surgical emergencies, and complicated births - with the objective of ensuring ‘people get the right care, at the right time, in the right place, from the right person.’ The 1999 document has been revised and is currently under review. The principles remain the same but the detail is more relevant to the present environment.

Five regional teams throughout New Zealand were assigned by a joint initiative between the MoH, the Accident Compensation Corporation (ACC), District Health Boards, and the Council of Medical Colleges, New Zealand to set up and implement the recommendations in the *Roadside to Bedside: A 24-hour clinically integrated Acute Management System for New Zealand* document. Currently only two regional teams (Canterbury and West Coast, and Southern) are functioning. Nelson/Marlborough, although not officially part of the Canterbury West Coast ECCT, is represented at their regional meetings and is included in the report and plan.

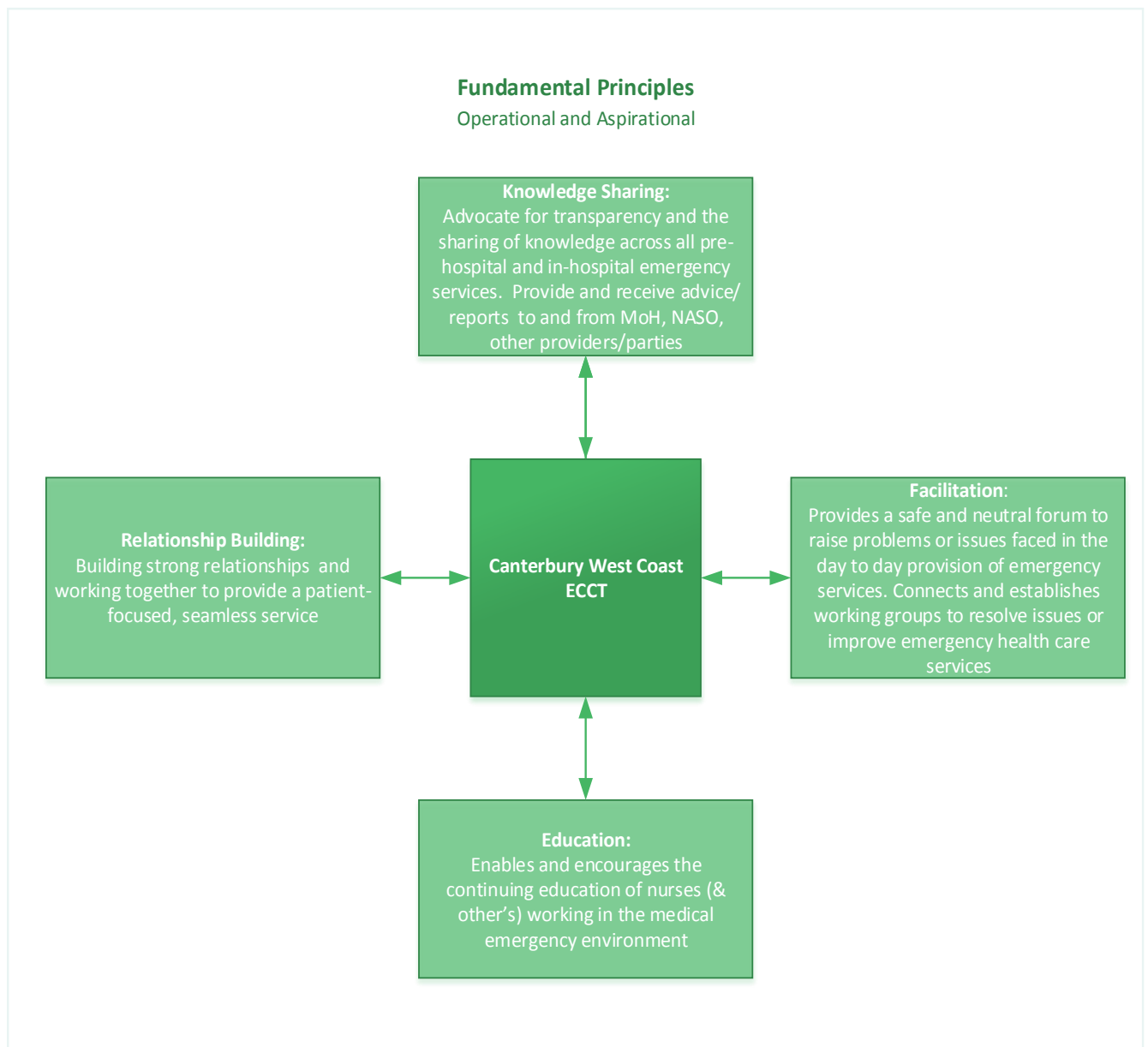
The Emergency Care Co-ordination Team (ECCT) is jointly funded by MoH (via DHBs) and ACC (who fund the ECCT Coordinator role). The National Ambulance Sector Office (NASO), a business unit within MoH, hold the primary Ministry relationship with the ECCTs. NASO was established in 2008 and is jointly funded and governed by the Ministry and the Accident Compensation Corporation (ACC). The current ECCT funding agreement is through to March 2019.

The ECCT is a clinical network group that works across all pre-hospital and in-hospital emergency services to help resolve the challenges faced by the day to day provision of emergency services. ECCT aims to ensure the patient receives the right care, at the right time, in the right place and from the right person. The focus is to share knowledge and build relationships so that a coordinated response is provided for the patient. The team works together to provide a patient-focused, seamless service which will enable all New Zealanders to gain timely and appropriate access to emergency services required to manage:

- trauma
- medical and surgical emergencies
- complicated births

The Canterbury and West Coast (including representation from Nelson/Marlborough) committee was re-established in 2010 and aims to meet four times a year. The committee includes representatives from the Ministry of Health (MoH), Canterbury DHB, West Coast DHB, South Canterbury DHB, Nelson Marlborough DHB, St John Ambulance, National Ambulance Sector Office (NASO), Emergency Ambulance Communications Centres, Fire and Emergency NZ, NZ Police, Primary Response in Medical Emergency (PRIME) nurses, General Practitioners, Garden City Helicopters (operators of Westpac Rescue Helicopters), Māori health, maternity health providers, public health providers and Primary Health Organisations.

1.2 Fundamental Principles of Canterbury West Coast ECCT



2 Population Overview of the Canterbury West ECCT Region

2.1 Regional Profile

The Canterbury West Coast ECCT region provides pre hospital emergency care to a very large and geographically diverse area, covering the Canterbury, South Canterbury, West Coast District and Nelson/Marlborough regions. The population is spread throughout all sizes of urban settlement, rural and isolated rural areas. Emergency care provision in the region must account for the challenges the geography and variable weather patterns the region presents.

2.2 Population Profile by DHB

The Canterbury West Coast ECCT covers five regions in the South Island (Tasman, Nelson, Marlborough, Canterbury, West Coast) which are served by four DHBS (CDHB, SCDHB, WCDHB, NMDHB) with a population of 792,220 people (Statistics New Zealand 2017 Estimated Resident Population):

Nelson/Marlborough DHB **151,240**

- Nelson 51,900
- Marlborough 46,600
- Tasman 52,100

Canterbury DHB **572,810**

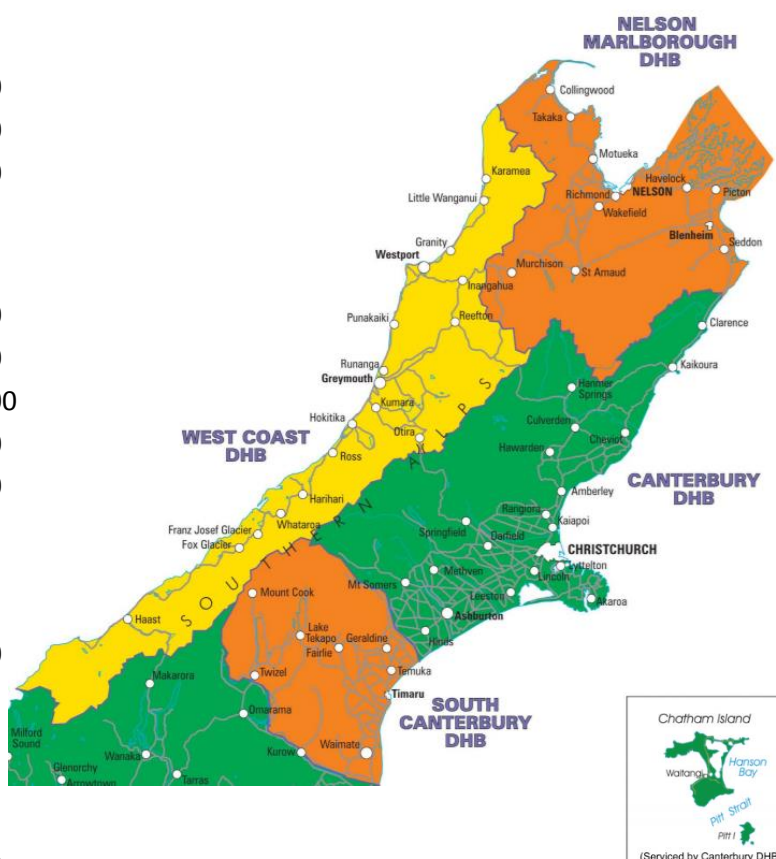
- Kaikoura 3,830
- Hurunui 12,850
- Waimakariri 60,700
- Christchurch City 388,500
- Selwyn District 62,200
- Ashburton 34,500
- Chatham Islands 650

South Canterbury DHB **60,400**

- Timaru 47,300
- Mackenzie 4,670
- Waimate 7,940

West Coast DHB **32,445**

- Buller 10,150
- Grey District 13,550
- Westland 8,890



Data retrieved from:

<http://nzdotstat.stats.govt.nz/wbos/Index.aspx? ga=2.229604124.1030809570.1561494490-1973373235.1561494490>

https://www.tepou.co.nz/uploads/files/resource-assets/DHB_population_profiles_2018_2028.docx

3 ECCT Meetings

3.1 National ECCT Meetings

Nationally, the combined chairpersons and co-ordinators of the ECCT meet bi-annually to address national ECCT issues from a governance and lobbying perspective. Issues raised at these meetings are then championed by respective Chairs to key groups within the sector, aiming to provide a cohesive view of the wider New Zealand ECCT membership.

Meetings held 2018/2019:

- 27 June 2019

3.2 Executive ECCT Meetings

The ECCT Executive aim to meet four times per year, typically two weeks prior to the ECCT regional meetings. The meetings are held via video conference and last one to two hours.

Meetings held 2018/2019:

- 7 August 2018
- 8 February 2019
- 15 May 2019

3.3 Regional ECCT Committee Meetings

Regional meetings are held quarterly for a full day, allowing time for general meeting and guest presentations. This maximises the opportunity of having the group together. Typically there will be two guest speakers/presentations during the day. The topics vary but generally relate to an area or issue that has recently been discussed via the ECCT forum.

Meetings held 2018/2019:

- 22 August 2018
- 27 November 2018
- 19 February 2019
- 21 May 2019



ECCT Regional Meetings held 2018/2019:

Meeting	Number of Attendees	Guest Speaker/Presenter	Topic / Presentation
22 nd Aug 2018	27	Dr Malin Zachau	Hypothermia 4 ways & what we can do to save more lives
		Andrew Graham and Lisa Meadows (both St John)	PRIME Services Improvement Plan
27 th Nov 2018	18	Hamish Sandison (Community and Public Health)	Exercise Micro
		David Bowie (Provided overview – planned speaker unable to attend)	Air Ambulance Contract – what does it look like for the South Island
19 th Feb 2019	21	David Bowie	NZ Standard 8156 - Ambulance and paramedical services
		Jackie Carroll & Kathryn Clark (CDHB – ACC Relations and Contracts)	ACC from a DHB perspective
21 st May 2019	27	Chris Haines	Online Inter-Hospital Transfers
		Stefan Wareham	South Island Air Desk Implementation

4 ECCT Canterbury West Coast Regional Membership

Currently there are 34 Canterbury West Coast (Nelson Marlborough) ECCT committee members. 2018/2019 saw representation from the following organisations/areas:

Organisation	Position
CDHB - Ashburton Hospital	Charge Nurse Manager, Acute Admitting Unit
CDHB - Christchurch Hospital	Christchurch Hospital Emergency Planner
CDHB - Christchurch Hospital	Emergency Physician
CDHB - Christchurch Hospital	ICU Consultant, Clinical Leader Air Retrievals
CDHB - Christchurch Hospital	Clinical Nurse Coordinator, Air Retrieval Service
CDHB - Christchurch Hospital	Nurse Researcher, Emergency Department
CDHB – Christchurch Hospital	Nurse Manager, Emergency Department
CDHB – Christchurch Hospital	Trauma Nurse Coordinator
CDHB - Community and Public Health	Emergency Preparedness Coordinator
CDHB / WCDHB	Emergency Planning Manager
CDHB / WCDHB	Team Leader - Secondary Care, Planning & Funding
WCDHB - Grey Base Hospital	CNM ED/OPD

WCDHB - Grey Hospital	Nurse Manager Clinical Services
WCDHB – Grey Hospital	HOD – Emergency Department
NMDBH / PRIME	PRIME nurse
NMDHB – Wairau Hospital	Charge Nurse Manager, ED/HDU/AAU
SCDHB - Timaru Hospital	ED Consultant
SCDHB - Timaru Hospital	Service Manager - Medical and Ambulatory Services
MoH (Ministry of Health)	Manager, Emergency Management Capability, Emergency Management Team
NASO (National Ambulance Sector Office)	Senior Portfolio Manager, NASO
St John – Comms / Christchurch	Call Handler Team Leader, Clinical Control Services
St John - South Island Region	Right Care Advisor – Hauora Maori
St John - South Island Region	South Island Clinical Development Manager
St John - South Island Region	District Operations Manager - Canterbury
St John - South Island Region	District Operations Manager - Tasman: Nelson and West Coast and Buller
St John - South Island Region HQ, Clinical Control Services	Clinical Control Centre Manager Christchurch
Fire and Emergency NZ	Communications Centre Manager
Akaroa Health Centre	General Practitioner
Kaikoura Health Care	General Practitioner
Garden City Helicopters Ltd (Operators of Westpac Rescue Helicopter)	Group General Manager
NZ Police	District Manager Operations and Support

Please see our website for more details on the current Committee membership

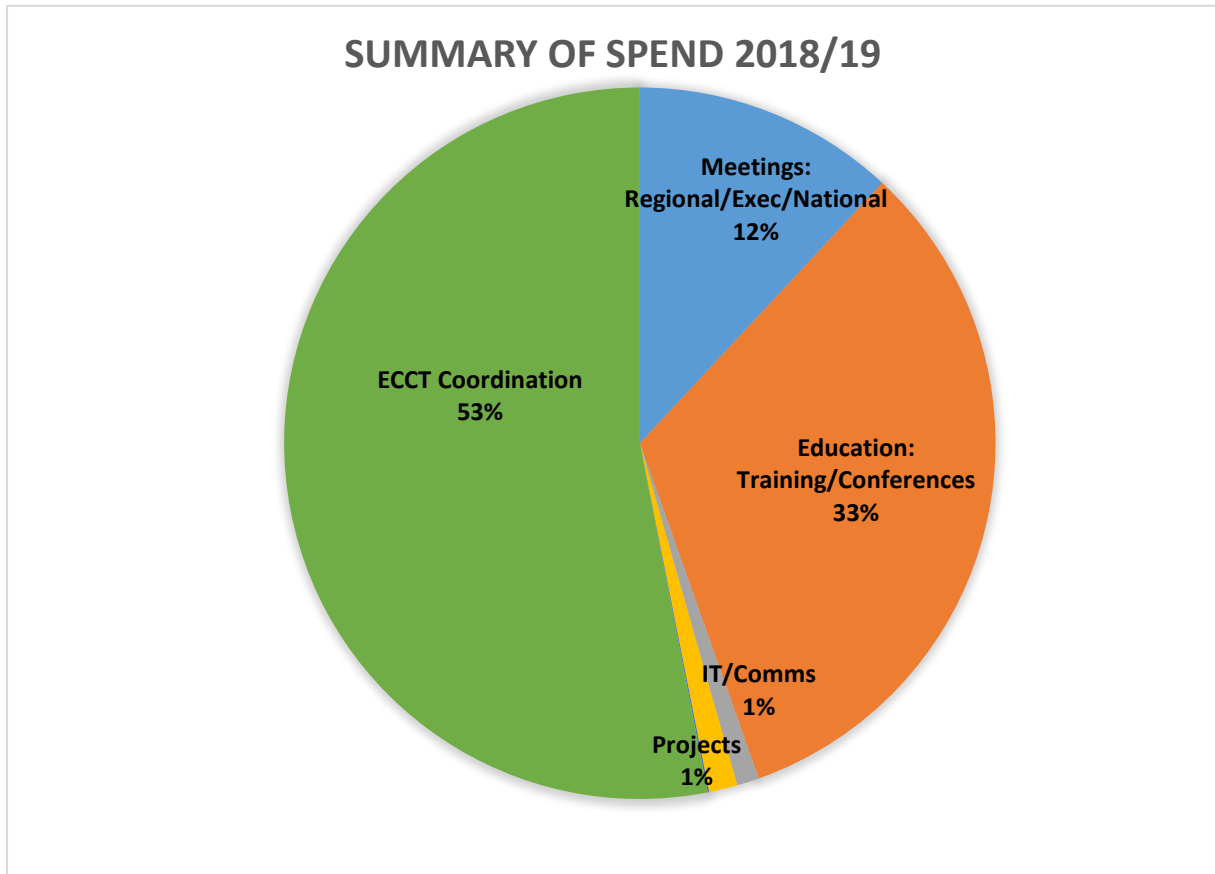
5 Financial Report

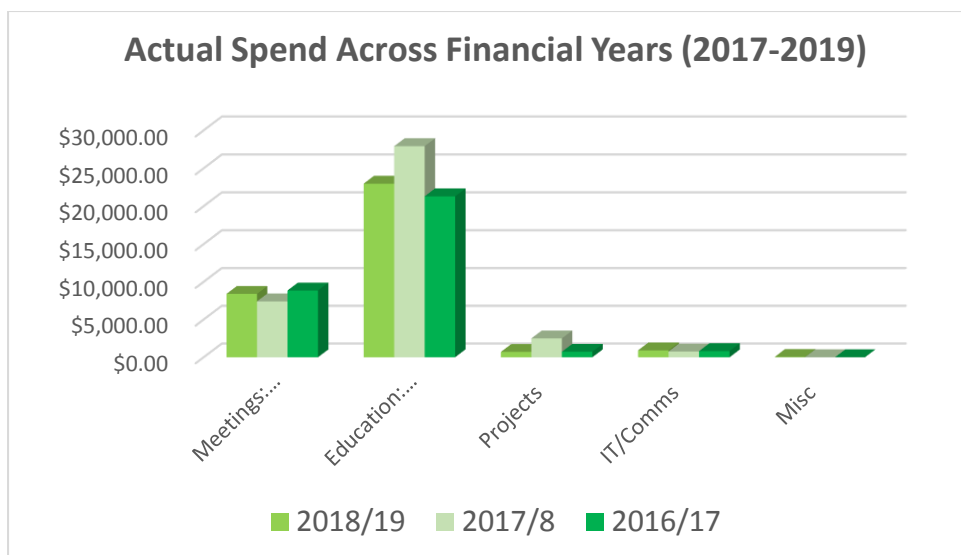
Below is a summary of ECCT expenses for the year.

Expense	Actual	Variance	Budget	Comments
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Meetings: Regional/Exec/National	\$8,402.60	\$1,397.40	\$9,800.00	Includes: Travel, accommodation, and catering
Education: Training/Conferences	\$22,972.14	\$6,527.86	\$29,500.00	Includes: Registration Fees, travel, accommodation
Projects	\$713.04	\$4,245.96	\$4,959.00	Post-season Ski Field meeting, Site visit trip
IT/Comms	\$913.56	\$136.44	\$1,050.00	ECCT website, coordination cell
Misc	\$44.76	\$455.24	\$500.00	
ECCT Coordination	\$37,348.73	-\$879.73	\$36,469.00	Covered by ACC revenue - includes overheads
Total	\$70,395	\$11,883	\$82,278.00	

In the 'Summary of Spend' chart below, both 'Education' and 'Meetings' include registration costs and any associated travel and accommodation costs. 'IT/Comms' includes the cost of the website and the coordination mobile phone.





6 Projects

6.1 Ski Field Meeting

In 2011 concerns were raised around the interaction between ski fields and emergency personnel that affected patient outcome and also emergency personnel safety. Because of this, the ECCT now hosts an annual forum post ski season for emergency personnel to meet with Canterbury ski fields.

The 2018 Post Season Ski Field meeting took place on the 15th Oct in Christchurch.

Represented at the meeting were:

Welcome - Introductions and Apologies	
Ski Fields	
Nick Jarman	Craigieburn
Cam Lill	Mt Cheeseman
Ollie	Mt Hutt
Sara Ashcroft	Mt Olympus
James Lazor	Rainbow
Emergency Services / After Hours Services	
Hanna Sorby	ECCT Coordinator – Canterbury, West Coast, Nelson Marlborough
Melissa Evans	Trauma Nurse Coordinator – Christchurch Hospital
Claire Taylor	Emergency Consultant – Christchurch Hospital
Dr Dick Price	GP - Timaru
Rick Knight	Westpac Rescue Helicopter - Paramedic
Blair Andrews	Clinical Team Manager, St John
Andrew Norris	Centre Manager, Southern Fire Coms, Fire and Emergency NZ
Paul Beaver	Senior Constable, Police - SAR/DVI
Dr Malin Zachau	Wilderness Medicine Research
Apologies	
Ross Campbell	Broken River
Shannon Rye	Mt Dobson

Markus Woertler	Mt Olympus
Craig Ovenden	Ohau
Luke Armstrong	Porters
Uli Dinsnbacher	Porters
Harry Young	Temple Basin

Topics discussed at the 2018 meeting:

- **Ski Injury Data** – highest number of injuries admitted to Christchurch Hospital in 10 years. This data was consistent with Mt Hutt’s data which reflected injury numbers consistent with 2015/16 but significantly higher than in 2017.
- **Primary/Secondary integrated patient information** – no progress. The key barrier is patient privacy, and therefore the method of communication and storage of information following primary/secondary care admission. There’s an indication that ski fields are moving away from using the NID system, preferring other database options.
- **Westpac Rescue Helicopter Response** - The southern region agreement has now been signed with new provider Helicopter Emergency Medical Services, New Zealand Limited (HEMS).
HEMS is a joint venture between two well-established existing providers, Helicopters Otago and GCH Aviation (Christchurch).
- **Implementation of 0800 direct number to St John Dispatch.** Porters identified significant improvement in communications, Cheeseman Ski Field identified no real difference in communication/response time.
- **Airdesk** – Mixed feedback which appears to have improved over the season. New Airdesk rolled out in Canterbury April 2019, which is likely to further improve communications.
- **Emergency Response Planning** – Continued discussion regarding Alpine Fault and the need for emergency planning. The following links have been provided by Canterbury University for those wanting to better understand the Alpine Fault Line.

<https://projectaf8.co.nz/>

<https://www.youtube.com/watch?v=uGWbjYy3to0>

- **Canterbury Avalanche Response Plan** – final version has not yet been completed but will include updates, including the use of DOC radio repeaters in the event of an emergency. Remote access - (the DOC network is the only significant communication for remote areas. Continuation of realistic avalanche exercises are necessary every two years. Sessions have been undertaken in the 2018 season by Otago and Rainbow skifields. Andrew Hobman was specifically recognised for his realistic exercise as part of the Mackenzie Winter Response Group. Concerns noted in Canterbury regarding inconsistencies between ICAR and the St John guidelines.
- **Patroller Qualifications** – Discussions undertaken with regards to specific no ski patroller qualifications for NZ ski fields. A significant difference was identified between the NZ Pre-hospital Emergency Care Programme (PHEC) and international Wilderness First Responders (WFR) qualification. It was suggested that Canterbury consider running a PHEC Refresher Course at Mt Hutt, which all ski fields could attend.
- **Ski Patroller Support** – Discussion undertaken around support for patrollers exposed to traumatic injuries. No formal policy/process in place however individual fields may have a process (i.e. Mt Hutt). LANDSAR can access support via Police.

Work generated from the 2017 meeting included:

1. Updating the 'Emergency Services News' document for the 2019 season – to include the location addresses held in the St John system.
2. Review of ICAR and St Johns Guideline inconsistencies regarding Avalanche Emergency Response.
3. Review the use of rescue helicopters (injury severity vs terrain).

Continue to review options for integration of patient information between ski fields and primary/secondary care.

7 Integrated Emergency Services

A number of factors identified as being challenges to an integrated emergency service were raised by the ECCT committee. This resulted in action being taken, or saw initiation of discussions with the relevant parties. Below are examples of some of the main barriers highlighted.

8 Air Desk –

Ongoing concerns identified with regards communication, i.e. notification of patient transfers, lack of understanding of remote south island terrain and access issues, lack of a National Air Ambulance Communication Channel. An additional airdesk has been set up in Canterbury as a two year pilot trial with recruitment of a further 8 dispatchers and CSOAD's across Canterbury and Auckland Services. Initial feedback has indicated that there has been a significant improvements in communication and understanding of the local terrain, however rural areas have requested that earlier notification of dispatch would be preferable to ensure understanding of the area and environment. Some areas have low or no availability for ambulance access.

Airdesk have also been working towards a national communication system. They are continuing to work towards implementing their iridium push to talk system across NZ. The aim is to have three accessible channels (South Island, North Island, and National). The Iridium Push To Talk (PTT) is currently being trialled in the Nelson HeliMed 1. Difficulties have been experienced with the flight cell are likely related to background noise. These issues are being worked through. This system requires a specific DZMX system and therefore be restricted to aircraft only at this stage.

9 Prime Patient Record

Numerous discussions have been undertaken to review the best solution for PRIME nursing to record their patient interactions. Consideration has been given to direct entry into Electronic Patient Record Form (EPRF), however it was noted this can be difficult when PRIME staff are in a single responder situation. In order to remedy this St John's have provided all PRIME staff a triplicate paper template that can be used at the scene and have provided logins for EPRF, with the understanding that training will be required.

10 Transfer of EPRF into Health Connect South (HCS)

Discussion continues around the integration of St Johns EPRF and Prime documentation with the DHB HCS (Patient Clinical Information System). Whilst areas such as NMDHB have managed to implement this process, Canterbury has not managed to align this information due other priorities.

This issue will continue to be addressed with the aim of reprioritising its importance due to the necessity of sharing information that may impact on patient care provision.

11 Communication options in remote areas

Discussions continue around the best way to manage communication in remote areas. St John is currently working on some mobile app solutions to improve communication in remote areas between dispatch and emergency response staff, however, any solution may still some time away from implementation.

MapIt has been integrated into Christchurch, Auckland – all staff have access to MAPIT and TracPlus. Both of which are vital for tracking requirements. No issues identified with speed, was seen to improve when rolled out to entire organisation.

Rockstar (a separate Iridium system) – Placed into two ambulances. Beacon capable of sending pre-set SMS through to airdesk if there is any breakdown or need support. Airdesk will acknowledge with text and request further information. Used twice in same ambulance which has led to a helicopter going out to meet vehicle. Both areas have no comms. In abeyance currently. One in Murchison.

12 Staff Resourcing

St John has identified that their trial for double crewing has been positive with an increase in staff morale. However, this study is due to finish soon and concerns continue to be raised, by remote/rural areas in particular, that staffing ambulances remains a problem. Some of these issues include volunteer hours, and limited shifts which restricted ability to provide necessary care. Drivers are available but restrictions due to inability to undertake training off-site is causing a problem. A request has been put forward to explore the option of utilising fire support in the event of staff shortages.

13 ECCT Support for Education

In keeping with previous years, 2018/2019 has seen a strong focus on education. There were 30 nurses who benefited from funding to cover registration fees, accommodation costs, or travel costs to attend training. Canterbury West Coast ECCT are committed to supporting our nurses, especially those in rural areas who often work in isolation, so that they have the skills and confidence to provide the right care.

By committing a certain number of nurses to attend the Trauma Nursing Core Course (TNCC), we were again able to bring this course to Christchurch in May 2019. This in turn made the course more accessible and affordable for others who may not otherwise have been able to attend. The benefit of the support provided by Canterbury West Coast ECCT is DHB wide, and it is those requiring emergency care that benefit most.

Below is a summary of the courses and conferences attended in 2017/2018 with the help of ECCT funding:

Course /Conference	Number attended
TNCC	21
NZ Triage	7
Aviation Physiology (AUT)	2

14 National Projects with ECCT Regional Involvement

As well as local issues and projects, Canterbury West Coast ECCT has been involved in national projects: and the Major Trauma workstream.

14.1 Major Trauma Workstream

ECCT coordination has supported the South Island DHBs with disseminating individual DHB data received from the National Midlands Trauma System dataset (NMDS). Trauma data provided, reflects any patients with trauma scores >12.

Involvement in this group has enabled connection of information also identified by the Regional ECCT group. Examples of this overlap information includes EPRF uploads into HCS, and access to PRIME information on patient arrival to ED, ski injuries necessitating heli transfers.

15 ECCT Representation

The ECCT has close ties with the South Island Health Emergency Management Group (SIRHEMG), the Comms User Group (CUG) at St John, the South Island Major Trauma Network, and the PRIME North meeting group. We are regular attendees at their meetings. The ECCT are committed to regional emergency planning and communications, our continued attendance at these meetings enables us to pass on important and useful information to our ECCT committee members. It also provides opportunity for the ECCT to highlight to these groups any issues or problems that are being experienced out in the region by front line emergency health care service providers

ECCT have been represented at the following meetings this past year:

Meeting	Dates
SIREHMG - South Island Emergency Health Managers Group	24 Aug, 2018 28 Nov, 2018 27 Feb, 2019 22 May, 2019
South Island Major Trauma Workstream	5 July 2018 6 September 8 November 14 Feb, 2019 4 April, 2019 6 June, 2019
Comms User Group meeting	14 Mar, 2019 25 July 2019

16 2019/2020 Annual Plan

This annual plan presents Canterbury West Coast ECCT's purposes and proposed plan of activity for the twelve months from 1 July 2019 to 31 June 2020

16.1 Purpose of the ECCT

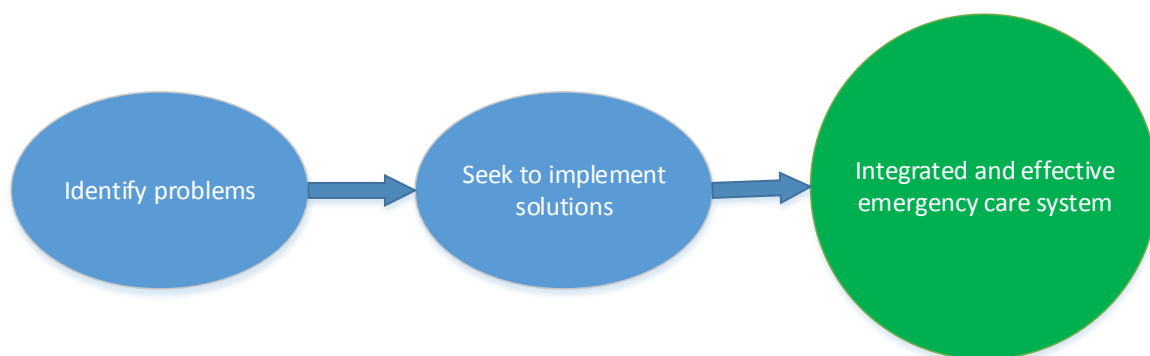
The purpose of the ECCT is to facilitate an integrated and effective regional emergency care system, including the different healthcare providers that contribute to the emergency care systems regionally and emergency care systems throughout New Zealand by being part of the national network. Ultimately it is the implementation of "Roadside to Bedside: Developing a 24-hHour clinically integrated Acute Management System for New Zealand"

The purpose of the ECCT guide our commitments for the year ahead.

16.2 Objectives of the ECCT

Facilitator: The ECCT will continue to use appropriate information and available regional resources to identify problems and seek to implement solutions in conjunction with DHBs, the Ministry of Health, NASO, and other appropriate organisations.

The ECCT will continue to work behind the scenes to improve the integration and effectiveness of emergency care services in the rural regions, and identify opportunities for further improvements.



Relationship Building: The ECCT will continue to identify and work with the healthcare providers that make up the major components of the regional emergency care system, and support their clinicians in promoting greater integration and effectiveness.

Education: The ECCT will continue to support clinicians (nurses) in appropriate training and education opportunities. Better patient care by being aware.

Knowledge Sharing: The ECCT will continue to make recommendations to MoH (and other relevant groups) based on consultation with those working at the frontline, and disseminate relevant information to the ECCT committee.

16.3 2019/2020 Plan

Our funding priorities for 2019/2020 will again focus on education with precedence being given to rural nurses. Having appropriately-trained nurses is especially necessary in rural settings where they are often first on the scene. The Trauma Nursing Core Course (TNCC), the Emergency Nursing Paediatric Course (ENPC), and the NZ Triage course provide nurses with essential skills and knowledge, enabling them to deliver a high level of quality care to patients. The ECCT helps to enhance the service being provided, from the scene right through to ED - better patient care by being aware. Approximately a third of our annual budget has been apportioned to providing educational support for nursing staff who provide emergency health care. The bulk of this will be sponsoring 18 nurses to attend ENPC.

In the upcoming year, Canterbury and West Coast ECCT will continue to engage and work collaboratively with emergency care services, sponsor emergency care workforce development, and support emergency care projects adopted by the wider ECCT committee.

Key Planning Approach		Strategies	Measures
Engage	To continue adding value and committee expertise to selected meetings and recognising and resolving issues that arise related to pre hospital emergency care. Increase engagement with regions.	Attend: Communications Users Group, Primary Response In Medical Emergencies (PRIME), SIRHRMG, and Major Trauma work-stream meetings	Distribute Comms Users Group, PRIME, SIRHRMG, and South Island Major Trauma information to the ECCT regional committee where appropriate
		Monitor and report issues that arise amongst providers and provide research and solutions	Where appropriate issues are escalated to MoH, ACC, and NASO
		Maintain and update the Canterbury West Coast (and Nelson/Marlborough) ECCT website	Canterbury and West Coast ECCT Website is viewed, committee members access the members site
		Engage with the Chatham Islands, identify where ECCT can provide support	ECCT provide support to Chatham Islands (through education or project support)
Collaborate	To continue with effective ECCT National, Executive, and Regional committee meetings	Organise and coordinate 4 ECCT Regional Meetings (Dates: 20 Aug 2019, 12 Nov 2019, Feb 2020, May 2020)	Minutes and Actions distributed to committee members within 3 weeks of meeting
		Organise and coordinate 4 ECCT Executive Meetings (Dates:) Aug 2019, Nov 2019, Feb 2020, May 2020	Minutes and Actions distributed to committee members within 3 weeks of meeting
		Work with Southern ECCT to organise at least 2 ECCT National Meetings, Nov 2019 (VC), June 2020 (Place TBC)	Minutes and Actions distributed in collaboration with SDHB ECCT coordinator within 4 weeks of meeting
		Collaborate with Southern ECCT to ensure consistency and less duplication between regions	Share minutes of Regional meetings, attend where possible a Southern regional meeting
		Collaborate with Maori Health Care Providers	Maori Health representation at ECCT regional meetings
Workforce Development	To identify and commit a budget to chosen conferences and courses for 2018/2019 by the ECCT Committee	Support (funding) for 2019/2020 Emergency Paediatric Nursing Course	Conference feedback at regional meetings. Recorded in Minutes
		Support Nursing Attendance on Burns Course, priority to go to Chatham Island nursing	Learning to be shared with wider nursing community (i.e. Chatham nursing teams)
		Committee to identify other courses and conferences - Executive to discuss and approve	Course feedback at regional meetings. Recorded in minutes

Key Planning Approach		Strategies	Measures
		Organise conference and course registration, flights and or accommodation	
Projects / Review & Evaluate	To continue to contribute to and support national and regional projects that aim to resolve issues with the provision of emergency care services, and improve the provision of emergency care services.	Support for the Trauma Team / TNCs where required	Continued work with the Trauma Teams / TNCs on pieces of work e.g. documentation of patient journeys
		Organise post ski field meeting for Canterbury	Ski Field meeting attended and issues recorded
	To review and evaluate the different facets that make up the emergency response in the Canterbury West Coast regions	Committee members to identify issues and raise projects. ECCT Exec review projects for support approval	Updates and new issues / projects added to the register
		Review and evaluate barriers to an integrated emergency service in the Canterbury West Coast region for a specific category (<i>to be determined – e.g. trauma, Medical emergencies, obstetric emergencies, M āori and Pacific island people, people with mental illness and deliberate self-harm, children</i>)	Completed report on specific category (to be determined by the committee) - distributed to relevant groups

16.4 2019/2020 Budget

It is projected that approximately a third of the 2017/2018 budget will go towards funding education (in the form of registration fees, travel costs or accommodation costs) for nursing staff. We know that a large portion of this will be used in supporting 18-20 nurses to attend the Trauma Nursing Core Course (TNCC).

Expense	Budget	Comments
Meetings: Regional/Exec/National	\$10,300.00	Includes: Travel, Accommodation, Catering, Venue
Education: Training/Conferences	\$32,780.00	Includes: Registration Fees, Travel, Accommodation
Projects	\$1,150.00	
IT/Comms	\$770.00	
Misc	\$500	
ECCT Coordination	\$37,425.00	Covered by ACC Revenue - includes overheads
Total	\$82,925.00	

The CWCECCT executive team will carry out a formal mid-term review of the budget.