Central Trauma Network: Designation of Major Trauma Centre and Dublin Trauma Unit(s)

Designation Framework
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Introduction

Submissions from the Dublin Hospital Groups for their hospitals to be considered for designation as the Major Trauma Centre and Dublin Trauma Unit(s) will be assessed by the Independent Assessment Panel using the designation framework.

The designation framework set out overleaf contains:

1. Detailed service specifications for Major Trauma Centres and Trauma Units
2. The hospitals to be considered as options for the Major Trauma Centre for the Central Trauma Network and the Dublin Trauma Unit(s)
3. The assessment criteria and associated weightings against which the submissions by Dublin Hospital Groups for their hospitals to be designated as the Major Trauma Centre will be evaluated.
1. Major Trauma Centre and Trauma Unit Service Specifications

The service specifications for Major Trauma Centres and Trauma Units are presented under the following headings:

1. Safety and Quality
2. Monitoring of Outcomes
3. Role in Trauma Network
4. Arrangements for Patients.

Please note the following in respect of the service specifications:

- The service specifications define, at a level of detail, the minimum level of service to be provided in a hospital in order for it to be designated as a Major Trauma Centre or a Trauma Unit.
- All Major Trauma Centres and Trauma Units in both the Central and South Trauma Networks will be required to attain and maintain the level of service outlined in the service specifications to be designated as such.
- The service specifications were drafted by the Trauma Review Implementation Group to be used in the designation of the Major Trauma Centre for the Central Trauma Network and the Dublin Trauma Unit(s). They are derived from and reflect both the content set out in Appendix 6 of the report of the Trauma Steering Group and the feedback received during the consultation process.
- The service specifications may be amended and/or supplemented during the implementation of the trauma system.
- The service specifications as set out in this document concern Major Trauma Centres and Trauma Units only. The service specification for Trauma Units with Specialist Services will be developed at a later stage, following the designation of the Major Trauma Centre for the Central Trauma Network and Dublin Trauma Unit(s).
- The service specifications address the provision of trauma care for adults alone, including patients with disabilities and complex needs. The provision of trauma services for children has been considered separately and will be implemented in line with the roll-out of the Paediatric Model of Care and the development of the new children’s hospital. During the implementation of the trauma system, appropriate consultation will be undertaken with those responsible for paediatric service delivery to ensure necessary co-ordination and linkages between adult and paediatric trauma services and that paediatric service providers are considered at all stages of the care pathway.
1.1 Final Service Specification – Major Trauma Centre

1.1.1 Safety and Quality

To ensure the delivery of high quality and safe services for the population, Major Trauma Centres will be designated in line with the following:

A. Medical and Surgical Services / Staff

1. Have a Trauma Team on site 24 hours across seven days, Monday to Sunday, including non-consultant hospital doctors (whose experience, at a minimum, is at a level equivalent to trainees who are in their second year of higher specialty training and who are, at a minimum, in their fifth postgraduate year of clinical practice\(^1\)) or Consultants, appropriately trained and credentialed in the management of major trauma.

2. The Trauma Team must be led by a Consultant with a background in a relevant speciality, such as Orthopaedics, General Surgery, or Emergency Medicine. A roster for the Trauma Team Lead must be in place to ensure 24 hours on site cover across seven days, Monday to Sunday.

3. The Trauma Team must include, as a minimum, non-consultant hospital doctors (whose experience, at a minimum, is at a level equivalent to trainees who are in their second year of higher specialty training and who are, at a minimum, in their fifth postgraduate year of clinical practice) on site 24 hours across seven days, Monday to Sunday for each of the following specialties:
   
   a) Specialist Services:
      
      - Neurosurgery
      - Spinal and Spinal Cord Surgery
      - Vascular Surgery
      - Cardiothoracic Surgery
      - Plastic Surgery
      - Maxillofacial Surgery
      - Ear Nose and Throat Surgery
      - Diagnostic Radiology
      - Interventional Radiology
   
   b) Core Services:
      
      - Orthopaedics
      - General Surgery
      - Anaesthesia
      - Emergency Medicine
      - Intensive Care Medicine.

4. Consultants for each of the above specialties (defined in 3a and 3b) must be available for physical attendance on the hospital site within 30 minutes of call out 24 hours across seven days, Monday to Sunday.

5. In addition, the following services must also be available on site:

\(^1\) For example, a surgical trainee at ST4
a) Urology
b) Ophthalmic Surgery
c) Particular subspecialist interests in the specialties of Orthopaedics and Plastic Surgery, including a burns service
d) Management of pelvic ring injuries
e) Older persons and frailty services, including the provision of an orthogeriatric service
f) Specialist Acute Pain service.

6. The Major Trauma Centre will have a governance group that meets on a regular basis (at least quarterly) and the membership will include representatives of each of the specialist and core services.

7. Major Trauma Centres will have a single daily Major Trauma MDT meeting for the presentation and discussion of all new major trauma patients following admission.

B. Trauma Coordinator Service

1. Have a 24 hours across seven days, Monday to Sunday Trauma Coordination Service to ensure a patient focused and coordinated trauma service from first point of contact through to rehabilitation.

C. Nursing Services / Staff

1. Have specialist, trained and experienced nursing staff in place to support and coordinate trauma services in a range of settings, including: the Emergency Department, operating theatres, critical care facilities, wards and rehabilitation services.

2. Have an appropriate nursing skill mix, including Advanced Nurse Practitioners and Clinical Nurse Specialists, in place to provide care at all stages of the patient journey.

D. Health and Social Care Professions Services / Staff

1. Have a range of relevant and appropriately trained Health and Social Care Professions available seven days, Monday to Sunday to provide early / hyper-acute assessment, diagnostics and rehabilitation, and ongoing rehabilitation and interventional trauma-related services.

E. Diagnostic and Laboratory Services / Staff

1. Have the appropriate equipment and laboratory facilities in place and readily accessible to support the range of services to be delivered on the hospital site, including:
   a) 24 hours access across seven days, Monday to Sunday to X-Ray, CT and Ultrasound services
   b) 24 hours access across seven days, Monday to Sunday to MRI services
   c) 24 hours access across seven days, Monday to Sunday to Interventional Radiology and Angiography services
   d) 24 hours access across seven days, Monday to Sunday to laboratory services.

F. Rehabilitation Services / Staff

1. A Trauma Network Director of Rehabilitation will be appointed with responsibility for the governance of all rehabilitation services within the Network.

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2 Rehabilitation services to be resourced in line with the National Model of Care for Rehabilitation Medicine and BSRM standards.
2. A Major Trauma Centre Rehabilitation Team Lead will be appointed to lead the rehabilitation care of trauma patients in the Major Trauma Centre.

3. A Rehabilitation Coordinator will be appointed to coordinate the flow of trauma patients within the Trauma Network with tertiary / post-acute and community based specialist rehabilitation services.

4. A Consultant in Rehabilitation Medicine available seven days, Monday to Sunday.\(^3\)

5. A Major Trauma Centre Specialist Rehabilitation Team, including:
   a) Specialist nurses
   b) Rehabilitation assistants
   c) Physiotherapists
   d) Dietitians
   e) Occupational therapists
   f) Speech and language therapists
   g) Medical social workers
   h) Liaison psychiatrists or Neuropsychiatrists
   i) Clinical psychologists or Neuropsychologists
   j) Other therapists as relevant.

6. Specialists in Geriatric Medicine will be involved in the rehabilitation of frail and / or older trauma patients.

7. Be capable of providing a range of on site dedicated acute hospital rehabilitation services, with that being either on:
   a) The general trauma ward
      OR
   b) A rehabilitation specific ward.

8. The Major Trauma Centre, in providing specialist early / hyper-acute rehabilitation, must have clear links and care pathways with tertiary / post-acute and community-based specialist rehabilitation services at a local and national level and the associated process and procedures to facilitate the managed transition of patients.

G. Facilities, Infrastructure and Equipment

1. Have the appropriate facilities in place to deliver safe and effective services in a timely manner, including:
   a) Resuscitation room and trauma bays with an adjacent hybrid suite, to allow immediate access to CT, Interventional Radiology and / or surgical access to body cavities as required
   b) 24 hours access across seven days, Monday to Sunday to dedicated emergency operating theatres and surgery facilities to cater to the needs of major trauma patients
   c) Dedicated orthopaedic trauma operating theatre(s)
   d) Facilities to provide fixation of pelvic ring injuries within 24 hours

\(^3\) Outreach sessions will be provided to Trauma Units by Consultants in Rehabilitation Medicine from the linked Major Trauma Centre. These sessions will provide support and assist in the management of patients with complex rehabilitation needs.
e) Critical care bed capacity including an Intensive Care Unit
f) Dedicated trauma ward to facilitate admission of patients with a number of multisystem injuries
g) Adequate equipment to deal with anticipated patient need
h) Facilities to appropriately handle patients that have had exposure to hazardous materials (HAZMAT / CBRN). Major Trauma Centres will have the appropriate telecommunications, staff information and crisis management facilities to address major incidents, emergencies and Mass Casualty Events
i) Facilities and equipment to facilitate the hyper-acute rehabilitation of trauma patients
j) Appropriate facilities to support the required resource model of the Major Trauma Centre.

H. Accessibility

1. Facilities in place to allow the appropriate access by road, 24 hours across seven days, Monday to Sunday, including:

   a) Set down with direct access to Emergency Department and / or resuscitation rooms
   b) Parking bays in close proximity to the set down area to allow crews to park for periods longer than those required to simply offload patients
   c) Availability of sluice / cleaning and stock replenishment areas to hold essential ambulance equipment (Desirable Requirement)
   d) Decontamination area to allow, if necessary, decontamination of patients adjacent to but not in the Emergency Department.

2. Facilities in place to allow the appropriate access by air, 24 hours across seven days, Monday to Sunday:

   a) Dedicated helipad on the hospital site positioned so that patients can be transported directly from the helicopter to the hospital Emergency Department without the need for an ambulance transfer
   b) The helipad must comply with all regulatory standards.

1.1.2 Monitoring of Outcomes

Major Trauma Centres will be required to submit data to the Major Trauma Audit.

Major Trauma Centres will be incentivised to optimise their quality of care and their Major Trauma Audit compliance through best practice tariffs measured through the data collected in the audit. Submissions to the Major Trauma Audit will provide evidence of compliance.

Major Trauma Centres will also be required to partake in an annual external peer review process as part of the operation and development of the Trauma Networks and the trauma system.

Processes will be in place in Trauma Networks for the identification and monitoring of critical risks and incidents and to provide evidence for action plans designed to improve performance. In addition, Major Trauma Centres will be required to participate in other planning and service improvement initiatives, as a matter of course, as in the case of all other hospital sites.
1.1.3 Role in Trauma Network

The Major Trauma Centre will be required to play a key leadership and coordination role for the Trauma Network. In particular the Major Trauma Centre will be required to set appropriate ways of working in line with best practice with regard to:

- Trauma Bypass and Appropriate Hospital Access for Trauma Patients
- Orthopaedic Trauma Bypass
- The coordination of rehabilitation services and repatriation of patients to the care of a service which is able to meet their ongoing care and rehabilitation needs.

The Major Trauma Centre will also be required to play a key education role within its respective Trauma Network, ensuring the delivery of effective and relevant training to staff.

The Major Trauma Centre will be required to have the resources and procedures in place to facilitate the dispatch of a response team to the scene of a Mass Casualty Event if required, while maintaining the appropriate staffing levels on-site.

1.1.4 Arrangements for Patients

The Major Trauma Centre will be required to ensure that appropriate arrangements are in place for patients and their families, in addition to the delivery of clinical services, to include:

- Appropriate, tailored information for patients and their families will be available. Support should also be available from trained liaison staff before, during and after treatment
- Each patient must be assigned a named liaison on admission to the Major Trauma Centre
- Appropriate accommodation and other facilities should be available for immediate family members that reside some distance from the Major Trauma Centre who travel with patients.
1.2 Final Service Specification – Trauma Unit

The following service specification shares many of the features set out previously in the service specification for Major Trauma Centres.

1.2.1 Safety and Quality

To ensure the delivery of high quality and safe services for the population, Trauma Units will be designated in line with the following:

<table>
<thead>
<tr>
<th>A. Medical and Surgical Services / Staff</th>
</tr>
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<tbody>
<tr>
<td>1. Have a Trauma Team on site 24 hours across seven days, Monday to Sunday, including non-consultant hospital doctors (whose experience, at a minimum, is at a level equivalent to trainees who are in their second year of higher specialty training and who are, at a minimum, in their fifth postgraduate year of clinical practice) or Consultants, appropriately trained in the management of major trauma.</td>
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<tr>
<td>2. The Trauma Team must be led by a Consultant with a background in a relevant speciality, such as Orthopaedics, General Surgery, or Emergency Medicine. A roster for the Trauma Team Lead must be in place to ensure physical attendance on the hospital site within 30 minutes of call out 24 hours across seven days, Monday to Sunday.</td>
</tr>
<tr>
<td>3. The Trauma Team must include, as a minimum, non-consultant hospital doctors (whose experience, at a minimum, is at a level equivalent to trainees who are in their second year of higher specialty training and who are, at a minimum, in their fifth postgraduate year of clinical practice) on site 24 hours across seven days, Monday to Sunday for each of the following specialties:</td>
</tr>
<tr>
<td>a) Core Services:</td>
</tr>
<tr>
<td>▪ Orthopaedics</td>
</tr>
<tr>
<td>▪ General Surgery</td>
</tr>
<tr>
<td>▪ Anaesthesia / Intensive Care Medicine</td>
</tr>
<tr>
<td>▪ Emergency Medicine.</td>
</tr>
<tr>
<td>4. In addition, Consultants for each of the above specialties (defined in 3a) must be available for physical attendance on the hospital site within 30 minutes of call out 24 hours across seven days, Monday to Sunday.</td>
</tr>
<tr>
<td>5. In addition the following services must also be available on site:</td>
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<tr>
<td>a) Capability to provide emergency management for all orthopaedic trauma injuries</td>
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<tr>
<td>b) Older persons and frailty services, including the provision of an orthogeriatric service</td>
</tr>
<tr>
<td>c) Specialist Acute Pain service.</td>
</tr>
<tr>
<td>6. The Trauma Unit will have a governance group that meets on a regular basis (at least quarterly) and the membership will include representatives of each of the core services.</td>
</tr>
</tbody>
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4 For example, a surgical trainee at ST4
5 The minimum anaesthesia resource in Trauma Units should reflect the two by two model of emergency cover, as recommended in the report of the Trauma Steering Group
**B. Trauma Coordinator Service**

1. Have a Trauma Coordination Service available 24 hours across five days, Monday to Friday to ensure a patient focused and coordinated trauma service from first point of contact through to rehabilitation (Note: In Trauma Units dealing with a higher volume of cases it may be required to extend this service to seven days a week).

**C. Nursing Services / Staff**

1. Have specialist, trained and experienced nursing staff in place to support and coordinate trauma services in a range of settings, including: the Emergency Department, operating theatres, critical care facilities, wards and rehabilitation services.

2. Have an appropriate nursing skill mix, including Advanced Nurse Practitioners and Clinical Nurse Specialists, in place at all stages of the patient journey.

**D. Health and Social Care Professions Services / Staff**

1. Have a range of relevant and appropriately trained Health and Social Care Professions available seven days, Monday to Sunday to provide early / hyper-acute assessment, diagnostics and rehabilitation, and ongoing rehabilitation and interventional trauma-related services.

**E. Diagnostic and Laboratory Services / Staff**

1. Have the appropriate equipment and laboratory facilities in place and readily accessible to support the range of services to be delivered on the hospital site, including:

   a) 24 hours access across seven days, Monday to Sunday to X-Ray, CT and Ultrasound services
   b) Interventional Radiology\(^6\) services will be promptly available 9am to 5pm, Monday to Friday
   c) 24 hours access across seven days, Monday to Sunday to laboratory services.

**F. Rehabilitation Services / Staff**

1. Trauma Units will have the appropriate staff and leadership in place, including the following on site services\(^7\):

   a) A Trauma Unit Rehabilitation Team Lead will be appointed to lead the rehabilitation care of trauma patients in the Trauma Unit

   b) A Trauma Unit Specialist Rehabilitation Team, including:

   - Physiotherapists
   - Dietitians
   - Occupational therapists
   - Speech and language therapists
   - Medical social workers
   - Psychologists

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\(^6\) On-site in all Trauma Units, and outside these times at the network’s Major Trauma Centre via patient transfer in accordance with agreed protocols

\(^7\) Rehabilitation services to be resourced in line with the model of care developed by the Rehabilitation Medicine Programme and BSRM standards
- Other therapists as relevant.

2. Specialists in Geriatric Medicine will be involved in the rehabilitation of frail and / or older trauma patients.

3. Outreach sessions will be provided to Trauma Units by Consultants in Rehabilitation Medicine from their Network’s Major Trauma Centre.

4. Be capable of providing a range of on site dedicated acute hospital rehabilitation services on the general trauma ward.

5. The Trauma Units, in providing specialist early / hyper-acute rehabilitation, must have clear links and care pathways with tertiary / post-acute and community-based specialist rehabilitation services at a local and national level and the associated processes and procedures to facilitate the managed transition of trauma patients.

**G. Facilities, Infrastructure and Equipment**

1. Have the appropriate facilities in place to deliver safe and effective services in a timely manner, including:
   - a) Resuscitation room and trauma bays with an adjacent hybrid suite, to allow immediate access to CT, Interventional Radiology and / or surgical access to body cavities as required
   - b) 24 hours access across seven days, Monday to Sunday to dedicated emergency operating theatres and surgery facilities to cater to the needs of trauma patients
   - c) Dedicated orthopaedic trauma operating theatre(s)
   - d) Critical care bed capacity including an Intensive Care Unit
   - e) Dedicated trauma ward to facilitate admission of patients with a number of multisystem injuries
   - f) Adequate equipment to deal with anticipated patient need
   - g) Facilities to appropriately handle patients that have had exposure to hazardous materials (HAZMAT / CBRN). Trauma Units will have the appropriate telecommunications, staff information and crisis management facilities to address major incidents, emergencies and Mass Casualty Events
   - h) Facilities and equipment to facilitate the hyper-acute rehabilitation of trauma patients
   - i) Appropriate facilities to support the required resource model of the Trauma Unit.

**H. Accessibility**

1. Facilities in place to allow the appropriate access by road 24 hours across seven days, Monday to Sunday, including:
   - a) Set down with direct access to Emergency Department and / or resuscitation rooms
   - b) Parking bays in close proximity to the set down area to allow crews to park for periods longer than those required to simply offload patients.
   - c) Availability of sluice / cleaning and stock replenishment areas to hold essential ambulance equipment (Desirable Requirement)
   - d) Decontamination area to allow, if necessary, decontamination of patients adjacent to but not in the Emergency Department.

2. Facilities in place to allow the appropriate access by air 24 hours across seven days, Monday to Sunday:
   - a) Appropriate arrangements will be in place to allow access and egress to and from the hospital site, for example, the use of local airports and other suitable landing sites
   - b) However, while desirable, it should be noted that a Trauma Unit is not required to have a dedicated on site helipad.
1.2.2 Monitoring of Outcomes

Trauma Units will be required to submit data to the Major Trauma Audit.

Trauma Units will be incentivised to optimise their quality of care and their Major Trauma Audit compliance through best practice tariffs measured through the data collected in the audit. Submissions to the Major Trauma Audit will provide evidence of compliance.

Trauma Units will also be required to partake in an annual external peer review process as part of the operation and development of the Trauma Networks and the trauma system.

Processes will be in place in Trauma Networks for the identification and monitoring of critical risks and incidents and to provide evidence for action plans designed to improve performance. In addition, Trauma Units will be required to participate in other planning and service improvement initiatives, as a matter of course, as in the case of all other hospital sites.

1.2.3 Role in Trauma Network

The Trauma Unit will be required to work with the Major Trauma Centre in the coordination of patients within its Trauma Network.

In particular the Trauma Unit will be required to support appropriate ways of working in line with best practice with regard to:

- Trauma Bypass and Appropriate Hospital Access for Trauma Patients
- Orthopaedic Trauma Bypass
- Coordination of rehabilitation services and repatriation of patients to the care of a service which is able to meet their ongoing care and rehabilitation needs.

The Trauma Unit will be required to have the resources and procedures in place to facilitate the dispatch of response team to the scene of a Mass Casualty Event if required, while maintaining the appropriate staffing levels on-site.

1.2.4 Arrangements for Patients

The Trauma Unit will be required to ensure that appropriate arrangements are in place for patients and their families, in addition to the delivery of clinical services, to include:

- Appropriate, tailored information for patients and their families will be available. Support should also be available from trained liaison staff before, during and after treatment
- Each patient must be assigned a named liaison on admission to the Trauma Unit
- Appropriate accommodation and other facilities should be available for immediate family members that reside some distance from the Trauma Unit who travel with patients.
2. Final Options for the Central Trauma Network’s Major Trauma Centre

The following options have been identified for the Major Trauma Centre for the Central Trauma Network and the Dublin Trauma Unit(s) for consideration by the Independent Assessment Panel.

Key features of the identified options are detailed, including: its Hospital Group, staffing numbers, geographic location, and proximity to key infrastructural roads.

It should be noted that all of the identified options listed below provide a level of core trauma services. However, none currently has the full range of specialist services as set out in the suggested service specification for Major Trauma Centres.

2.1 List of Options

<table>
<thead>
<tr>
<th>Identified Options</th>
<th>Voluntary / Statutory Hospital</th>
<th>Hospital Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaumont Hospital</td>
<td>Voluntary Hospital (Section 38 Agency)</td>
<td>RCSI Hospital Group</td>
</tr>
</tbody>
</table>
| • In this option Beaumont Hospital will act as the Major Trauma Centre for the Central Trauma Network
• Beaumont Hospital is a model 4 university teaching hospital with approximately 3,500\(^8\) staff (WTE)
• It is located on the north side of Dublin city, 5km from the city centre. It is located to the south east of the M1 and M50 intersection. |
| Connolly Hospital Blanchardstown | Statutory Hospital (Directly managed by RCSI Hospital Group) | RCSI Hospital Group |
| • In this option Connolly Hospital will act as the Major Trauma Centre for the Central Trauma Network
• Connolly Hospital is a model 3 university teaching hospital with approximately 1,200 staff (WTE)
• It is located on the north west side of Dublin city, near Blanchardstown. It is located outside the M50, near the N3 and M50 intersection. |
| Mater Misericordiae University Hospital | Voluntary Hospital (Section 38 Agency) | Ireland East Hospital Group |
| • In this option the Mater Hospital (Public) will act as the Major Trauma Centre for the Central Trauma Network
• The Mater Hospital is a model 4 university teaching hospital with approximately 2,900 staff (WTE)
• It is located to the north of inner Dublin city, near Drumcondra. Its location adjoins the North Circular Road. |
| St. James’s Hospital | Voluntary Hospital (Section 38 Agency) | Dublin Midlands Hospital Group |
| • In this option St. James’s Hospital will act as the Major Trauma Centre for the Central Trauma Network
• St. James’s Hospital is a model 4 university teaching hospital with approximately 3,900 staff (WTE)
• It is located to the west of inner Dublin city, south of the River Liffey, near Dublin Heuston Station. |

\(^8\) All WTE figures as per latest figures reported by Hospital Groups in 2018 Operational Plans, and rounded to the nearest hundred

## Identified Options

<table>
<thead>
<tr>
<th>Voluntary / Statutory Hospital</th>
<th>Hospital Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Vincent’s University Hospital</td>
<td>Ireland East Hospital Group</td>
</tr>
<tr>
<td>Tallaght University Hospital</td>
<td>Dublin Midlands Hospital Group</td>
</tr>
</tbody>
</table>

### St. Vincent’s University Hospital
- In this option St. Vincent’s Hospital will act as the Major Trauma Centre for the Central Trauma Network
- St. Vincent’s Hospital is a model 4 university teaching hospital with approximately 2,800 staff (WTE)
- It is located on the south east side of Dublin city near Donnybrook, north of the intersection of the R138 and the N11.

### Tallaght University Hospital
- In this option Tallaght Hospital will act as the Major Trauma Centre for the Central Trauma Network
- Tallaght Hospital is a model 4 university teaching hospital with approximately 2,600 staff (WTE)
- It is located on the south west side of Dublin city, outside the M50, south of the N7 and M50 intersection.
Figure: Map Depicting the Geographic Location of the Hospitals Addressed in the Identified Options

- Connolly Hospital Blanchardstown
- Mater Misericordiae University Hospital
- St James’s Hospital
- St. Vincent’s University Hospital
- Tallaght University Hospital

Legend:
- Ireland East HG
- Dublin Midlands HG
- RCSI HG
3. Final Assessment Criteria

The following assessment criteria have been developed to support the assessment of the submissions by the Hospital Groups.

These criteria and the weighted scores will be used by the Independent Assessment Panel to assess the submissions and to objectively determine the hospital sites that meet the requirements.

Criterion 1 below is not applicable to the designation of the Dublin Trauma Unit(s) as Trauma Units are not required to provide specialist services, as set out in the service specifications.

3.1 Summary of Assessment Criteria

<table>
<thead>
<tr>
<th>#</th>
<th>Proposed Criterion</th>
<th>Proposed Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Specialist Trauma Service Offering and Capacity</td>
<td>25</td>
</tr>
<tr>
<td>2</td>
<td>Core Trauma Service Offering and Capacity</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Accessibility</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Effective Use of Resources</td>
<td>15</td>
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<tr>
<td>5</td>
<td>Ease of Implementation</td>
<td>20</td>
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<tr>
<td>6</td>
<td>Leadership, Track Record and Institutional Commitment</td>
<td>20</td>
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<td></td>
<td>Total</td>
<td>120</td>
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</table>

Please see the following pages for further detail with regard to the criteria set out above.
## 3.2 Detail of Assessment Criteria

<table>
<thead>
<tr>
<th>#</th>
<th>Proposed Criterion</th>
<th>Criterion Detail</th>
<th>Rationale for Inclusion of Criterion</th>
<th>Measurement Approach</th>
<th>Score</th>
</tr>
</thead>
</table>
| 1 | Specialist Trauma Service Offering and Capacity  
(Note: This criterion only applies to the designation of the Central Trauma Network’s Major Trauma Centre. Specialist services are not required to be provided in the Dublin Trauma Unit(s).) | The option ensures that specialist trauma services are delivered consistently in a safe, sustainable and high quality manner on a single hospital site in the Central Trauma Network’s Major Trauma Centre. **Specialist services** include: Neurosurgery, Spinal and Spinal Cord Surgery, Vascular Surgery, Cardiothoracic Surgery, Plastic Surgery, Maxillofacial Surgery (including dental trauma), Ear Nose and Throat Surgery, Urology, Ophthalmic Surgery, Diagnostic Radiology, Interventional Radiology and Rehabilitation. | The overriding priority for the HSE is to ensure that services are safe, sustainable and of high quality. It is imperative that the Central Trauma Network’s Major Trauma Centre can deliver the range of specialist services and that it has the appropriate capacity to do so on a single hospital site considering other services to be delivered. | Submissions will be required to set out the hospital’s **current** specialist service offering and capacity. This is likely to include:  
- The extent to which the services required currently exist  
- The extent to which they are currently fit for purpose in their configuration and delivery  
- The extent to which they are currently delivering services of a best practice standard. | 25 |
| 2 | Core Trauma Service Offering and Capacity | The option ensures that core trauma services are delivered consistently in a safe, sustainable and high quality manner on a single hospital site. **Core services** include: Emergency Medicine, Orthopaedics, General Surgery, Anaesthesia, Intensive Care Medicine and Rehabilitation. | The overriding priority for the HSE is to ensure that services are safe, sustainable and of high quality; and that the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s) can deliver the range of core services and have the appropriate capacity to do so on a single hospital site considering other services to be delivered. | Submissions will be required to set out the hospital’s **current** core service offering and capacity. This is likely to include:  
- The extent to which the services required currently exist  
- The extent to which they are currently fit for purpose in their configuration and delivery  
- The extent to which they are currently delivering services of a best practice standard. | 20 |

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9 Rehabilitation services will be considered across both criteria 1 and 2
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<th>Proposed Criterion</th>
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<th>Rationale for Inclusion of Criterion</th>
<th>Measurement Approach</th>
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| 3  | Accessibility     | The option ensures that the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s) are accessible by road and by air in a safe and timely manner. In particular:  
• For road access taking account of population densities, travel distances, ‘blue light’ travel times and the ease of accessibility of the hospital campus and hospital facilities by ambulance  
• For air access taking account of Irish Aviation Authority regulations, Helicopter Emergency Medical Service (HEMS) best practices, policies and procedures and other logistical and regulatory considerations. | The issue of accessibility is important, in particular, considering the geographic origin of trauma cases and the resulting distances that may need to be covered by critically ill patients and the time bound nature of trauma services.  
In particular air access is significant considering the challenging geography and poor road network in parts of the country. | Submissions will be required to set out the hospitals current facilities with regard to access by road and air. This is likely to include:  
• An analysis of road travel times to the hospital and any known or potential challenges  
• Access and transport arrangements within the hospital campus and any known or potential challenges  
• Facilities on site to support road access e.g. ambulance parking bays, sluice, cleaning and storage areas  
• Arrangements in place for air access to the hospital site  
• Details with regard to any in progress or planned infrastructure projects related to road or air access on the hospital site and / or in its surrounds as appropriate. | 20 |
| 4  | Effective Use of Resources | The option ensures the effective use of resources in the delivery of the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s) services. | A key role of the HSE is to ensure the effective use of resources and that value for money is provided. | Submissions will be required to outline the scale and nature of the changes required to meet the service specification and all of the resources associated with these changes.  
To ensure consistency across all submissions, the Independent Assessment Panel will identify, | 15 |
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<td>review and validate the indicative, high level, resource requirement associated with these changes.</td>
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<td>5</td>
<td>Ease of Implementation</td>
<td>The option ensures that the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s) will be able to implement the requisite service in a timely and efficient manner.</td>
<td>Consideration must be given to the time and scale of change required to implement the required work associated with the reconfiguration of existing services as part of the transition to the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s). In addition consideration will be given to any requirement to displace / move / reconfigure existing hospital services to accommodate trauma services as set out in the service specification.</td>
<td>Submissions will be required to set out the proposed approach(s) to address the gaps between the existing services and the service specification. The implementation approach(s) should detail items such as: recruitment of staff, transfer of staff from other hospitals and reconfiguration of existing services to create capacity on the hospital site to deliver the required services. In addition, they should address the indicative timeline to implement the changes. To ensure consistency across all submissions the Independent Assessment Panel will identify, review and validate the complexity of the proposed approach(s) and conduct site visits.</td>
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<td>6</td>
<td>Leadership, Track Record and Institutional Commitment</td>
<td>The option ensures that the designated Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s): • Have a demonstrable track record for excellent service delivery and good governance;</td>
<td>It is imperative that the designated Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s) act as centres of excellence for the trauma service. In particular the Major Trauma Centre will play a leadership role in the Central Trauma Network, working with the</td>
<td>Submissions will be required to address the organisation’s rationale and desire to be designated as the Central Trauma Network’s Major Trauma Centre and / or a Dublin Trauma Unit. In addition, the submission should</td>
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<td>• Are committed to the implementation of the trauma strategy, and; • Are committed to playing a key leadership role in the delivery of same.</td>
<td>Trauma Units, other hospitals, colleges and other bodies to deliver the best possible trauma service.</td>
<td>set out examples of the organisation's track record and demonstrable leadership in: • Adherence to best practice clinical guidelines and clinical audit • Good governance models underpinning excellent service delivery • The implementation of complex changes and service improvements • Academic excellence, innovation and research in the area of trauma services • Engaging with tertiary / post-acute and community-based services to ensure the best ongoing care for patients • Delivering best in class trauma and other supra-regional and national services • Collaborating with national and international partners as part of the delivery of trauma and other supra-regional and national services.</td>
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Total

120