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

Public Consultation Document

Version 1.0
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0 Foreword

Trauma is a public health problem of enormous magnitude, whether measured by years of productive life lost, prolonged or permanent disability, or financial cost. Injuries place a significant burden on individuals, their families and the health service. Improvements in outcomes for patients can be achieved by providing patient-focused and planned trauma care.

In recognition of the benefits of a trauma system for patients and the potential to reduce avoidable deaths and disability, the Minister for Health in 2015 established a Steering Group, chaired by Professor Eilis McGovern, to develop a trauma policy for Ireland. The Trauma Steering Group considered approaches to trauma care elsewhere, considered the needs of trauma patients in Ireland and developed recommendations for how their treatment can be improved. This work culminated in the publication of the report of the Trauma Steering Group, *A Trauma System for Ireland* in February 2018.

A key action to deliver a trauma system for Ireland is the designation of two Major Trauma Centres. The Major Trauma Centres will play a critical role in the formation, operation and standardisation of a national trauma system working with Trauma Units to be located across the country as part of two hub-and-spoke networks. Major Trauma Centres will care for the most critically injured patients and will ensure that all the specialist and core services they require are located on a single hospital site. Trauma Units will be established to provide a range of core services and be capable of treating most types of injuries. In some circumstances, patients requiring the services of a Major Trauma Centre may initially be treated in a Trauma Unit before being transferred when appropriate to do so.

The report of the Trauma Steering Group outlines that one Major Trauma Centre should be based in Dublin servicing the Central Trauma Network, with another based in Cork University Hospital servicing the South Trauma Network. The designation of hospitals as Major Trauma Centres or Trauma Units is contingent on meeting the respective Service Specifications.

To enable the implementation of the recommendations an implementation group has been established within the HSE. This group, the Trauma Review Implementation Group (TRIG), is comprised of experts from across the system and has been tasked with leading the implementation of a number of key recommendations prior to the establishment of the National Office for Trauma Services, due to be in place in early 2019. The National Office will be led by a National Clinical Lead for Trauma Services. Further details regarding the TRIG are detailed on page 9 and Appendix 1.
The purpose of this document is to seek feedback from key stakeholders and the general public on the proposed draft Service Specifications for Major Trauma Centres and Trauma Units, and the proposed approach and process to designate the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s).

As part of the process to designate the Major Trauma Centre for the Central Trauma Network and the Trauma Unit(s) for Dublin it is important to ensure that there is an opportunity for stakeholders to carefully consider and provide feedback on the proposed approach.

Over the next eight weeks we welcome comments on the document and its proposals and will take appropriate account of all responses as part of the next steps.

Following this public consultation process, the formal designation process will commence where each of the three Dublin Hospital Groups will be requested to make submissions with regard to the designation of the Major Trauma Centre for the Central Trauma Network.

An Independent Assessment Panel will review the submissions and provide advice to the TRIG and the HSE with regard to the designation of the Central Trauma Network’s Major Trauma Centre and the Dublin Trauma Unit(s). Following consideration of the advice of the panel the HSE will make a recommendation to the Department of Health. Please see the following sections of this document for more detail with regard to the proposed process and next steps.

Please note that the items set out in this document constitute a proposal developed by the TRIG, derived from the recommendations set out in the report of the Trauma Steering Group. As such they may be amended as part of the next steps.

I would like to extend my thanks to all those who have committed considerable time and energy to this very important work.

Dean Sullivan
Deputy Director General – Strategy
HSE
## 1 Glossary of Terms and Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>Computed tomography is a scanning technique that uses x-rays to take highly detailed images of the body.</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Critical care refers to two related processes. Firstly, ‘critical’ refers to discernment or recognition of a crucial and a decisive turning point, the deterioration of the patient’s condition, followed, secondly, by ‘care’ i.e. intervention including resuscitation and transport to a critical care service. Critical care resuscitation and treatment interventions include a complex range of general and specialty procedures, supports and diagnostic procedures. Thus, the critically ill patient benefits from appropriate and timely critical care in the health system with a greatly increased probability of survival.</td>
</tr>
<tr>
<td>CBRN</td>
<td>An abbreviation commonly used to describe the malicious use of Chemical, Biological, Radiological and Nuclear materials or weapons with the intention to cause significant harm or disruption.</td>
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<tr>
<td>BSRM</td>
<td>The British Society of Rehabilitation Medicine.</td>
</tr>
<tr>
<td>HAZMAT</td>
<td>A material (such as flammable or poisonous material) that would be a danger to life or to the environment if released without precautions.</td>
</tr>
<tr>
<td>HEMS</td>
<td>Helicopter Emergency Medical Service.</td>
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<tr>
<td>HSE</td>
<td>Health Service Executive.</td>
</tr>
<tr>
<td>Injury Unit</td>
<td>Locally based service within a Trauma Network designed to treat injuries of lesser severity that are unlikely to need admission to hospital.</td>
</tr>
<tr>
<td>ISS</td>
<td>The Injury Severity Score is a score ranging from 1, indicating minor injuries, to 75, indicating very severe injuries that are very likely to result in death. An ISS between 9 and 15 is considered moderate. An ISS of &gt;15 is considered severe and signifies major trauma.</td>
</tr>
<tr>
<td>Local Emergency Hospital</td>
<td>A Local Emergency Hospital is a hospital within a Trauma Network with an Emergency Department that does not have the required range of services or expertise to safely manage major trauma patients. It treats injuries of lesser severity and non-trauma related</td>
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illnesses requiring urgent treatment.

Major Trauma Centre
A Major Trauma Centre is a multi-specialty hospital, on a single site, optimised for the provision of trauma care, integrated with the rest of the Trauma Network.

Major trauma
Major trauma describes serious and often multiple injuries where there is a strong possibility of death or disability.

MRI
Magnetic resonance imaging is a scanning technique that uses magnetic fields and radio waves to take highly detailed images of the body.

RCSI
Royal College of Surgeons in Ireland.

TARN
Trauma Audit and Research Network.

Trauma Network
A Trauma Network is a coordinated integrated system within a defined geographical region to deliver care to injured patients from injury to recovery, through prevention, pre-hospital care and transportation, emergency and acute hospital care and rehabilitation.

Trauma Unit
A Trauma Unit is a major hospital within a Trauma Network that provides care for most injured patients.

TRIG
Trauma Review Implementation Group.

Trauma
Trauma is a term which refers to physical injuries of sudden onset and severity which require immediate medical attention.

TUSS
A Trauma Unit with Specialist Services (TUSS) is a major hospital within a Trauma Network with additional expertise and resources over and above those of a Trauma Unit.

WTE
A whole time equivalent, sometimes abbreviated as WTE, is a unit to measure employed persons in a way that makes them comparable although they may work a different number of hours per week.
2 Introduction¹

2.1 A Trauma System for Ireland

As a result of the recommendations set out in the report of the Trauma Steering Group, *A Trauma System for Ireland*, two Major Trauma Centres will be designated, one in Dublin serving the Central Trauma Network, and the other in Cork serving the South Trauma Network. The respective roles of a Major Trauma Centre and a Trauma Unit are defined below and on the following page.

The report recommends that Cork University Hospital be designated as the Major Trauma Centre for the South Trauma Network. The designation of hospitals as Major Trauma Centres or Trauma Units is contingent on meeting the respective Service Specifications.

In addition it recommends that the three relevant Dublin Hospital Groups, namely: Ireland East Hospital Group, Dublin Midlands Hospital Group and RCSI Hospital Group be invited to submit proposals with regard to the designation of the Major Trauma Centre for the Central Trauma Network.

2.2 The Role of a Major Trauma Centre

A Major Trauma Centre will:

- Deliver core services, including: Emergency Medicine, Orthopaedics, General Surgery, Anaesthesia and Intensive Care Medicine on a single hospital site
- Play the role and function of a Trauma Unit for its respective catchment area
- Act as the highest point of escalation with regard to trauma services for Trauma Units and other hospitals within its respective Trauma Network (e.g. the Central Trauma Network)
- Play a key leadership, education and coordination role for trauma services and the Trauma Units within its respective Trauma Network.

¹ Please note that the implementation of the proposed model for an inclusive trauma system is subject to the resources available to the HSE.
2.3 The Role of a Trauma Unit

A Trauma Unit will:

- Deliver core services, including: Emergency Medicine, Orthopaedics, General Surgery and Anaesthesia / Intensive Care Medicine on a single hospital site
- Act as the first point of contact for trauma services for its respective catchment area. Patients identified as having serious multisystem injuries exceeding the expertise of the Trauma Unit will either be transferred directly to the Major Trauma Centre or stabilised as appropriate in the Trauma Unit and then transferred
- Patients requiring the services of a Major Trauma Centre but faced with a travel time deemed unsafe by pre-hospital staff will be taken to the nearest Trauma Unit for rapid stabilisation and subsequent transfer to the Major Trauma Centre.

2.4 Document Purpose

The purpose of this document is to seek feedback on:

- The proposed draft Service Specifications for Major Trauma Centres and Trauma Units
- The proposed process and approach to designate the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s).

Feedback is sought from stakeholders in the trauma system, including: the Hospital Groups, hospitals, colleges and clinical programmes in addition to the general public.

2.5 Next Steps

Following this public consultation, the formal designation process will commence regarding the designation of the Central Trauma Network’s Major Trauma Centre and the Dublin Trauma Unit(s).

As a Major Trauma Centre also plays the role of a Trauma Unit for its immediate catchment area, the three Dublin Hospital Groups will be requested to make submissions for all hospitals within their respective Group identified as options for the delivery of the Major Trauma Centre, e.g. Ireland East Hospital Group to make submissions for both St. Vincent’s University Hospital and the Mater Misericordiae University Hospital.

Each of the proposals will be reviewed by an Independent Assessment Panel comprised of international and domestic experts who will provide advice to the TRIG and the HSE who in turn will make a recommendation to the Department of Health.
Please see page 41 for more detailed information with regard to the proposed next steps and the formal consultation process.

2.6 Document Structure

The remainder of this document is structured as follows:

- Section 3 sets out the background to this consultation process and the recommendations of the report of the Trauma Steering Group
- Section 4 sets out the proposed draft Service Specifications for the Major Trauma Centres and Trauma Units
- Section 5 sets out the identified options for the Central Trauma Network’s Major Trauma Centre
- Section 6 sets out the proposed assessment criteria to be applied by the Independent Assessment Panel during the assessment process
- Section 7 sets out next steps following this public consultation process
- Section 8 sets out the consultation questionnaire template.

2.7 Trauma Review Implementation Group Membership

To ensure the appropriate and timely implementation of the recommendations set out in the report of the Trauma Steering Group an implementation group was established within the HSE after the publishing of the report in February 2018.

This group, the Trauma Review Implementation Group (TRIG), is comprised of representatives from the following groups:

- HSE Leadership and Senior Management
- National Ambulance Service
- Department of Health
- Relevant Clinical Programmes
- Office of Nursing and Midwifery Services.

It has been tasked with governing and leading the implementation of a number of key recommendations, including: the designation of the Major Trauma Centre for the Central Trauma Network and the Trauma Unit(s) for Dublin. The development of this consultation document has been overseen by the TRIG.

Please see Appendix 1 for detail with regard to the membership of the TRIG.
3 Background

3.1 Defining Trauma²

Traumatic injury can be categorised as low severity, moderate severity or severe, using an Injury Severity Score. Examples of low and moderate severity injuries include soft tissue injuries, simple wrist and ankle fractures or simple skull fractures, with no associated brain injury. Severe injury, signified by an Injury Severity Score of greater than 15, is also known as major trauma and involves injuries which have the potential to cause prolonged disability or death. Major trauma is the leading cause of death among children and young adults².

Trauma, as a result of falls, is increasingly a cause of death among older adults. Low falls are the most common cause of major trauma, while falls and road traffic collisions together account for over 8 out of every 10 cases of major trauma recorded in Ireland².

Much can be done to reduce the incidence of trauma. Over half of all trauma injuries are caused by falls and many of these are preventable. Trauma care is often complex and challenging. Many critical decisions are made during the early phases, involving multiple specialist teams of paramedics, doctors, nurses and other health care professionals. Each and every part of this journey impacts on survival rates and the degree of disability patients will live with for the rest of their lives.

3.2 Trauma Services in Ireland

Trauma services in Ireland have developed in an ad hoc manner and trauma patients do not always receive the right treatment in the right place at the right time. High numbers of major trauma patients are taken to hospitals that cannot provide comprehensive care to the necessary level. For example, in 2014 and 2015, 30% of major trauma patients had to be transferred to another hospital (following their initial Emergency Department admission) for urgent or ongoing care as their care needs could not be provided by the initial receiving hospital.

The optimal care of patients with injuries requires a coordinated, integrated and standardised system of trauma care. Evidence from other countries has shown that the introduction of inclusive³ trauma systems has significantly reduced the number of deaths and disabilities caused by major trauma. Inclusive trauma systems have been demonstrated to provide better patient outcomes than exclusive systems. In

² Please see the report of the Trauma Steering Group for detailed references.

³ An 'inclusive' trauma system is a network of facilities co-operating in the care of injured patients to improve patient care and outcomes, to effectively use limited resources, and to minimise variations in care provided in all locations.
addition, geographically dispersed and less densely populated regions, such as Ireland, are likely better served by an inclusive trauma system.

3.3 The Future of Trauma Services

The report of the Trauma Steering Group recommends the establishment of an inclusive trauma system, and sets out key recommendations for the organisation of trauma care and the provision of patient-centred trauma services. It takes a whole system approach addressing all elements of the trauma care pathway including prevention, pre-hospital care, acute hospital care, rehabilitation and supported discharge, as shown in Figure 1 below.

Figure 1: Inclusive Trauma System

In particular the report recommends:

- Pre-hospital care and transport protocols are required to ensure that individual trauma patients will be brought to the most appropriate facility – to receive the right treatment in the right place at the right time
- Two regional hub-and-spoke Trauma Networks (Central and South), each with a designated Major Trauma Centre for the treatment of patients that require access to specialised care, be established to provide the appropriate structures to meet the needs of patients
- As part of the Trauma Networks trauma care should also be provided in designated Trauma Units; hospitals which meet specified requirements for the provision of quality trauma care
- There will be clear roles for Local Emergency Hospitals and Injury Units in the Trauma Networks in the treatment of non-trauma related illnesses requiring urgent treatment and less severe traumatic injuries

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4 Source: Page 53 of the report of the Trauma Steering Group, *A Trauma System for Ireland*
• A strong focus on comprehensive, patient-centred rehabilitation services is required, with early assessment of rehabilitation needs, as well as enhanced acute, post-acute, regional and community rehabilitation, to enable patients to achieve their maximum functional potential.

3.4 Hospital Roles within the Trauma Networks

As set out in the report of the Trauma Steering Group, the Central and South Trauma Networks will serve defined geographic regions covering the entirety of Ireland and deliver trauma services from prevention and pre-hospital care through to specialist trauma acute care and rehabilitation.

These services will be available at varying levels of specialism in the hospitals and injury units across the network. Please see the following pages for more detail with regard to the services to be provided by each of the following:

1. Major Trauma Centre
2. Trauma Unit
3. Trauma Unit with Specialist Services
4. Local Emergency Hospital
5. Injury Unit
6. Pre-Hospital Emergency Care.

Clear protocols and procedures will be in place to support the ambulance service and the trauma services to ensure that patients are brought to and / or transferred to the appropriate facility in line with their care needs.

3.4.1 Major Trauma Centres

There will be one major hospital designated as a Major Trauma Centre at the heart of each Trauma Network:

• It will be tasked with the management of the most severely injured patients

• It will deliver a range of specialist services not found in other hospitals throughout the network and act as the highest point of escalation.
### 3.4.2 Trauma Units

There will be a number of major hospitals designated as Trauma Units in each Trauma Network:

- They will be tasked with the management of patients with serious injuries that do not require the specialist services of a Major Trauma Centre.

- Patients requiring the services of a Major Trauma Centre but faced with a travel time deemed unsafe by pre-hospital staff will be taken to the nearest Trauma Unit for rapid stabilisation and subsequent transfer to the Major Trauma Centre.

- It is important to note that a Major Trauma Centre will also play the role of a Trauma Unit for its respective catchment area.

### 3.4.3 Trauma Unit with Specialist Services

A Trauma Unit with Specialist Services will be a major hospital within a Trauma Network that is more than 45 minutes travel time from the Major Trauma Centre.

- It will have additional resources and expertise compared to a Trauma Unit.

- In addition to its core services it will have a level of specialist services.

The report of the Trauma Steering Group recommended that University Hospital Galway be designated as a Trauma Unit with Specialist Services.

### 3.4.4 Local Emergency Hospital

There will continue to be a number of Local Emergency Hospitals in each Trauma Network:

- They will continue to serve patients with less severe injuries or illnesses not defined as trauma but requiring urgent attention.

### 3.4.5 Injury Unit

There will continue to be a number of hospital and non-hospital based Injury Units in each Trauma Network:

- They will continue to treat minor / less severe injuries that do not require the referral of a physician, reducing the burden on hospital Emergency Departments whilst providing as much care locally as is safely possible.
• It is intended that the majority of the injured population will be treated in an Injury Unit or Local Emergency Hospital and that they will not require the services of a Trauma Unit or Major Trauma Centre.

3.4.6 Pre-Hospital Emergency Care

In addition, pre-hospital emergency care is also a critical part of the Trauma Networks, playing a key role in the assessment and transportation of patients to the right location.

Pre-hospital emergency care includes the services delivered by the ambulance services, critical care staff and others working outside of a hospital site including those working as part of aeromedical services.

3.5 Delivering Care Close to Home

A key consideration in the construction of a Trauma Network is the delivery of care at the lowest appropriate level of complexity to patients as close to their homes as possible. Following their treatment, it is intended that patients will be moved to hospitals and other units as close to their homes as possible, to continue their recovery and rehabilitation.

For example, a patient may require the urgent services of a Major Trauma Centre that is located some distance from their home. In this scenario it is envisaged that the patient would be transferred from the Major Trauma Centre to a hospital as close to their home as possible that can meet the requirements of their ongoing care, as soon as appropriate.
4 Proposed Draft Service Specifications for Major Trauma Centres and Trauma Units

This section sets out, at a high level, the services to be delivered by a Major Trauma Centre and a Trauma Unit.

All Major Trauma Centres and Trauma Units will be required to attain and maintain the level of service outlined in the Service Specifications to be designated as such. This applies to all of the Major Trauma Centres and Trauma Units in the Central Trauma Network and South Trauma Network.

Please note the proposed draft Service Specifications overleaf were developed to reflect and summarise the detail set out in the report of the Trauma Steering Group. Please see Appendix 6 of that report for more detail.

We welcome your comments on the proposed draft specifications.

4.1 Service Specification Categories

The following categories were considered in the development of the Service Specifications for Major Trauma Centres and Trauma Units:

1. Safety and Quality
2. Monitoring of Outcomes
3. Role in Trauma Network
4. Arrangements for Patients.
4.2 Service Specification – Major Trauma Centre

4.2.1 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 Specialist Registrar grade doctors (at a level of Specialty Trainee 4 or equivalent) or Consultants, appropriately trained and credentialed in the management of major trauma (Please see Section 3.1 of this document for a definition 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, Specialist Registrar grade doctors (at a level of Specialty Trainee 4 or equivalent) 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.

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5 Please note that this summary proposed draft Service Specification does not represent an exhaustive and detailed list of all the requirements of a Major Trauma Centre. Please see Appendix 6 of the report of the Trauma Steering Group for more detail with regard to the designation criteria for Major Trauma Centres and Trauma Units.

6 Specialty Trainee 4 is the appropriate minimum grade for surgical specialties
b) Core Services:

- Orthopaedics
- General Surgery
- Anaesthesia
- Emergency Medicine
- Intensive Care Medicine.

4. In addition, Consultants for each of the above specialties (defined in 3a and b) 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. The Major Trauma Centre will have a trauma group that meets at least quarterly and the membership will include:

   a) Major trauma lead clinician, Executive Board representation, Consultant in Emergency Medicine, Trauma Coordinator and Emergency Department Nurse
   
   b) In addition to representation from: Radiology, General Surgery, Anaesthetics, Intensive Care Medicine, Orthopaedics and Rehabilitation Medicine.

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

   a) Orthogeriatric service
   b) Burns service
   c) Management of pelvic ring injuries
   d) Specialist Acute Pain service.

**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.

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7 Burns will continue to be managed through the designation of the tertiary burns centre, for example, all large burns (>10% TBSA) will continue to be transferred to the National Burns Unit.
services.

D. 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 and Angiography services
c) 24 hours access across seven days, Monday to Sunday to Interventional Radiology services
d) 24 hours access across seven days, Monday to Sunday to laboratory services.

E. Rehabilitation Services / Staff

1. 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.

2. Major Trauma Centres will have the appropriate staff and leadership in place, including the following on site services:
   
a) A Trauma Network Director of Rehabilitation will be appointed with responsibility for all rehabilitation services within the Network
b) Consultant in Rehabilitation Medicine
   
c) A named lead for the rehabilitation team – Major Trauma Centre

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8 Major Trauma Centres will be equipped to respond to surges in demand for equipment in the case of major emergencies
9 Rehabilitation services to be resourced in line with the model of care developed by the Rehabilitation Medicine Programme and BSRM standards
10 Outreach sessions should be provided to Trauma Units by Consultants in Rehabilitation Medicine from the linked Major Trauma Centre. These sessions should provide support and assist in the management of patients with complex rehabilitation needs
Rehabilitation Team Lead

d) A Major Trauma Centre Specialist Rehabilitation Team, including:

- Specialist nurses
- Care assistants
- Physiotherapists
- Occupational therapists
- Speech and language therapists
- Dietitians
- Psychiatry
- Social workers
- Clinical psychologists / Neuropsychologists
- Associated support staff and other therapists.

c) Rehabilitation Coordinator, with experience in trauma and of multi-disciplinary management, who services its Trauma Network (for both the Major Trauma Centre and Trauma Units in its respective Network).

3. Major Trauma Centres 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 either:

a) Provision of specialist early / hyper acute rehabilitation as well as a managed transition to rehabilitation and the community

OR

b) A defined service for early / hyper acute trauma rehabilitation which meets the needs of patients with an Injury Severity Score >8.

F. 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 Interventional Radiology and / or surgical access to body cavities as required

b) 24 hours access across seven days, Monday to Sunday to emergency operating theatres and surgery facilities for trauma and reconstructive surgery including:
Cardiopulmonary bypass facilities
Fixation of pelvic ring injuries within 24 hours.

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, including: rapid fluid infusers, body temperature control, intra-operative fluoroscopy and plain films, fracture fixation, bronchoscopy and gastrointestinal endoscopy
g) 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
h) Appropriate facilities to support the required resource model of the Major Trauma Centre.

G. 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 helicopter landing pad on the hospital site capable of facilitating the helicopters currently in use and those likely to be used in the future in the delivery of Helicopter Emergency Medical Services (HEMS).
4.2.2 Monitoring of Outcomes

Major Trauma Centres will be required to submit data to the Major Trauma Audit, part of the National Office of Clinical 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 Trauma Audit and Research Network (TARN), a major trauma registry, 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.

4.2.3 Role in Trauma Network

The Major Trauma Centre will be required to play a key role in the coordination of patients being admitted to the Major Trauma Centre and those being moved to Trauma Units and other hospitals in line with their care needs, as outlined in Sections 3.4 and 3.5.

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

- Trauma Network Repatriation
- Trauma Bypass and Appropriate Hospital Access for Trauma Patients
- Orthopaedic Trauma Bypass.

The Major Trauma Centre will be required to play a key leadership, education and coordination role for trauma services and the Trauma Units within its respective Trauma Network.

A 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 or incident if required.
Please see page 12 for more detail with regard to the form and function of a Trauma Network.

### 4.2.4 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 core clinical service, to include:

- Appropriate, tailored information for patients and their families requiring surgery 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.
- Where family members seek to visit the unit providing the treatment this should be facilitated as far as possible.
- 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.
4.3 Service Specification – Trauma Unit

The following Service Specification shares many of the features set out previously in the Service Specification for a Major Trauma Centre.

4.3.1 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 following11:

A. Medical and Surgical Services / Staff

1. Have a Trauma Team on site 24 hours across seven days, Monday to Sunday, including Specialist Registrar grade doctors (at a level of Specialty Trainee 412 or equivalent) or Consultants, appropriately trained 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 physical attendance on the hospital site within 30 minutes of call out 24 hours across seven days, Monday to Sunday

3. The Trauma Team must include, as a minimum, Specialist Registrar grade doctors (at a level of Specialty Trainee 4 or equivalent) on site 24 hours across seven days, Monday to Sunday for each of the following specialties:

   a) Core Services:

      ▪ Orthopaedics
      ▪ General Surgery
      ▪ Anaesthesia / Intensive Care Medicine
      ▪ Emergency Medicine.

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

---

11 Please note that this summary proposed draft Service Specification does not represent an exhaustive and detailed list of all the requirements of a Trauma Unit. Please see Appendix 6 of the report of the Trauma Steering Group for more detail with regard to the designation criteria for Major Trauma Centres and Trauma Units

12 Specialty Trainee 4 is the appropriate minimum grade for surgical specialties
5. The Trauma Unit will have a trauma group that meets at least quarterly and the membership will include:
   
   a) Major trauma lead clinician, Executive Board representation, Consultant in Emergency Medicine, Trauma Coordinator and Emergency Department Nurse
   b) In addition to representation from: Radiology, General Surgery, Anaesthetics / Intensive Care Medicine, Orthopaedics and Rehabilitation Medicine.

6. In addition the following services must also be available on site:
   
   a) Orthogeriatric service
   b) Capability to provide emergency management for all orthopaedic trauma injuries
   c) Specialist Acute Pain service.

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.

D. 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\(^\text{13}\):
   
   a) 24 hours access across seven days, Monday to Sunday to X-Ray, CT and Ultrasound services

\(^\text{13}\) Trauma Units should be equipped to respond to surges in demand for equipment in the case of major emergencies
b) Interventional Radiology\textsuperscript{14} services will be promptly available 9am to 5pm, Monday to Friday

c) 24 hours access across seven days, Monday to Sunday to laboratory services.

E. Rehabilitation Services / Staff

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

2. Trauma Units will have the appropriate staff and leadership in place, including:

   a) The following on site services\textsuperscript{15}:
      i. A named lead for the rehabilitation team – Trauma Unit Rehabilitation Team Lead
      ii. A Trauma Unit Specialist Rehabilitation Team, including:
         - Physiotherapists
         - Occupational therapists
         - Speech and language therapists
         - Dietitians
         - Social workers
         - psychologists
         - Associated support staff and other therapists.

   b) The following outreach services:
      i. Outreach sessions will be provided to Trauma Units by Consultants in Rehabilitation Medicine from their Network’s Major Trauma Centre.

3. Trauma Units 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 either:

   a) Provision of specialist early / hyper acute rehabilitation as well as a managed transition to rehabilitation and the community

   OR

\textsuperscript{14} 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

\textsuperscript{15} Rehabilitation services to be resourced in line with the model of care developed by the Rehabilitation Medicine Programme and BSRM standards
b) A defined service for early / hyper acute trauma rehabilitation which meets the needs of patients with Injury Severity Score >8.

F. 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 Interventional Radiology and / or surgical access to body cavities as required
   b) 24 hours access across seven days, Monday to Sunday to emergency operating theatres and surgery facilities for trauma and reconstructive surgery
   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, including: rapid fluid infusers, body temperature control, intra-operative fluoroscopy and plain films, fracture fixation, bronchoscopy and gastrointestinal endoscopy
   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) Appropriate facilities to support the required resource model of the Trauma Unit.

G. Accessibility

2. 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.

3. 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 helicopter landing pad.

| 4.3.2 Monitoring of Outcomes |

Trauma Units will be required to submit data to the Major Trauma Audit, part of the National Office of Clinical 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 Trauma Audit and Research Network (TARN), a major trauma registry, 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.

| 4.3.3 Role in Trauma Network |

The Trauma Unit will be required to work with the Major Trauma Centre in the coordination of patients being admitted to the Trauma Unit and those being moved to the Major Trauma Centre and other hospitals in line with their care needs, as outlined in Sections 3.4 and 3.5.
In particular the Major Trauma Centre will be required to support appropriate ways of working in line with best practice with regard to:

- Trauma Network Repatriation
- Trauma Bypass and Appropriate Hospital Access for Trauma Patients
- Orthopaedic Trauma Bypass.

The Trauma Unit will be required to play a key leadership, education and coordination role for Trauma Services within its respective Trauma Network working in partnership with its respective Major Trauma Centre.

A 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 or incident if required.

### 4.3.4 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 core clinical services, to include:

- Appropriate, tailored information for patients and their families requiring surgery 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
- Where family members seek to visit the unit providing the treatment this will be facilitated as far as possible
- Appropriate accommodation and other facilities should be available for immediate family members that reside some distance from the Trauma Unit who travel with patients.
5 Considering the Identified Options for the Central Trauma Network’s Major Trauma Centre

The previous sections set out the proposed approach and process to designate the Central Trauma Network’s Major Trauma Centre and the Dublin Trauma Unit(s).

The following options have been identified for inclusion in this consultation document, as those under consideration. This list is not intended to replace the detailed assessment process to be completed by the Independent Assessment Panel.

We welcome your comments on the identified options set out below.

Below are the six identified options, under the proposed approach and process, for the Central Trauma Network’s Major Trauma Centre.

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

Figure 2 on page 32 shows the geographic location of six identified options under consideration.

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 Major Trauma Centre Service Specification.
<table>
<thead>
<tr>
<th>Identified Options</th>
<th>Voluntary / Statutory Hospital</th>
<th>Hospital Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beaumont Hospital</strong></td>
<td>Voluntary Hospital (Section 38 Agency)</td>
<td>RCSI Hospital Group</td>
</tr>
<tr>
<td>In this option Beaumont Hospital will act as the Major Trauma Centre for the Central Trauma Network.</td>
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</tr>
<tr>
<td>Beaumont Hospital is a model 4 university teaching hospital with approximately 3,500(^{16}) staff (WTE).</td>
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<tr>
<td>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.</td>
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<tr>
<td><strong>Connolly Hospital Blanchardstown</strong></td>
<td>Statutory Hospital (Directly managed by RCSI Hospital Group)</td>
<td>RCSI Hospital Group</td>
</tr>
<tr>
<td>In this option Connolly Hospital will act as the Major Trauma Centre for the Central Trauma Network.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connolly Hospital is a model 3 university teaching hospital with approximately 1,200 staff (WTE).</td>
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</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td><strong>Mater Misericordiae University Hospital</strong></td>
<td>Voluntary Hospital (Section 38 Agency)</td>
<td>Ireland East Hospital Group</td>
</tr>
<tr>
<td>In this option the Mater Hospital (Public) will act as the Major Trauma Centre for the Central Trauma Network.</td>
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<td></td>
</tr>
<tr>
<td>The Mater Hospital is a model 4 university teaching hospital with approximately 2,900 staff (WTE).</td>
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</tr>
<tr>
<td>It is located on the north of inner Dublin city, near Drumcondra. Its location adjoins the North Circular Road.</td>
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</tbody>
</table>

\(^{16}\) All WTE figures as per latest figures reported by Hospital Groups in 2018 Operational Plans, and rounded to the nearest hundred.
<table>
<thead>
<tr>
<th>Identified Options</th>
<th>Voluntary / Statutory Hospital</th>
<th>Hospital Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. James’s Hospital</td>
<td>Voluntary Hospital (Section 38 Agency)</td>
<td>Dublin Midlands Hospital Group</td>
</tr>
<tr>
<td>In this option St. James’s Hospital will act as the Major Trauma Centre for the Central Trauma Network.</td>
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<td></td>
</tr>
<tr>
<td>St. James’s Hospital is a model 4 university teaching hospital with approximately 3,900 staff (WTE).</td>
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<tr>
<td>It is located on the west of inner Dublin city, south of the River Liffey, near Dublin Heuston Station.</td>
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<tr>
<td>St. Vincent’s University Hospital</td>
<td>Voluntary Hospital (Section 38 Agency)</td>
<td>Ireland East Hospital Group</td>
</tr>
<tr>
<td>In this option St. Vincent’s Hospital will act as the Major Trauma Centre for the Central Trauma Network.</td>
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<tr>
<td>St. Vincent’s Hospital is a model 4 university teaching hospital with approximately 2,800 staff (WTE).</td>
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<tr>
<td>It is located on the south east of Dublin city near Donnybrook, north of the intersection of the R138 and the N11.</td>
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<tr>
<td>Tallaght University Hospital (Adelaide and Meath Hospital, Dublin)</td>
<td>Voluntary Hospital (Section 38 Agency)</td>
<td>Dublin Midlands Hospital Group</td>
</tr>
<tr>
<td>In this option Tallaght Hospital will act as the Major Trauma Centre for the Central Trauma Network.</td>
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</tr>
<tr>
<td>Tallaght Hospital is a model 4 university teaching hospital with approximately 2,600 staff (WTE).</td>
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<td></td>
</tr>
<tr>
<td>It is located on the south west of Dublin city, outside the M50, south of the N7 and M50 intersection.</td>
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</tbody>
</table>
Figure 2: Map Depicting the Geographic Location of the Hospitals Addressed in the Identified Options
6 Proposed Assessment Criteria for Designation of the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s)

The following assessment criteria have been developed to support the assessment of the proposals 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.

It must be noted that the assessment criteria below will be used in broad terms to assess the designation of both the Major Trauma Centre and the Dublin Trauma Unit(s). However, in line with the Service Specification for Trauma Unit(s), criterion 1 is not applicable for the Dublin Trauma Unit(s) as they are not required to provide specialist services as defined overleaf.

We welcome your comments on the suitability of the assessment criteria and the weights set out below.

6.1 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 (evenly split between Road and Air)</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Effective Use of Resources</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>Ease of Implementation</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>Leadership, Track Record and Institutional Commitment</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>110</td>
</tr>
</tbody>
</table>

Please see the following pages for further detail with regard to the criteria set out above.
<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>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Specialist Trauma Service Offering and Capacity</td>
<td>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, Cardiac Surgery, Plastic Surgery, Maxillofacial Surgery, Ear Nose and Throat Surgery, Ophthalmology, Diagnostic Radiology, Interventional Radiology and Rehabilitation Medicine.</td>
<td>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.</td>
<td>Proposals will be required to set out the hospital’s current specialist service offering and capacity. This is likely to include:</td>
<td>25</td>
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<tr>
<td></td>
<td>(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)).</td>
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<thead>
<tr>
<th>#</th>
<th>Proposed Criterion</th>
<th>Criterion Detail</th>
<th>Rationale for Inclusion of Criterion</th>
<th>Measurement Approach</th>
<th>Scoring</th>
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</thead>
</table>
| 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 and Intensive Care Medicine. | 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. | Proposals will be required to set out the hospital’s **current core** service offering and capacity, which is likely to include:  
  - Volume of procedures in previous years  
  - General and specialist bed KPIs including occupancy rates  
  - Operating theatre KPIs including utilisation rates  
  - Scale of relevant workforce, infrastructure and equipment  
  - Other relevant information.                                                                 | 20 |
<p>| 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.                                                                                   | The issue to accessibility is important, in particular, considering the geographic origin of trauma cases and the resulting distances that they travel.                                                                                                    | Proposals will be required to set out the hospital’s current facilities with regard to access by road and air including:                                                                                                                                      | 20 |</p>
<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>Scoring</th>
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<tbody>
<tr>
<td></td>
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<td>air in a safe and timely manner. In particular:</td>
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<td></td>
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<td>• 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</td>
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<td></td>
<td></td>
<td>• 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.</td>
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<td></td>
<td>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.</td>
<td></td>
<td>• An analysis of road travel times to the hospital and any known or potential challenges</td>
<td>Split:</td>
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<tr>
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<td>• Access and transport arrangements within the hospital campus and any known or potential challenges</td>
<td>By Road 10</td>
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<td></td>
<td>• Supporting facilities on site to support road access e.g. ambulance parking bays, sluice, cleaning and storage areas</td>
<td>By Air 10</td>
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<td></td>
<td>• Arrangements in place for air access to the hospital site</td>
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<td></td>
<td>• 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</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Proposed Criterion</td>
<td>Criterion Detail</td>
<td>Rationale for Inclusion of Criterion</td>
<td>Measurement Approach</td>
<td>Scoring</td>
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<tr>
<td>4</td>
<td>Effective Use of Resources</td>
<td>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.</td>
<td>A key role of the HSE is to ensure the effective use of resources and that value for money is provided.</td>
<td>Proposals 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 proposals the Independent Assessment Panel will identify, review and validate the indicative, high level, resource requirement associated with these changes to ensure a consistent approach for measurement and costing.</td>
<td>15</td>
</tr>
<tr>
<td>#</td>
<td>Proposed Criterion</td>
<td>Criterion Detail</td>
<td>Rationale for Inclusion of Criterion</td>
<td>Measurement Approach</td>
<td>Scoring</td>
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</tr>
<tr>
<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 hospitals services to accommodate trauma services as set out in the Service Specification.</td>
<td>Proposals will be required to set out the proposed approach(s) to address the gaps between the existing services and the Service Specification. The implementation approaches 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 proposals the Independent Assessment Panel will identify, review and validate the complexity of the</td>
<td>20</td>
</tr>
<tr>
<td>#</td>
<td>Proposed Criterion</td>
<td>Criterion Detail</td>
<td>Rationale for Inclusion of Criterion</td>
<td>Measurement Approach</td>
<td>Scoring</td>
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<tr>
<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 demonstrated track record for excellent service delivery, 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>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 Trauma Units, other hospitals, colleges and other bodies to deliver the best possible trauma service.</td>
<td>Proposals 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 proposal should set out examples of the organisation’s track record in excellent service delivery and the implementation of complex changes and service improvements. In addition, proposals should identify examples of demonstrable leadership in delivering best in class trauma services in Ireland and examples of relevant links</td>
<td>10</td>
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<tr>
<td>#</td>
<td>Proposed Criterion</td>
<td>Criterion Detail</td>
<td>Rationale for Inclusion of Criterion</td>
<td>Measurement Approach</td>
<td>Scoring</td>
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<td></td>
<td></td>
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<td>with national and international partners as part of the delivery of trauma services.</td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>110</td>
</tr>
</tbody>
</table>
7 Proposed Designation Process for the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s)

Considering the interdependency between the designation of the Central Trauma Network’s Major Trauma Centre and the designation of the Trauma Unit(s) for Dublin, it is proposed that they be designated and communicated simultaneously. It should be noted that there will be a maximum of two Trauma Units in Dublin.

To enable this, it is proposed that each of the Dublin Hospital Groups (Ireland East Hospital Group, Dublin Midlands Hospital Group and RCSI Hospital Group) be requested to make submissions with regard to the designation of the Major Trauma Centre for the Central Trauma Network.

As a Major Trauma Centre also plays the role of a Trauma Unit for its immediate catchment area, the three Hospital Groups will be requested to make submissions for each identified option under their management, e.g. Ireland East Hospital Group to make submissions for both St. Vincent’s University Hospital and the Mater Misericordiae University Hospital.

As part of the process, the relevant Hospital Groups and hospitals will be notified that should their application to be designated as the Major Trauma Centre for the Central Trauma Network be unsuccessful, their application will be considered for designation as a Trauma Unit.

By running a simultaneous Major Trauma Centre and Trauma Unit designation process it should be possible to ensure the best configuration of the Major Trauma Centre and the Trauma Unit(s) for Dublin and to evaluate the overall network configuration (one Major Trauma Centre and maximum two Trauma Units for Dublin) prior to finalising the designation of the Major Trauma Centre.

An Independent Assessment Panel comprised of local and international experts will review and score the written proposals in line with the proposed draft Service Specifications and assessment criteria set out previously.

The panel will also conduct visits to the hospital sites and meet with the Hospital Groups, their respective hospitals and other key representatives as part of the assessment process.

Following the assessment the panel will provide advice to the TRIG and the HSE who in turn will make a recommendation to the Department of Health.

During the designation process the HSE will review what impact, if any, the proposed changes will have on the equality of access to health services.
The feedback gathered through this public consultation process will be used to inform the next stages of this work and the documentation to be published as part of the commencement of the formal designation process.

Please see the following section for a detailed questionnaire on the contents of this document and the proposed process for gathering feedback.
8 Your Opportunity to Have Your Say – Consultation Questions

This process represents a formal consultation on the proposed draft Service Specifications, assessment criteria and process to designate the Central Trauma Network’s Major Trauma Centre and Dublin Trauma Unit(s).

Comments are invited from all interested parties. Please find the consultation questions overleaf. Feedback can be submitted online here.

Please note the deadline for submissions is 5 p.m. on 14 February 2019.

A separate feedback process is open for the Hospital Groups, hospitals, colleges, clinical programmes and other key stakeholder groups. That feedback process uses the same questions as overleaf but the feedback is gathered through a different mechanism.

The approach used in gathering feedback is in keeping with the Department of Public Expenditure and Reform’s Consultation Principles & Guidance, published in 2016. These guidelines can be downloaded here.

Before you submit your response, please be aware that:

- Your submission may be published
- Your submission will be subject to the provisions of the Freedom of Information Acts
- Personal identifying information contained in your submission will not be published, in accordance with the Data Protection Acts 1988, 2003 and 2018 and the Freedom of Information Act 2014
- Comments involving allegations of any kind against a named or otherwise identifiable person or organisation may be viewed as defamatory by the subject of the comments. By making a submission, you may be sued directly for any defamatory allegations in a submission and should avoid making such allegations
- Your submission may, in the interests of transparency, be published online. Should your submission not be published, you may have obligations under the Regulation of Lobbying Act to register the activity. You can check if you are lobbying here.

Please ensure you have read the following:

- Report of the Trauma Steering Group
Consultation on the Proposed Draft Service Specification, Identified Options and Assessment Criteria for the designation of the Major Trauma Centre for the Central Trauma Network and the Trauma Unit(s) for Dublin

Survey Questions

A. Introduction

A1. I am responding:

(Please tick one option)

<table>
<thead>
<tr>
<th>As an individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an individual working in the Health Sector</td>
</tr>
<tr>
<td>On behalf of an organisation</td>
</tr>
</tbody>
</table>

If responding on behalf of an organisation, please provide the name of that organisation below.


A2. About your location:

<table>
<thead>
<tr>
<th>County</th>
</tr>
</thead>
</table>
B. Proposed Draft Service Specifications (Section 4) and Identified Options (Section 5)

B1. Please indicate your level of support for the following statement:

The proposed draft Service Specifications are broadly appropriate.

(Please tick one option)

<table>
<thead>
<tr>
<th>Fully support</th>
<th>Mostly support, with edits</th>
<th>Requires modification</th>
</tr>
</thead>
</table>

Please provide further detail as appropriate in the box below. If you wish, you may also upload a file with any other comments, evidence or information later in section D.

B2. In your opinion are there other areas which should be considered?

If 'yes' please comment in the box below. If you wish, you may also upload a file with any other comments, evidence or information later in section D.
B3. Please indicate your level of support for the following statement:

*The identified options set out for the location of the Major Trauma Centre in this document are appropriate.*

(Please tick one option)

<table>
<thead>
<tr>
<th>Fully support</th>
<th>Mostly support, with edits</th>
<th>Requires modification</th>
</tr>
</thead>
</table>

Please provide further detail as appropriate in the box below. If you wish, you may also upload a file with any other comments, evidence or information later in section D.

B4. In your opinion are there other options that should be considered?

If ‘yes’ please comment in the box below. If you wish, you may also upload a file with any other comments, evidence or information later in section D.
C. Assessment Criteria and Weightings (Section 6)

C1. Please indicate your level of support for the following statement:

_The proposed assessment criteria for the designation of the Major Trauma Centre for the Central Trauma Network are appropriate._

(Please tick one option)

<table>
<thead>
<tr>
<th>Fully support</th>
<th>Mostly support, with edits</th>
<th>Requires modification</th>
</tr>
</thead>
</table>

Please provide further detail as appropriate in the box below. If you wish, you may also upload a file with any other comments, evidence or information later in section D.

C2. In your opinion are there other criteria which should be considered?

If ‘yes’ please comment in the box below. If you wish, you may also upload a file with any other comments, evidence or information later in section D.

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C3. Please indicate your level of support for the following statement:

*The associated weightings for the designation of the Major Trauma Centre for the Central Trauma Network are appropriate.*

(Please tick one option)

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<thead>
<tr>
<th>Fully support</th>
<th>Mostly support, with edits</th>
<th>Requires modification</th>
</tr>
</thead>
</table>

Please provide further detail as appropriate in the box below. If you wish, you may also upload a file with any other comments, evidence or information later in section D.
D. Other Comments

D1. Please provide any other comments, evidence or information that you wish to share in the box below. If you wish, you may also upload a file as part of the following question.


D2. If you wish, you may append a file with any other comments, evidence or information here.

Thank you for completing this response.
## 9 Appendix 1 – Trauma Review Implementation Group

The following table lists the membership of the Trauma Review Implementation Group and the roles of the respective members.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Sullivan (Chair)</td>
<td>DDG Strategy, HSE</td>
</tr>
<tr>
<td>Colm Henry</td>
<td>Chief Clinical Officer</td>
</tr>
<tr>
<td>John Hennessy</td>
<td>National Director, Acute Strategy and Planning</td>
</tr>
<tr>
<td>Angela Fitzgerald</td>
<td>Deputy National Director, Acute Operations</td>
</tr>
<tr>
<td>Ciara Pidgeon</td>
<td>Acute Hospitals Policy Division, Department of Health</td>
</tr>
<tr>
<td>Mary Wynne</td>
<td>Director, Office of Nursing and Midwifery Services, HSE</td>
</tr>
<tr>
<td>Martin Dunne</td>
<td>Director, National Ambulance Service</td>
</tr>
<tr>
<td>David Moore</td>
<td>Joint Lead National Clinical Programme for Trauma and Orthopaedic Surgery/Consultant Trauma and Orthopaedic surgeon, OLCH Crumlin/Tallaght Hospital</td>
</tr>
<tr>
<td>David Menzies</td>
<td>National Clinical Lead for Adult Retrieval, National Ambulance Service Critical Care and Retrieval Services/Consultant in Emergency Medicine SVUH</td>
</tr>
<tr>
<td>Gerry McCarthy</td>
<td>National Clinical Lead Emergency Medicine Programme, Consultant in Emergency Medicine, CUH</td>
</tr>
<tr>
<td>Paddy Kenny</td>
<td>Joint Lead National Clinical Programme for Trauma and Orthopaedic Surgery / Consultant Trauma and Orthopaedic Surgeon, Connolly and Cappagh Hospitals</td>
</tr>
<tr>
<td>Jacinta McElligott</td>
<td>National Clinical Lead, National Clinical Programme for Rehabilitation Medicine, National Rehabilitation Hospital, Dun Laoghaire, Co Dublin</td>
</tr>
</tbody>
</table>