



# Annual Report

*July 2019/June 2020*

Including the  
ECCT Annual Regional  
Emergency Services Plan  
2020/2021

**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.

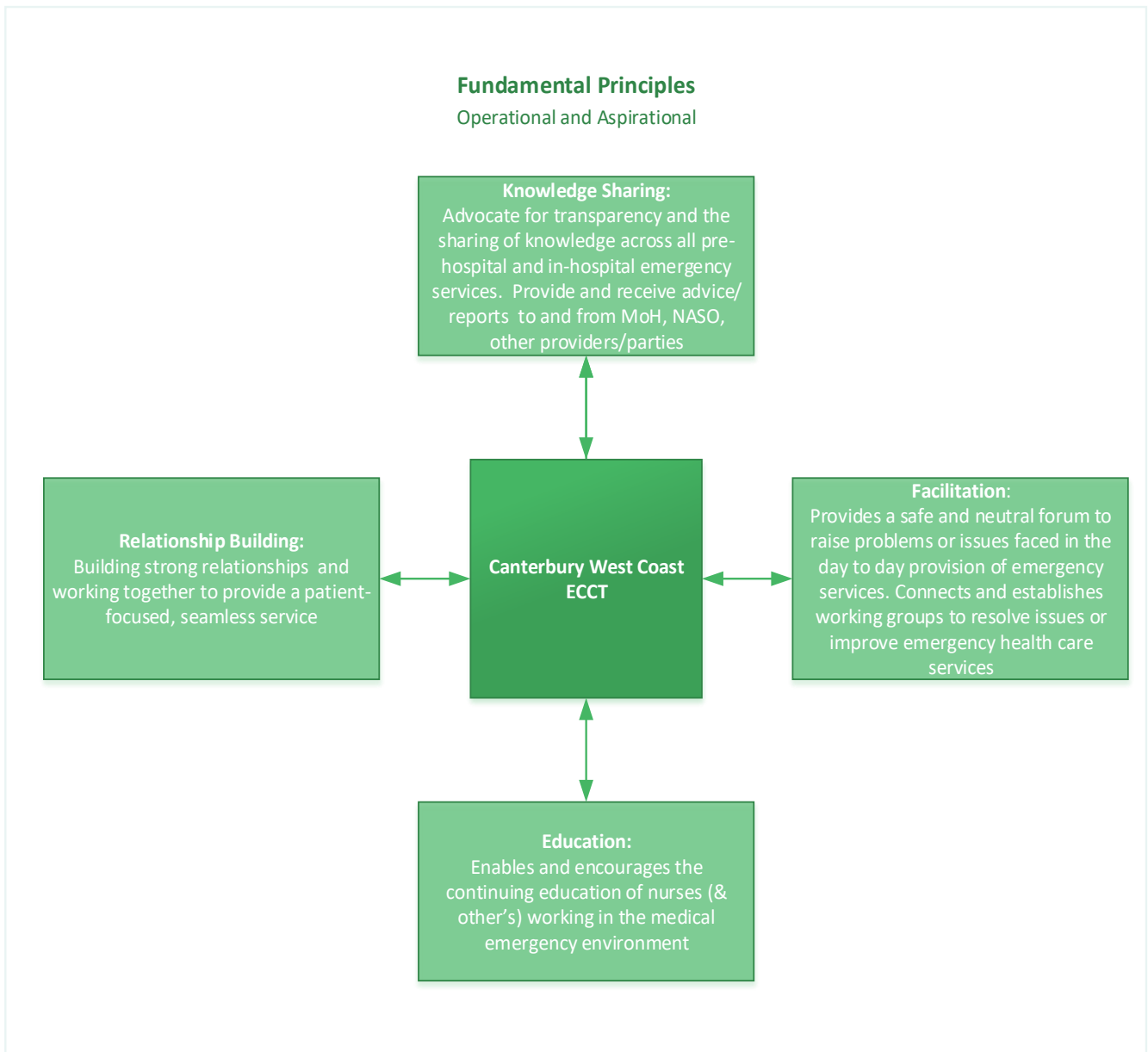
The Emergency Care Co-ordination Team (ECCT) is jointly funded by MoH (via DHBs) and ACC (who fund the ECCT Coordinator role). The National Ambulance Sector Office (NASO), a business unit within MoH, hold the primary Ministry relationship with the ECCTs. NASO was established in 2008 and is jointly funded and governed by the Ministry and the Accident Compensation Corporation (ACC). The current ECCT funding agreement is through to March 2021.

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 MoH, Canterbury DHB, West Coast DHB, South Canterbury DHB, Nelson Marlborough DHB, St John Ambulance, 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 four regions in the South Island (Nelson/Marlborough, Canterbury, South Canterbury, West Coast) which are served by four DHBS (CDHB, SCDHB, WCDHB, NMDHB) with a population of 792,220 people (Statistics New Zealand 2018 Census):

Nelson/Marlborough DHB **150,609**

- Nelson 50,880
- Marlborough 47,340
- Tasman 52,389

Canterbury DHB **539,625**

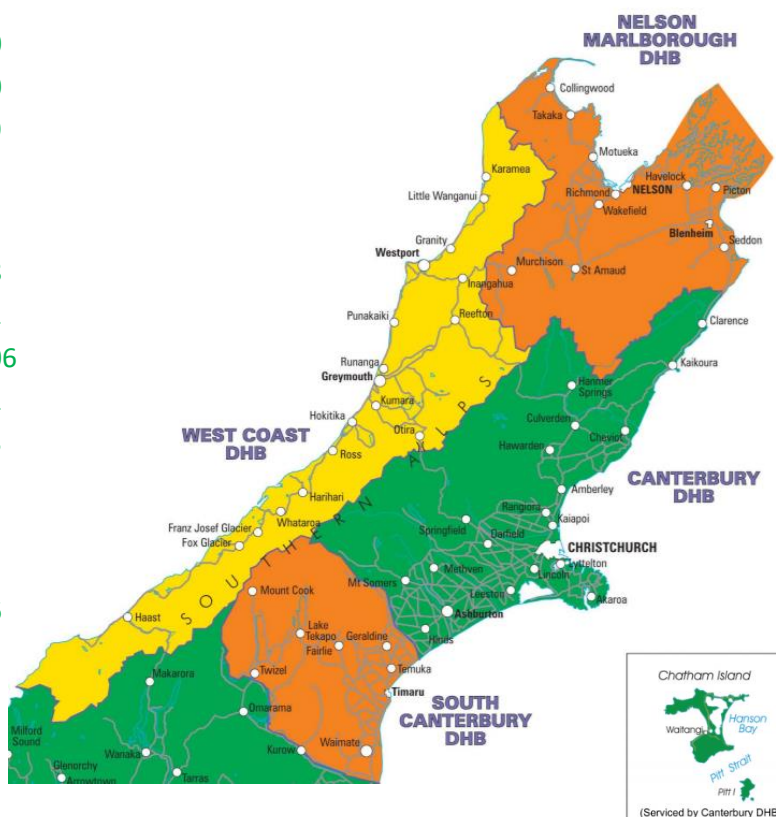
- Kaikoura 3,912
- Hurunui 12,558
- Waimakariri 59,502
- Christchurch City 369,006
- Selwyn District 60,561
- Ashburton 33,423
- Chatham Islands 663

South Canterbury DHB **58,977**

- Timaru 46,296
- Mackenzie 4,866
- Waimate 7,815

West Coast DHB **31,575**

- Buller 9,591
- Grey District 13,344
- Westland 8,640



Data retrieved from:

<https://www.stats.govt.nz/tools/2018-census-place-summaries/new-zealand>

## ECCT Meetings

### 2.3 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.

Unfortunately, due to conflicting calendars and national events, no National Meetings were held in 2019/2020:

### 2.4 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 2019/2020:

- 8 August 2019
- 21 October 2019
- 12 February 2020
- 28 May 2020

### 2.5 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 2019/2020:

- 20 August 2019
- 12 November 2019
- 18 February 2020
- May 2020 – Cancelled due to Covid-19



### ECCT Regional Meetings held 2019/2020:

Meeting	Number of Attendees	Guest Speaker/Presenter	Topic / Presentation
20 Aug 2019		Dr Teddy Wu	Blood Clot Retrieval and Telestroke
		Dr Natasha White	Joint External Evaluation Project - Theatre Evacuation (Pete Kara Emergency Planner - Nelson Marlborough DHB)
12 Nov 2019		Yvonne Williams	Understanding the complexities of moving into a new hospital
		Rachael Haldane	Trauma South 2019 Conference
18 Feb 2020		Dr Chris Henry	The Fragile State of the Rural Workforce - Initiatives to maintain/increase the number of Rural GPs
		Dominic Fleischer	Fresh Whole Blood - 'Whole Blood for Trauma'
May 2020		Meeting Cancelled due to Covid-19	

### 3 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	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 / Nelson Hospitals	Trauma Nurse Coordinator
NMDHB – Wairau Hospital	Charge Nurse Manager, ED/HDU/AAU
SCDHB - Timaru Hospital	ED Consultant
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	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

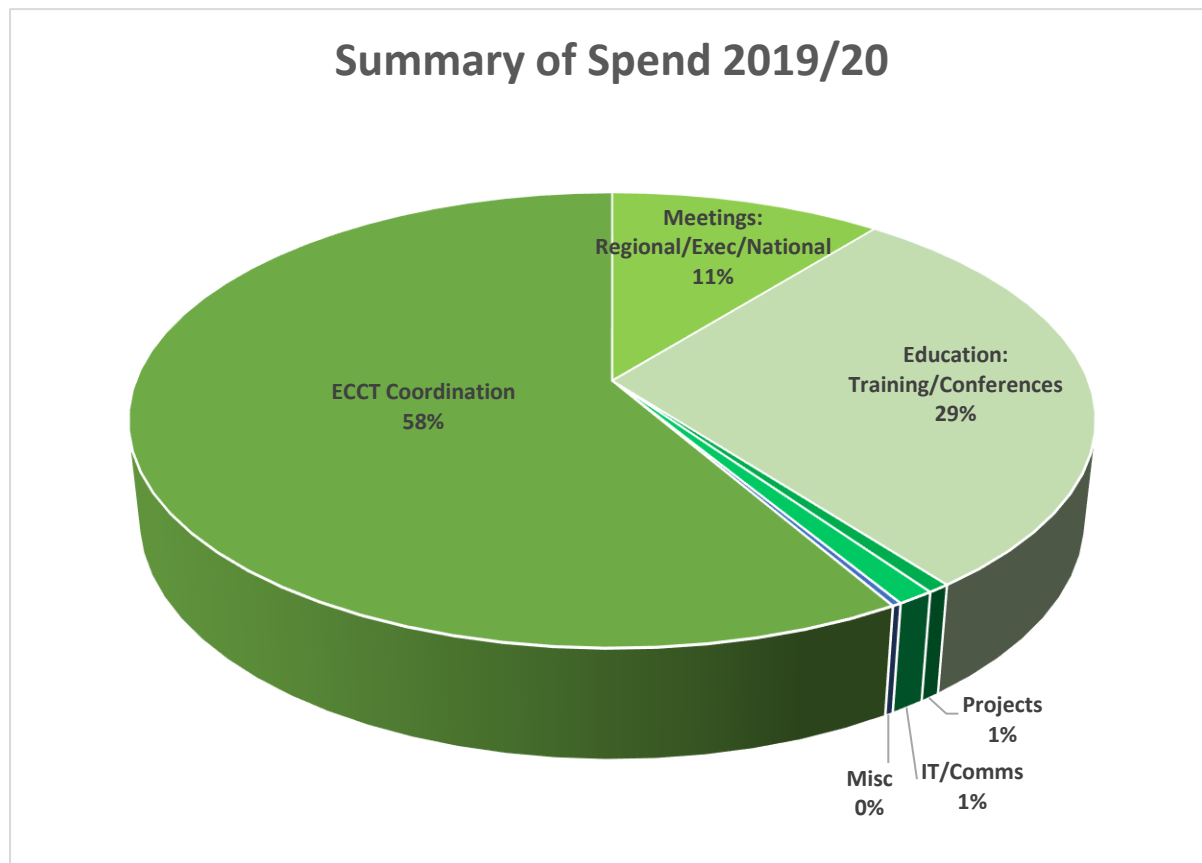


## 4 Financial Report

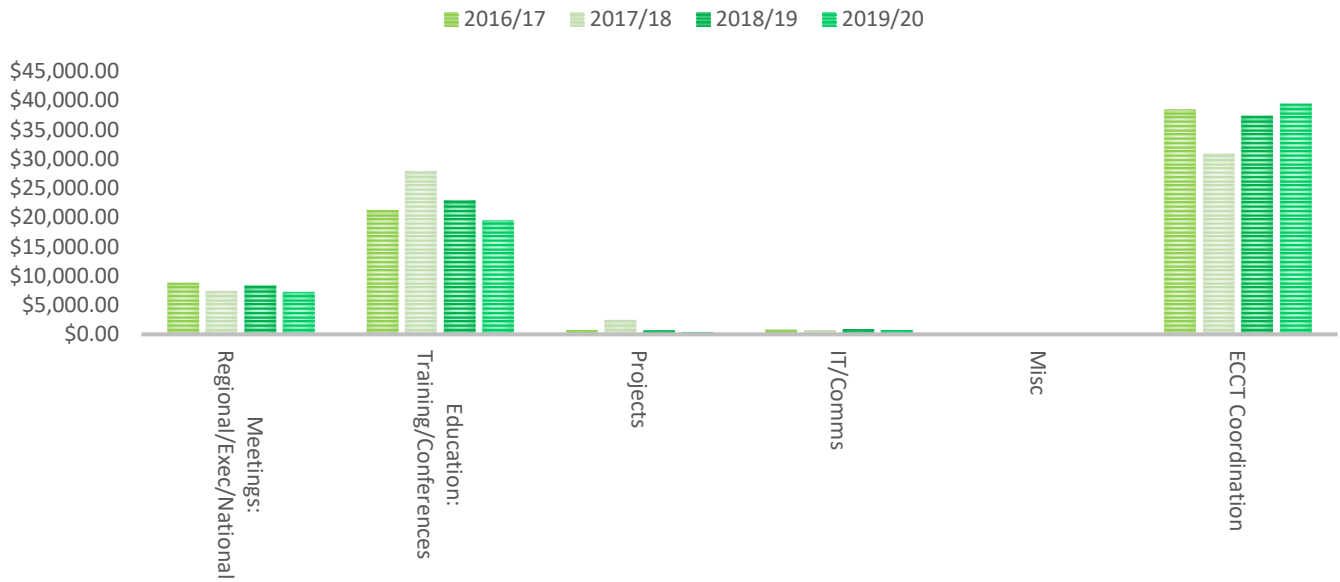
Below is a summary of ECCT expenses for the 2019/20 year.

Expense	Actual	Variance	Budget	Comments
Meetings: Regional/Exec/National	\$7,269.88	\$3,030.12	\$10,300.00	Variance largely due to cancellation of final meeting (Covid-19)
Education: Training/Conferences	\$19,559.37	\$13,220.63	\$32,780.00	Variance largely due to postponement of courses (Covid-19)
Projects	\$439.13	\$710.87	\$1,150.00	Post-season Ski Field meeting
IT/Comms	\$733.83	\$36.17	\$1,050.00	ECCT website, coordination cell
Misc	+\$182.20	\$682.20	\$500.00	
ECCT Coordination	\$39,470.19	-\$2,045.19	\$37,425.00	Covered by ACC revenue - includes overheads. Variance due to Maternity cover hand over.
<b>Total</b>	<b>\$70,395</b>	<b>\$11,883</b>	<b>\$82,278.00</b>	

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



## ACTUAL SPEND ACROSS FINANCIAL YEARS 2016 - 2020



## 5 Projects

### 5.1 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 2019 Post Season Ski Field meeting took place on the 14<sup>th</sup> Oct in Christchurch.

Represented at the meeting were:

Ski Field Representation
Mt Hutt (Ski Field Doctors and Patrollers)
Mt Dobson (Ski Field Patrollers)
Round Hill (Ski Field Manager)
Amuri (Ski Field President)
Cheeseman (Ski Field Manager)
Broken River (Ski Field Manager)
Mt Olympus (Ski Field Patroller)
Wilderness Medicine Research (Doctor)
Emergency/Hospital Services

St John (Territory Manager and District Operations Manager)
Air Desk (Air Advisor and Paramedic)
FENZ (Centre Manager Southern Fire Communications)
GCH Aviation (Medical Specialist, Group General Manager, and Paramedic)
CDHB – ECCT Chair, Clinical Leader Air Retrievals, ICU Consultant
ECCT Regional Coordinator
Christchurch Hospital - Trauma Nurse Coordinator

Topics discussed at the 2019 meeting:

- **Ski Injury Data** Increase in presentations to Christchurch ED, highest in 10 years. With Limb injury, fractures, and dislocations being significantly higher.
- **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.
- **Westpac Rescue Helicopter Response** Helicopter responses to ski fields similar to the 2018 season
- **Airdesk** Overall reports reflected improved communications between the Air Desk and Ski fields
- **Emergency Response Planning** Highlighted importance of having Emergency Response plans, especially if another major earthquake (AF8) occurs during the winter season. Setting expectations of what a major event could mean for communications, access, and response times.
- **Canterbury Avalanche Response Plan** Team Mt Cook hoping to run a mass multi-casualty, multi resource scenario 2020.
- **Patroller Qualifications** Changes to the Pre Hospital Emergency Care Programme (PHEC) means the course is no longer as appropriate for Ski field patrollers. Alternatives discussed. National Ski Board is currently not functioning, previously it was useful as an umbrella group.

Outside of the Post Season meeting, ECCT was involved in meetings with St John, Mt Hutt Ski Field, and Christchurch Hospital discussing processes, resources, and pathways.

## 6 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 the main barriers highlighted over the past year.

### 6.1 Ambulance Resourcing

Inadequate ambulance resourcing continues to be problematic, particularly in rural areas. Whilst the double crewing has reduced the pressure in some areas, we are still regularly hearing that in our rural areas there is a reliance on volunteer crewing, often at EMT level. This puts pressure on PRIME practitioners, can delay patient access to care, and can result in patients being transferred between resources on route. We do not see this as a reflection of St John operational policies but rather a

consequence of the financial strain that St John are under, as well as the difficulty in justifying allocation of a 24/7 rostered FTE staff to every community. Unfortunately, this will be a reality for rural communities for many years to come, ECCT committee members look to initiate work arounds until more sustainable solutions can be found.

## 6.2 Maori Health - Equitable access

Understanding and identifying how ECCT can support Maori to have equitable access to services has been regularly discussed over the past year. It was determined that, as the Emergency Care Coordination Team:

1. *We ensure we achieve equity for Māori and Pacific in a substantive and sustained manner*
2. *We contribute to strengthening capacity and capability of Māori and Pacific personnel and mainstream responses to Māori and Pacific issues*
3. *We push to increase health system investment in responses to Māori and Pacific needs in order to improve health outcomes in an emergency care setting*

We recognise that Maori and Pacifica are often over represented in Trauma, and it is acknowledged that there is sometimes some resistance/delay in accessing emergency care services for Maori and Pacifica. The ECCT committee *are working towards setting achievable goals for the upcoming year.*

## 6.3 Technology

There were a number of technology barriers and challenges identified throughout the year, these ranged from systems not talking to each other to systems not being fit for purpose.

While there has been a considerable push to integrate St Johns EPRF and Prime documentation with the DHB HCS (Patient Clinical Information System), not all Hospitals are on line with this yet. Those that are integrated have realised the time saving benefits. There are still a few issues to be ironed out but overall feedback has been positive.

The move to digital ACC 45 forms and the use of SNOMED codes has resulted in the loss of accurate information flowing through the system. Patient care is potentially compromised. Discussion between the relevant stakeholders is ongoing.

## 6.4 Workforce wellbeing

There were some themes that were commonly reported across the groups represented on the ECCT committee regarding workforce wellbeing: Increased workloads, increased case complexity, staff turnover, major incidents. All of which can have a serious impact on staff psychological wellbeing, as well as a number of other areas like staff retention, and training/education cover.

Both FENZ and St John have been looking at and developing their peer support/staff well being policies to manage some of these.

While these are not new issues to the Emergency response sector, the increase in demand will continue to put pressure on services and staff wellbeing.

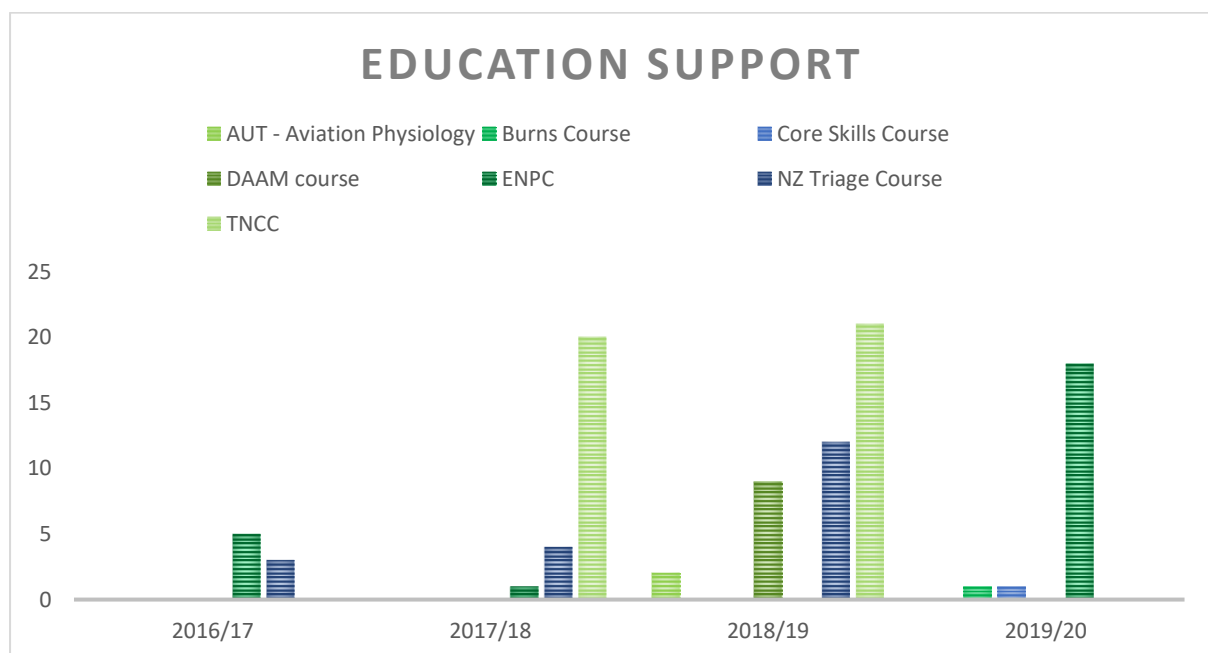
# 7 ECCT Support for Education

In keeping with previous years, 2019/2020 has seen a focus on education. There were 20 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. The benefit of the support provided by Canterbury West Coast ECCT is DHB wide, and it is those requiring emergency care that benefit most.

In committing a certain number of nurses to attend the Emergency Nursing Paediatric Course (ENPC), we are able to ensure the course is held in Christchurch. This makes it more accessible and affordable for others who may not otherwise have been able to attend. We had planned to bring the ENPC course to Christchurch in May 2020, however due to Covid-19 this had to be postponed to Sept 2020 (*all registration fees and travel costs paid in the 2019/20 financial year*).

The intention for 2019/20 was to support more nurses in Education but Covid-19 and lock down restrictions meant that a number of courses were postponed.



## 8 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.

### 8.1 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).

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 helicopter transfers.

## 9 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

## 10 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 2020 to 31 June 2021

### 10.1 Purpose of the ECCT

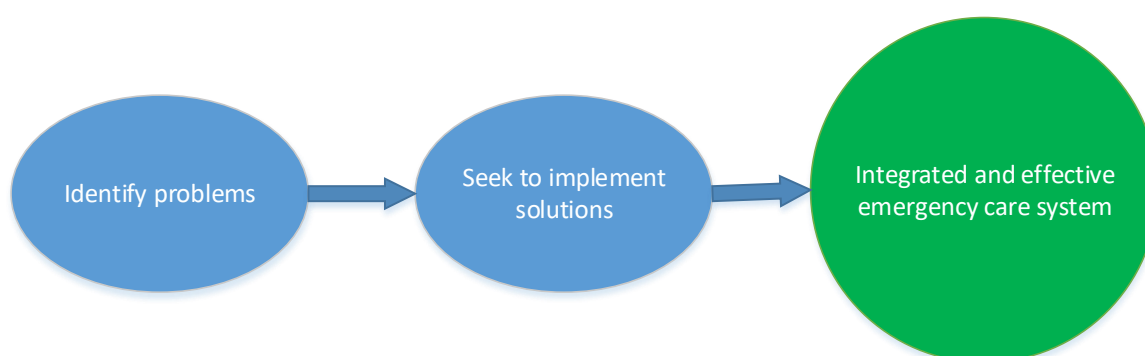
The purpose of the ECCT is to facilitate an integrated and effective regional emergency care system, including the different healthcare providers that contribute to the emergency care systems regionally and emergency care systems throughout New Zealand by being part of the national network. Ultimately 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.

### 10.2 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.

### 10.3 2020/2021 Plan

Our funding priorities for 2020/2021 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 TNCC.

This year ECCT has committed to progressing work around Identifying Maori and Pasifika (our consumers) needs from Emergency Services, what concerns and fears exist, and what is the existing Maori and Pasifika understanding of what will happen in an emergency. The expectations is that this will enable us to better support our Maori and Pasifika consumers.

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 2020, 12 Nov 2020, Feb 2021, May 2021)	Minutes and Actions distributed to committee members within 3 weeks of meeting
		Organise and coordinate 4 ECCT Executive Meetings (Dates: 13 Aug 2020, Nov 2020, Feb 2021, May 2021)	Minutes and Actions distributed to committee members within 3 weeks of meeting
		Work with Southern ECCT to organise at least 2 ECCT National Meetings (Dates: Oct 2020, May 2021)	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. <i>Project to support Maori and Pasifika Emergency Services Expectations and Needs</i>
Workforce Development	To identify and commit a budget to chosen conferences and courses for 2018/2019 by the ECCT Committee	Support (funding) for 2020/2021 Trauma Nurse Core 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
		Organise conference and course registration, flights and or accommodation	



Key Planning Approach		Strategies	Measures
<b>Projects / Review &amp; Evaluate</b>	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 Maori and Pasifika	Completed report on specific category - distributed to relevant groups

## 10.4 2020/2021 Budget

It is projected that approximately a third of the 2020/2021 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).

<b>Expense</b>	<b>Budget</b>	<b>Comments</b>
Meetings: Regional/Exec/National	\$10,000.00	Includes: Travel, Accommodation, Catering, Venue
Education: Training/Conferences	\$30,000.00	Includes: Registration Fees, Travel, Accommodation
Projects	\$1,500.00	
IT/Comms	\$770.00	
ECCT Coordination	\$40,000.00	Covered by ACC Revenue - includes overheads
<b>Total</b>	<b>\$82,700.00</b>	

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