



**An Roinn Dlí agus Cirt**  
Department of Justice



# **Repurposing of Whitehall Garda Station for the use of the Office of the State Pathologist and the Dublin District Coroner**

**Project Ex-Post Evaluation – Final Report**

**May 2022**



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# 1 Introduction

## 1.1 Overview

Whitehall Garda Station in north Dublin was one of numerous stations closed in the period around 2012/2013. Between 2014 and 2017 the Department of Justice and Dublin City Council co-sponsored a project to convert it for use as a new base for the State Pathologist and the Dublin City Mortuary.

As part of its responsibilities under Public Spending Code<sup>1</sup>, the Department has commissioned an Ex-Post Evaluation of the project, which is the subject of this report.

## 1.2 Background

Forensic pathology is the scientific discipline concerned with determining the causes of sudden, suspicious, violent or unexplained death. In many jurisdictions, a distinction is made between such deaths which are known or suspected of having criminal causes, and those which are not, and different responses apply to cause of death investigations in each category, both with different legal underpinnings.

In Ireland the Office of the State Pathologist (OSP) operates under the aegis of the Department of Justice and is responsible for providing the State's forensic pathology service. It delivers an anatomical pathology service and conducts post-mortem examinations in cases involving criminal or potentially criminal causes.

Coroners have legal responsibilities to determine the cause of death in unexplained cases. The OSP conducts post-mortem examinations on its behalf in cases involving or potentially having criminal causes, while Coroners determine causes of the death in other cases. Doing so enables the legal determination of the cause of death, enables the issue of a death certificate, and provides an important public service for the bereaved and next of kin. Investigations of deaths undertaken by Coroners sometimes involve post-mortem examinations and/or the conducting of inquests, although not in every case.

Legal and organisational responsibility for the Dublin District Coroner's Court and City Mortuary was transferred from Dublin City Council to the Department of Justice in January 2018.

Prior to the repurposing of the Whitehall facility, both the State Pathologist and the Dublin City Mortuary were accommodated in portacabin facilities at the Dublin Fire Brigade Training Centre in Marino, itself intended as a temporary base prior to a purpose-built facility being developed on the same site.

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<sup>1</sup> [gov.ie](http://gov.ie) - The Public Spending Code ([www.gov.ie](http://www.gov.ie))



### 1.3 Evaluation Requirements

The Public Spending Code was substantially revised and relaunched in 2019, and sets out the rules, procedures and principles which should be applied in the planning, implementation and evaluation of public expenditure involving both capital and recurrent spend. In relation to publicly-funded capital investment, it describes the processes and phases through which projects should progress, and governance structures which should oversee projects, the different elements of sanctioning, and the assessments, appraisals and reviews which should be undertaken at each phase of the lifecycle of investment projects.

The Public Spending Code requires that capital projects be subject to an ex-post evaluation, as the final stage in the process of evaluating, planning and managing public investments and the project lifecycle within the Code's project delivery framework. The Code considers the stage "critical for identifying lessons learned and driving the process of continuous improvement in how public bodies manage public investment, particularly the identification, appraisal and development of capital projects".

The Code further asserts that the purpose of the ex-post evaluation is to "determine if the intended benefits and outcomes materialised and to judge the impact of the project or intervention", while its wider purpose is to "translate the lessons learned on investment projects into sectoral and national guidance to support public bodies in delivering public investment projects with the desired identified outcomes".

There are three overriding aims:

1. to determine whether the expected benefits and outcomes materialised, including in respect of the operational performance;
2. to determine whether the planned outcomes were the appropriate responses to actual public needs; and
3. to draw conclusions which are applicable to other projects, to the ongoing use of the asset, or to associated projects.

A number of further specific questions must be evaluated and addressed:

- "were the outcomes, operational performance and benefits as identified in the Final Business Case, Detailed Project Brief and Benefits Realisation Strategy achieved?
- how effective was the benefits management process?
- was the benefits management process proportionate to the size and scale of the project?
- how accurate were the benefits models and assumptions?
- did the management of risk have an impact on expected benefits and outcomes?
- what were the medium to long term impacts on targeted beneficiaries?
- lessons learned for other projects/sectoral and/or national guidance"<sup>2</sup>.

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<sup>2</sup> Public Spending Code: A Guide to Evaluating. Planning and Managing Public Investment, p.54



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## 1.4 Methodology

The evaluation methodology has involved:

- review of a wide range of project documentation and records;
- a visit and tour of the facilities at Whitehall;
- interviews with a range of stakeholders and organisations involved in the project or who regularly use the facility at Whitehall, including:
  - the State Pathologist;
  - the Dublin District Coroner;
  - the Department of Justice;
  - Dublin City Council;
  - the Office of Public Works;
  - An Garda Síochána; and
  - a consultant pathologist who undertakes post-mortem examinations at the facility on behalf of the Coroner.

## 1.5 Structure of Report

The report is structured as follows:

- Section 2 describes the project in more detail, and sets out the scope of the project under review;
- Section 3 presents the review of its pre-procurement phase;
- Section 4 presents the review of its procurement and implementation phase;
- Section 5 presents the review of its operational phase; and
- Section 6 summarises the findings and presents evaluation conclusions.



## 2 Project Details and Evaluation Scope

### 2.1 Initial Proposals and Development Project at Marino

For many years post-mortem examinations undertaken by the State Pathology service as well as those undertaken on behalf of the Dublin District Coroner took place at what was then the City Morgue, at Store Street. Its increasingly-evident inadequacies, as well as the evolving distinct and separate needs of both the Coroner and the State Pathologist, were the subject of various discussions and deliberations in the late 1990s and early 2000s between Dublin City Council, the Department of Justice, and others. Proposals were considered for a modern “medico-legal” facility on site, as well as for facilities to be developed elsewhere.

For a number of reasons no such project was progressed at that time, although dialogue continued. By the mid-2000s agreement had been reached between the City Council and the Department of Justice for the use of lands at the Dublin Fire Brigade Training Centre, O’Brien Institute, Marino, for such a purpose, and for the joint sponsorship and funding of the building. Both the City Morgue and the State Pathology service moved to the site, where they shared portacabin facilities, pending the development of such a newly-built medico-legal centre.

Detailed designs were drawn up, funding agreed, and a contractor was appointed in 2010. However the contractor went into receivership later that year and the works were discontinued. Funding constraints then led to a decision that the project be indefinitely deferred<sup>3</sup>.

It was subsequent to these events that a decision was made to explore scaled-down options for a city morgue and pathology suite which were likely to be affordable and allow the movement of services out of the portacabins then in use.

### 2.2 Whitehall Proposal and Project

Whitehall Garda Station was built in the 1930s and functioned as such until 2012. Its façade is listed as a protected structure under Dublin City Council’s Record of Protected Structures in the 2016-2022 Dublin City Development Plan.

It was one of numerous operational Garda Stations closed in the period, and officially exited Garda service at the end of April 2012. It was identified by the Office of Public Works (OPW) when inquiries were made about any appropriate properties in its possession that had potential for recommissioning as a mortuary and pathology facility.

Agreement was reached to proceed, and the project was subsequently delivered, details of which are the subject of subsequent sections of this report.

The location of the facility in North Dublin is shown below.

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<sup>3</sup> These events were the subject of an examination and report by the Comptroller and Auditor General.

**Figure 2.1 Former Whitehall Garda Station – Site and Location**



*Source: Google Earth*

## 2.3 Evaluation Scope

The scope of the evaluation extends from the period following the decision to convert Whitehall Garda Station. It therefore excludes the prior proposals and project activities at Marino (other than where relevant to the Whitehall project itself). Specifically, the review covers the period from late 2011 to the present. Within this there are clear phases which align with the typical phases of a capital project, namely pre-procurement, procurement, implementation/construction, and operation, and these are described and assessed in turn.



## **3 Review of Pre-Procurement Phase**

### **3.1 Key Project Activities**

Official records indicate that the facility at Whitehall was first identified as a potential location for the State Pathology service and Dublin mortuary towards the end of 2011, and the main construction tender was issued in March 2015. The pre-procurement phase therefore spans the period of just under 3.5 years in between.

The main elements of work which took place in this phase were:

- assessment of the site and building's suitability;
- negotiation and agreement between the Department of Justice and Dublin City Council to co-sponsor and progress the project;
- design team appointment;
- design and statutory planning;
- preparation of tender documents;
- sanctioning to go to tender.

### **3.2 Site Selection**

A decision was taken in 2011 that Whitehall Garda Station would be closed, and the building was identified by the OPW as one that might be considered for use as a new base of the State Pathologist and city mortuary late that year.

Delegations from the Department of Justice, the City Council, the OSP and the Dublin District Coroner (DDC) visited the site in April 2012 to consider its suitability (it closed as a Garda Station at the end of that month). The building had been originally designed and built as a Garda Station in the 1930s and is one of the oldest such buildings in the country. The view was taken that it did, in principle, offer the means to serve such a new function if repurposed and fitted out as such.

The Minister of Justice and the Minister of State at the OPW had reportedly agreed in principle that the Department and the City Council would have first refusal to use it for that purpose, although there were however other parties which had expressed interest in the premises according to the OPW. It was not until late 2012 that the OPW gave approval for the venue to be converted and used exclusively for that purpose.

### **3.3 Project Development, Design and Planning**

There were various interactions between the Department of Justice, the City Council, and the OPW in early 2013 which sought to explore and confirm their desire and ability to jointly sponsor such a project and commit to it financially. In February 2013 the Minister for Justice gave approval in principle to it being converted to such use, subject to the necessary further professional assessment. All parties expressed their ongoing commitment to such a project and agreed to continue to together assess its feasibility.



Town Planning consultants were appointed and reported in July 2013, confirming that either a “Part 8” (local authority-led) or “Part 9” (exempt from typical planning processes) procedure could be followed in this case to meet the statutory planning requirement, and that ownership of the building would not affect that.

A decision was taken in July 2013 that the preferred planning route would be via Part 9.

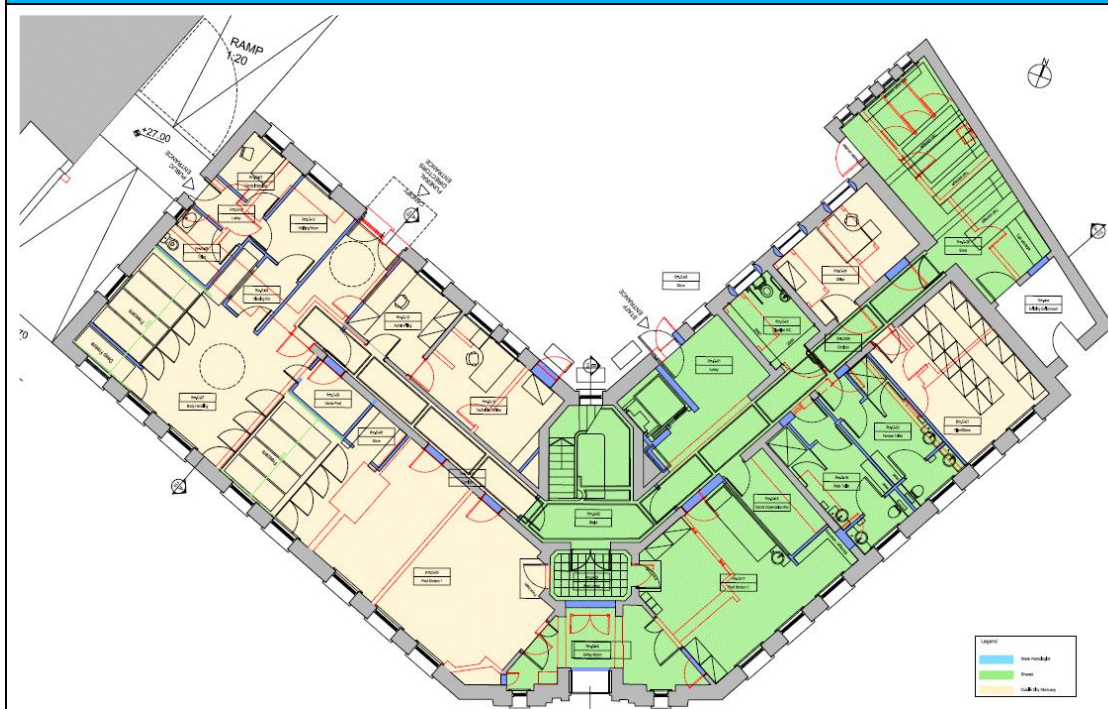
While some initial sketches were undertaken by DCC architectural services, an OPW-appointed architect and engineer developed more detailed plans over the second half of 2013. It was determined that the OSP would principally accommodate the first floor of the building, while the Ground Floor would be repurposed as mortuary facilities, including post-mortem examination rooms. The input of the OSP was sought to contribute to design meetings for the former, and of the Coroner for the latter, as well as in respect of the entire facility and of shared space and facilities, and the approval of each were sought during and before sign-off of design development.

There was further work on project design aspects in the first half of 2014 (as well as other issues which affected progress towards formal planning). An Garda Síochána were invited to consider security aspects of the emerging designs in mid-2014, while the specification and sourcing of specialist mortuary equipment came under consideration at the same time.

The Part 9 Planning procedure commenced in August 2014, based on plans which had been agreed by all at that point.

The designs are shown below.

**Figure 4.1 Ground Floor Plan**



The layouts envisaged having OSP offices, meeting rooms, laboratory and administrative space on the first floor, and city mortuary facilities on part of the ground floor comprising two post-mortem examination suites and facilities for the handling and storage of remains, as well as shared facilities on other parts of the ground floor including a third post-mortem examination room for the purpose of forensic post-mortem examinations necessary for OSP (“State”) cases, and for other technical, changing/showering, storage and shared administrative spaces.

**Figure 4.2 First Floor Plan**



While the plans originally included provision for an X-Ray room, further consideration of the space and circulation constraints meant this could not be included as its only potentially suitable location would impede workflows unacceptably.

### 3.4 Business Case

A detailed appraisal was prepared in June 2008 in respect of the original proposal to develop a medico-legal centre at the O’Brien Institute in Marino. This addressed:

- the background to the (then) proposal;
- a description of the project;
- a description of options for achieving the project objectives;
- a multicriteria analysis to compare options;
- identification of the preferred option;
- an assessment of risks;
- proposals for project management; and
- a final recommendation.

The options considered were as follows:



1. do nothing;
2. build a permanent facility on the existing (Marino) site and retain a partnership with the City Morgue/ Dublin City Council; and
3. build a permanent facility on an alternative site without a partnership with the City Morgue.

The second option was deemed the preference and its progression recommended (although as noted earlier that project discontinued at an early point of construction due to the contractor going into receivership). The detailed appraisal extended to 11 pages, and the option recommended had an anticipated total development cost of €24.2m.

In July 2013, a period subsequent to the Marino project discontinuing and when dialogue on the Whitehall proposals were advanced, a memo was prepared for the Minister for Justice by officials which sought formal approval to progress the project at Whitehall. This described the status of the proposal at that point, and considered the option of progressing with it as a traditional procurement against an alternative of progressing such a project as a Public Private Partnership elsewhere<sup>4</sup>, before recommending sanction to proceed with the former.

There is no other formal business case or appraisal of the specific proposal to proceed with the project at Whitehall which accords with the requirements of the Public Spending Code (as in place then or since). Rather, officials deemed the existence of both of the above documents (the original appraisal and the subsequent memo) to meet the requirement for a business case/prior appraisal for the project, and concluded that no further such assessment was necessary.

### 3.5 Cost and Timeframe Estimation

A first cost estimate for the project dates from October 2013, when the OPW provided a preliminary estimate of €675,000, including VAT, but excluding professional fees and others costs such as furniture, sanitary fittings, specialist lab equipment, local authority fees and charges, fit out works to the ground floor, and a variety of external works. This costing was made some 10 months prior to designs being signed off and Part 9 planning lodged.

Further formal pre-tender costings were as follows:

- a Budget Estimate Report of the Quantity Surveyor in January 2014 estimated a construction cost of €1,888,500 (ex VAT);
- an OPW project budget estimate of April 2014 suggested a construction cost of €1,917,850 (ex VAT);
- a revised Cost Report of the Quantity Surveyor as of January 2015 estimated a construction cost of €2,233,500 (ex VAT).

The latter of these became the formal pre-tender cost estimate for the main construction contract. Its increase over the 2014 estimate provided by the Quantity Surveyor was explained by way of numerous additions, the most costly of which included:

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<sup>4</sup> The Infrastructure Stimulus Package announced by Government in July 2012 included 11 projects within the Justice area to be delivered by PPP, of which a State Pathology Facility was one. However subsequent advice was received that it would not be feasible as a PPP project.



- a further 12 months of construction cost inflation;
- the need to remove two additional chimney stacks;
- the inclusion of a new plant room in a building at the rear of the site;
- remedial works to the existing roof;
- changes to the scope of building services;
- provision of a new pedestrian path and ramp;
- provision of timber screens;
- inclusion of a proposed swale; and
- replacement of the tarmacadam car park surface.

Formal estimates of the timeframe to deliver the project were not made as explicitly as costs estimated at various points. However informal estimates included:

- an indication in October 2013 that it was hoped that tenders would issue in January 2014;
- an assumption in the January 2014 costing that construction would be complete by end-2014;
- an indication in April 2014 that it was hoped to go to Part 9 Planning by end-May 2014;
- an expectation in June 2014 that construction would be complete by Q3 2015;
- an expectation in July 2014 that tenders were expected in November 2014, that construction would commence in early February 2015, and would be complete by November 2015;
- an expectation in October 2014 that tender documents would be ready by end-November 2014;
- an expectation in January 2015 that construction would commence in mid-April 2015.

As against these various expectations, Part 9 planning commenced in August 2014, the actual tender package issued in February 2015, and construction commenced on 27<sup>th</sup> July 2015.

### 3.6 Governance and Management Structures

The prior project to develop a bespoke medico-legal facility in Marino had been a joint initiative of Dublin City Council and the Department of Justice, and a similarly co-operative alternative approach, with engagement and interaction between both parties evident from the outset, characterised the early deliberations around the Whitehall project.

The first efforts to formally establish a Project Board date from April 2013, by which stage meetings and engagement among the key stakeholders were frequent, and more certainty about the project proceeding was clear. While discussions on such a Board took place, none was formally convened. However it was informally agreed later in 2013 that, subject to the final proposals that would emerge, the structure under which the project would be promoted and delivered was as follows:

- the Department of Justice and the City Council would co-sponsor it and share its costs, in apportionment to those attributable to meeting the OSP's and Coroner service's requirements;
- the OPW would act as the Planning Authority under Part 9, and as the Contracting Authority acting as agent to both sponsors;
- a design team would be appointed by the OPW;
- project oversight would be by way of a Project Board, comprising the Department of Justice, the City Council, the OPW, the OSP and the Dublin District Coroner.



The OPW Property Maintenance Division agreed to take responsibility for the project's management and delivery, however it was decided in June 2014 to move it to the Special Projects Division.

A first formal Project Board meeting was not held until July 2014 however, even though there had been much correspondence and engagement between the stakeholders prior to that. While it adopted the term Project Team rather than Board, it comprised all of the appropriate stakeholders, it met reasonably frequently over the course of the subsequent 12 months prior to construction (and did so at critical points), and it adopted good standards of record keeping and correspondence.

Agreement was reached later in 2014 that the costs apportioned to the City Council and the Department of Justice would be 69% and 31% respectively.

### 3.7 Sanctioning

The files reviewed suggest appropriate sanctioning took place. The OPW Board approved the appointment of the design team in April 2014. In respect of the main construction contract:

- the OPW sought formal written approval from the Department of Justice to issue tenders;
- the Department, in turn, sought and received written sanction from the Department of Public Expenditure and Reform (DPER) to go to tender, and gave approval to the OPW to do so;
- following tender receipt and evaluation, the OPW sought and was given approval by the Department of Justice to recommend to its Board the approval of the selected tenderer;
- the Department sought written sanction once again from DPER to allow a contract be entered into, which was subsequently given;
- prior to contract award, the Department sought and received written assurance from the City Council of its commitment to meet its share of the costs as then estimated;
- the Department gave written approval to the OPW to enter a contract.

Good records of all of these approvals were maintained.



## 4 Review of Procurement and Implementation

### 4.1 Procurement of Contractor

The OPW issued the tender package to pre-qualified contractors on 17th February 2015, with a 5-week period for response. The form of contract that would be utilised was agreed as a Public Works Contract for Minor Building and Civil Engineering Works designed by the employer (PW-CF5).

In total eight tenders were received, and the tender evaluation period took place up to June 2015. The lowest price tender had a value some 4.5% above the pre-tender estimate, while the highest had a price some 38% higher. The lowest cost tenderer decided, during the tender assessment period, to withdraw from the competition, citing ongoing workload as the reason. The next lowest tenderer's costs were some 9% above the pre-tender estimate. Following clarifications, it was recommended that it be awarded the contract.

A separate tender competition was also run to provide specialist mortuary equipment (there being few of such specialist providers in Ireland). Three tenders were received and the lowest cost tender selected. A decision was taken to have the contract for the specialist mortuary equipment provider novated to that of the main contractor.

Following receipt of the appropriate sanctions, the main contract was signed in June 2015.

### 4.2 Construction Phase

Work began on site in July 2015, and there appears to have been active oversight by the appointed Design Team, as well as ongoing meetings of the Project Team (/Board) throughout the construction phase, in accordance with clear roles and responsibilities which had been agreed at a pre-start meeting in June 2015.

An eight-month construction programme was anticipated when works commenced (which would have seen construction completed by March 2016).

The records indicate a relatively smooth construction process, with work progressing well throughout, close monitoring and reporting of financial progress, good co-ordination between contractor, specialist service providers, and client representatives, and appropriate site access, management and safety.

The Certificate of Substantial Completion was issued at end-June 2016, however the process of addressing defects, problems and snags took further months to complete. Among the issues which arose were problems with fume extraction, odours, access gates, and ventilation of post-mortem examination bays. While the issues were resolved, it was early 2017 before the building was fully occupied by both the OSP and DDC.

Figure 4.1 summarises the timing of the main milestones as was achieved. The period since the proposal was first considered to the point of completion and full occupancy lasted 5.5 years.

### Figure 4.1 Summary of Milestones Achieved

2011				2012				2013				2014				2015				2016				2017							
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Initial Discussion of Whitehall option				Closure of Whitehall as Garda Station				Minister of Justice gives approval in Principle				Part 9 Planning Lodged				Tenders Issued				Construction Commenced				Construction Substantially Completed				Full Occupancy			

A range of contract changes and alterations arose, totalling 48 individual change orders. These included both client-requested changes and unforeseen items encountered on site. However a majority were of very low cost, while numerous represented client credits. A breakdown of the 15 most costly change orders is shown in Table 4.1.





**Table 4.1 Summary of Change Orders**

	<b>Client Changes (€)</b>	<b>Unforeseen Items (€)</b>	<b>Total Additional Costs (€)</b>
Revisions to door access control and provision of manual keypad door locks	30,378		30,378
Revisions to access control arrangements and provision of CCTV as per client requests	14,498		14,498
Ventilation changes to PM Room 1 and 2	21,200		21,200
Delay in project due to Client requests	15,000		15,000
Revised corofil arrangement in attic due to unforeseen issues.		10,982	10,982
Additional electrical costs due to client requests	5,826		5,826
Additional costs as existing subfloor was in poor condition and required remedial works		5,063	5,063
Amendments to fitted stainless steel furniture following revisions to floor layouts within post	6,595		6,595
Groundworks associated with Virgin/BT connection		4,135	4,135
Re-routing of ductwork serving the lab and adjacent room including provision of fire dampers		7,320	7,320
Additional works associated with gas mains connection		3,067	3,067
Revisions to material on workbenches in laboratory	3,883		3,883
Provision of bespoke LEEC bootwash product in lieu of foot baths in boot room	3,986		3,986
Re-route fresh air intake ductwork and insulation AHU 03 to door at the end of the attic		8,560	8,560
Additional structural works to chimneys due to cracks in brickwork		2,917	2,917
Sub-Total	101,366	42,043	143,409
Other (Non Itemised) Change Orders	8,147	21,290	29,437
<i>Less (Non Itemised) Credits</i>	<i>-2,880</i>	<i>-30,686</i>	<i>-33,566</i>
<b>Total Change Orders</b>	<b>106,633</b>	<b>32,648</b>	<b>139,281</b>

The total cost of changes, as agreed in the Final Account, was €139,281. This represented 5.7% of the contracted cost.

The total costs of the project, including the main contract and all other professional fees and services, was €3.39m.





## 5 Review of Operational Phase

### 5.1 User Perspectives

The need to have much better facilities for post-mortem examinations undertaken by the OSP and DDC was evident for many years prior to the Whitehall facility being repurposed for such. This need had, according to those interviewed, become absolutely acute by the time it was ready. It was a significant compromise on the purpose-built and designed facility planned for Marino which was abandoned in 2011 (which incorporated, for example, a full headquarters and courtroom for the Dublin District Coroner). Nonetheless it is acknowledged by all as having represented an incomparable improvement on what preceded it, and a very worthwhile compromise in the context of the financial crisis at the time and the collapse of the larger project for which none of the parties were at fault.

Many features of the Whitehall facility are felt, now, to have been “state of the art” when it was originally converted – most notably its general design and layout, the mix of functions it accommodates, its security, its fit-out and equipment, its improved provision for the bereaved when identifying remains, and its general finish and aesthetic qualities. There have also been operational constraints from the outset which reflect the limitations and compromises the entire project necessitated, which relate to its location, site constraints and some features which the building was not capable of accommodating.

All stakeholders however feel it has functioned well and proven to have been a very worthwhile investment in the context in which it was made.

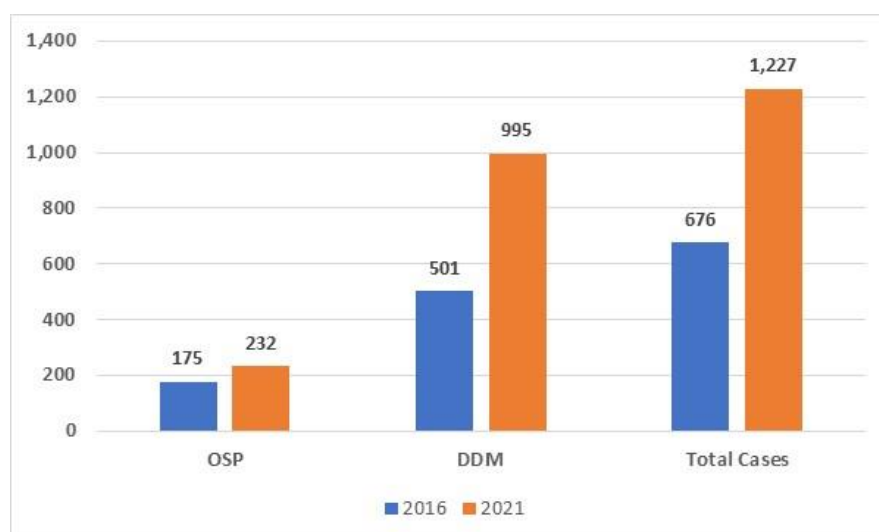
### 5.2 Scale of Facility

Work volumes have however increased in the years since the facility was re-purposed, both for the OSP and the Coroner.

In the case of the OSP, the number of “State” forensic cases has increased marginally, but other cases have increased more markedly (e.g. skeletal remains requiring pathological examination). However the number of Coroner post-mortem examination cases has increased very substantially, thought to reflect:

- population growth;
- the fact that some major hospitals as well as individual consultants around the country no longer conduct post-mortem examinations on behalf of the Coroner;
- changes to roles, whereby the DDM now has responsibility for:
  - approximately 50-60% of all coronial cases in the Dublin area;
  - all suspicious cases in the Dublin area; and
  - Covid-19 cases referred from other jurisdictions where the local facilities cannot accommodate them.

Total caseload at Whitehall has almost doubled in the period 2016-2021 (Figure 6.1).

**Figure 6.1 Caseload Volumes, 2016 and 2021**

Note: Each year the OSP undertakes a number of post-mortem examinations of DDM cases. These are included in the DDM cases above, and not included in the OSP cases. OSP cases include forensic ("State") cases, cases referred from hospitals, and cases involving skeletal remains.

Source: OSP and Dublin District Coroner

As well as the number of cases, their complexity has also increased, particularly forensic cases. This gives rise to a need for more specialist forms of examination, and for high numbers of Gardaí and other personnel to temporarily locate at the premises, with associated pressure on space.

### 5.3 Ongoing Fitness for Purpose

While the facility continues to have strengths in the view of its users, for a range of reasons it has in their view become unfit for purpose:

- *Post-Mortem Examination Rooms*

Transport of the deceased from the fridges to the examination tables is accommodated by trolleys. However, all lifting and moving of patients on the autopsy table has to be carried out manually as there are no lifts/hoists in place. The post-mortem examination rooms have limited space to include the required equipment to assist in this regard.

There is a single set of fridges for the two post-mortem examination rooms, meaning that patients who require forensic post-mortem examinations must be transported through the regular non-forensic post-mortem examination room, disrupting the work it accommodates.

- *Changing Rooms*

The changing rooms that are used by the staff conducting post-mortem examinations do not have direct access to the post-mortem examination rooms. This results in such staff having to walk through the building in possibly contaminated scrubs to get cleaned and changed after conducting examinations. Separate toilets should be available to office staff and dedicated showers/changing facilities should be available beside the post-mortem examination rooms to



enable technical staff and pathologists to clean up before entering in the clean office areas of the building.

- *Laboratory*

The current on-site histology laboratory has capacity to deal with the State forensic caseload as well as routine cases performed by the OSP pathologists. However, there is only space for one scientist and insufficient storage space, so no capacity to deal with any growth in caseload.

- *Storage*

There are different storage needs for the mortuary, laboratory and office, which are not adequately provided for. Also, storage space is inappropriately located.

- *Office/Administration Space*

There is insufficient office space for the mortuary. Staff desk and breakroom space is entirely insufficient and inappropriately located. While OSP office space is considered adequate, there is no office space beside the forensic room downstairs where trace evidence collected at the post-mortem examination can be transferred directly to the Gardaí. This is inappropriate as it often involves the transfer of blood and tissue samples in clean public/staff areas.

- *On-Site Services*

There is no X-Ray room or CT scanner on site, nor a licence to use one. A CT scanner would be used more frequently if available and may help reduce the amount of invasive autopsies and time required for non-suspicious cases. There is insufficient room in the facility to cater for a CT scanner. Cases requiring a CT scan must be brought to the Mater Misericordiae University Hospital, with additional costs and delays, and with the goodwill of the hospital increasingly relied upon.

There is no scope to provide access to social worker or grief counsellor supports for both staff and family members of the deceased, that would be available if the facility was co-located with a hospital. There is a recurring need to utilise undertaker services when storage capacity has been reached. Many laboratory services (haematology, biochemistry, microbiology tissue analysis) need to be conducted elsewhere, usually at hospitals, and are not always possible to arrange. This gives rise to delays, costs and risks.

- *Access*

Users of the car park include undertakers, Gardaí, Garda Technical Bureau, Garda Scenes of Crime personnel, waste collection vehicles, staff, pathologists, couriers, delivery vehicles and other visitors. It is regularly the case that there is insufficient parking and no space for manoeuvring ambulances and hearses because of the volume of vehicles, which can result in Garda cars parked on the pavement outside the facility. This has the potential to generate unwanted attention to the facility and is an intrusion in a residential area.

There is a single entry and exit point to the car park, which can become congested and result in major difficulties on Griffith Avenue, particularly in rush hour traffic. The current car park is inadequate and causes practical difficulties on a regular basis.



- *Families/The Bereaved*

The viewing area for family identifications in Whitehall is very small. There are only 2 chairs and no room for Gardaí or Mortuary staff to sit, speak with, or comfort families. The size of the room means that family members attending must be limited to two people. This is particularly difficult in paediatric cases (usually State cases). While attending the facility, it is quite possible that families will witness undertakers delivering or collecting bodies as they enter the building via the same car park. This can be stressful and upsetting for the families. The room where the families view the deceased is inadequate for that purpose and does little to offer comfort and dignity.

- *Garda Facilities*

Significant numbers of specialist Gardaí attend many forensic post-mortem examinations and require to do so for the purposes of live criminal investigations. These include specialists in ballistics, photography, fingerprints and other disciplines. They have no dedicated space to work, use their equipment, and interact with the pathologists. Also, on occasion a member of the Gardaí is also required to remain in the facility overnight as a post for State forensic cases. The space provided is too small, inappropriately located, and provides no access to tea/coffee or rest areas.

Other issues raised concerning the facility are:

- an increasing affect the space limitations are having on the speed with which cases are dealt with. Delays or slowness in the flow of work have negative effects and implications across numerous dimensions of the quality of the services provided;
- concerns about the facility's ability to cope with any mass fatality incident, the occurrence of some category of which should, it is argued, be expected as a certainty rather than a possibility. In any such case there is a fear that the facility, by virtue of its scale and it not being co-located with a larger medical institution, would quickly be overwhelmed; and
- its unsuitability for the specialist pathology work involved in paediatric cases, a significant proportion of the total. The pathophysiology of disease specific to children is very different to that of adults, and gives rise to a need for specialist pathological investigations and procedures, preferably carried out at a paediatric/perinatal hospital site.



## 6 Key Findings and Conclusions

### 6.1 Summary of Findings

The main findings of the evaluation are as follows:

- The circumstances in which the project was conceived were somewhat unusual, whereby a prior project was indefinitely deferred with little prospect of being re-initiated, and a much more affordable solution was urgently sought in an extremely unfavourable financial context.
- Further, there were shared organisational responsibilities between the Department of Justice and Dublin City Council, which necessitated collaborative effort and shared purpose.
- Such a solution was explored and identified, and progressed with some urgency by the officials tasked with doing so.
- The project was always understood to be and accepted as a compromise brought around by those circumstances.
- The project was managed and delivered effectively and efficiently, albeit not at the pace or cost levels hoped at the outset. Once the stage of statutory planning was reached, significant delays or cost overruns were avoided, and no major risks materialised.
- There were various changes necessary during construction, the most significant of which related to mechanical and electrical issues and issues related to the specialist nature of the equipment being installed. As well as adding to costs marginally, there were modest delays to the facility becoming fully operational.
- The facility has operated well in the five years since, and has provided a vastly improved standard of accommodation than what predated it, in which a substantially increased caseload has been managed.
- As workload has increased however, its limitations have become more impactful and its deficiencies more pronounced.

### 6.2 Evaluation Conclusions

Conclusions in respect of the core evaluation concerns are set out below.

#### **Expected Benefits**

It is clear that the expected benefits of the project materialised. Benefits were not specified in detail and no detailed business case was prepared in respect of the move to Whitehall. Nonetheless the core benefits of accommodating important State Pathological and coronial services in appropriate facilities, and thereby facilitating their effective operation and service provision, were understood by all and delivered in reality. Furthermore, gains of providing a shared facility for both the OSP and Coroner service, were also achieved, in terms of supportive and co-ordinated work, and some shared services.

#### **Responsiveness to Needs**

The project was very clearly and commendably responsive to needs. The circumstances and facilities in use previously were extremely limited to begin with, beyond their working life, and totally unsuitable for ongoing use. The facility provided at Whitehall represented an entirely suitable response at the time, in the view of its core users.



### **Benefit Management and Realisation**

The project was conceived and delivered prior to the current iteration of the Public Spending Code being in place, including its stipulations regarding benefit definition, management and realisation. Detailed benefits anticipated were not therefore specified, and prior appraisals at different stages were rudimentary. Nevertheless, care was taken in planning and delivering the project to ensure it fulfilled its requirements and met the standards appropriate for it, and that carried through to ensuring its quality in its operational phase. While it has developed deficiencies and capacity limitations more recently, the compromises it was understood to necessitate when conceived meant that its benefits would most likely be short to medium term only.

### **Risk Management**

Risks were managed reasonably well. These included the shared organisational sponsorship and oversight of the project, its shared rather than single future occupancy, the building's age, its protected status, its location in a residential neighbourhood, and the specialist technical equipment and services which needed to be designed and installed. Nevertheless, there were many change orders, several of which might have been possible to avoid had the issues been identified or anticipated in prior to the main construction contract commencing. While their additional costs were relatively modest, the experience highlights the importance of thoroughness, care and diligence at design stage.

### **Medium and Long-Term Impacts**

The project's medium and long-term impacts are likely to be positive, even if the facility itself doesn't remain fit for purpose into the future. It represented the first attempt by the State to accommodate such specialist services in a purposeful and permanent base reflective of the contemporary standards appropriate for such services. While it may have been entirely fit for purpose over a relatively short period, its costs were also low, and likely to have been proportionately so relative to a solution capable of a much longer economic life.

### **Lessons**

The key lessons are:

- Despite the unusual circumstances which may or may not have technically justified no detailed business case and prior appraisal being undertaken, such an assessment should be taken in such circumstances, to help define objectives, to estimate costs and timeframes clearly, to specify anticipated outcomes and benefits, to help identify risks, and to compare realistic options so as to determine likely value for money.
- The project exemplifies lateral thinking on the part of the State bodies involved. Finding and delivering a solution in the circumstances that prevailed and within the financial constraints in place, meant any conventional approach would most likely not have produced a positive outcome in the time this did. In similar circumstances a wide range of options and solutions should be considered.
- The project also exemplifies effective collaboration between autonomous State bodies. While such collaboration can bring constraints and risks, where there is a mutuality of aims and the necessary openness, professionalism and commitment, it demonstrates that joint projects can be as successful as singularly led ones.
- As a small capital building project it also exemplified over optimism at various points, in particular with regard to time and costs. While neither overran by any means unreasonably,



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there is always a need for realism around budgeting and timetabling, and for experience to inform expectations from an early stage.

- The project had unique technical elements, reflecting the specialist services in question. It confirms the importance of users with knowledge of such requirements and solutions to be involved in planning, design and specification from the earliest point.
- The project also demonstrates the long lead-in time such initiatives take from the point of accepting that a solution must be found, to procuring and delivering it. With the evidence now being that the next accommodation solution may need to be found for these State services, it proves the need to begin such planning processes early and systematically.

