TRIBUNAL OF INQUIRY INTO PROTECTED DISCLOSURES MADE UNDER THE PROTECTED DISCLOSURES ACT 2014 AND CERTAIN OTHER MATTERS FOLLOWING RESOLUTIONS PASSED BY DÁIL ÉIREANN AND SEANAD ÉIREANN ON 16 FEBRUARY 2017

ESTABLISHED BY INSTRUMENT MADE BY THE MINISTER FOR JUSTICE AND EQUALITY UNDER THE TRIBUNALS OF INQUIRY (EVIDENCE) ACT 1921, ON 17 FEBRUARY 2017, AS AMENDED ON 7 DECEMBER 2018

CHAIRMAN OF DIVISION (P): MR. JUSTICE SEAN RYAN,
FORMER PRESIDENT OF THE COURT OF APPEAL

HELD IN DUBLIN CASTLE
ON WEDNESDAY, 29TH JANUARY 2020 - DAY 134

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Gwen Malone Stenography Services certify the following to be a verbatim transcript of their stenographic notes in the above-named action.

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1			THE HEARING RESUMED, AS FOLLOWS, ON WEDNESDAY, 29TH	
2			<u>JANUARY 2020</u> :	
3				
4			MR. MARRINAN: Good morning, Chairman. The first	
5			witness today is Monica Carr.	10:32
6			CHAIRMAN: Thanks very much. Good morning, Ms. Carr,	
7			thank you.	
8				
9			MS. MONICA CARR, HAVING BEEN SWORN, WAS	
10			DIRECTLY-EXAMINED BY MR. MARRINAN, AS FOLLOWS:	10:33
11				
12			THE WITNESS: Monica Carr.	
13			CHAIRMAN: Thanks very much.	
14			MR. MARRINAN: Ms. Carr's statement is to be found at	
15			page 11720 of the materials, Chairman.	10:33
16			CHAIRMAN: Thank you.	
17			MR. MARRINAN: This is her first statement that she	
18			provided to the Tribunal.	
19	1	Q.	I think, Ms. Carr, that you are a civil servant in An	
20			Garda Síochána and you hold the rank of principal	10:33
21			officer, isn't that right?	
22		Α.	That's correct, yes.	
23	2	Q.	I think that you have responsibility for the HR	
24			directorate, is that right?	
25		Α.	At the time I did, yes, at the time. I have	10:34
26			subsequently been assigned to a different role, but at	
27			that time I did.	
28	3	Q.	I think that the HR directorate processes all	
29			transactions in partnership with local management,	

1			including sick leave, is that right?	
2		Α.	That's correct, yes.	
3	4	Q.	I think the responsibility for sick leave transferred	
4			to the HR directorate in May of 2012, and at that time	
5			you were assistant principal, is that right?	10:34
6		Α.	That's correct. We would have had responsibility for	
7			the sick leave management for civilian staff at that	
8			time, and in May 2012 responsibility for the	
9			administration of the Garda sick leave transferred to	
10			the directorate.	10:34
11	5	Q.	I think in July 2015 you were appointed acting	
12			principal officer with responsibility for the whole of	
13			the HR directorate, is that right?	
14		Α.	That's correct.	
15	6	Q.	Then you were appointed a substantive principal officer	10:35
16			in October of 2012. I think at the outset	
17		Α.	1990.	
18	7	Q.	if we could just deal with a number of matters.	
19			First of all, you had no direct contact with Garda	
20			Keogh, is that correct?	10:35
21		Α.	That's correct.	
22	8	Q.	Perhaps we can deal with what you hadn't responsibility	
23			for in the first instance, before we go on to deal with	
24			what you did have responsibility for. Had you any	
25			responsibility at all in relation to the recording of	10:35
26			the nature of any illness on the SAMS system?	
27		Α.	No. That would be done locally in the divisional or	
28			district office where the member is serving.	
29	9	Q.	Yes. The second thing is: Have you any responsibility	

1	аt	a11	for	the	classification	of	illness?
⊥	аı	aıı	101	LIIC	Classification	UI	11111622:

In terms of -- that comes into play when somebody might Α. be pay affected under the sick leave regulations, which is a 2014 public service sick leave document that came into play. So if you're going to be pay affected, 10:36 which means that you have availed of, I think it's 92/93 days sick leave, within the last four years, subsequent absences would be reduced to half day for a following 91, 92 days -- 91 days. And subsequent to that, if you are still availing of sick leave within a 10:36 four year period, you would move on to temporary rehabilitation pay. On notification from the district and divisional offices, that would come up to the centre in Navan into the directorate and that would be managed and the notifications would be sent to Garda 10:36 pay section at that time. So that would deal with the amendments to the pay.

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If members are applying for critical illness, they would fill in a particular form. That would be provided to the occupational health department. The CMO might be in a position to agree that critical illness would apply in that case, or he could send it back to us in Navan, where we would make a management decision in relation to it, between his recommendations 10:37 and the information available to us. And the third category --

28 10 Q. Yes.

A. -- is the injury on duty category, where the chief

Т			superintendent, that's code 11.37 of the Garda code,	
2			and where a member might seek to have his absence	
3			classified as injury on duty. That would be done in	
4			the first instance by the chief superintendent in the	
5			particular division based on the information available	10:37
6			to them and reports. There is an option, if the chief	
7			superintendent has any doubt, that they would seek	
8			advice from us and from the CMO. Also, that would be	
9			of particular importance where there may be concerns	
10			around a psychological injury or that.	10:38
11	11	Q.	We just might briefly just refer to the regulations,	
12			since you mentioned them. They're at 8213 of the	
13			materials. If they could come up on the screen there.	
14			There's no need to go through them because we're	
15			familiar now with the content of them. But they're	10:38
16			there, the Public Service Management (Sick Leave)	
17			Regulations 2014. There we see the start date for the	
18			new Public Service Sick Leave Scheme came into	
19			operation on 31st March of 2014, isn't that right?	
20		Α.	That's correct, yes.	10:38
21	12	Q.	We can see under 2.1, paid sick leave, you have already	
22			referred to it.	
23				
24			"The new scheme provides for a maximum of 92 days sick	
25			leave on full pay in a year, followed by a maximum of	10:39
26			91 days sick leave on half pay, subject to a maximum of	
27			183 days paid sick leave in a rolling four year	
28			peri od. "	

- 1 Is that right? 2 That's correct, yes. Α. We have heard I think from Inspector Downey yesterday 3 13 Ο. 4 in relation to the application of this to An Garda 5 Síochána. I think it applied retrospectively 10:39 effectively, isn't that right? 6 7 well, this is a public service sick leave regulation, Α. 8 and it applied to the whole of the public service. Heretofore, civil servants would have had a rolling 9 four year, would have been very familiar with the 10 10:39 11 rolling four year methodology. 12 14 Yes? Q. 13 The introduction of the rolling four year for Garda Α. 14 members only came in on 31st March 2014. 15 15 I had understood that he perhaps suggested that the Q. 10:39 16 rolling four years would take into account previous 17 absences? 18 That would be correct. Α. 19 16 Q. Yes.
- Α.

27

21

Yes.

- 17 Is that correct? Q.
- 22 Α. Yes.
- 23 So in that respect it was retrospective? 18 Q.
- 24 Yes. Α.
- 25 Then under 2.2 you deal with the temporary 19 Ο. Yes. 10 · 40

regulation does, the Temporary Rehabilitation

- rehabilitation -- well, you don't deal with it, the 26
- 28 Remuneration, or what is known as TRR, isn't that
- 29 right?

1		Α.	That's correct, yes.	
2	20	Q.	It says:	
3				
4			"If you have exhausted 183 days paid sick leave in a	
5			rolling four year period and continue absent or are on	10:40
6			absent on sick leave again, you may be granted TRR for	
7			a further 548 days."	
8		Α.	Yeah.	
9	21	Q.	And then:	
10				10:40
11			"Temporary rehabilitation remuneration used to be	
12			called the pension rate of pay and will be calculated	
13			in the same way. Temporary Rehabilitation Remuneration	
14			will only be available when there is a realistic	
15			prospect that you will be able to return to work	10:41
16			following your illness with an ability to provide	
17			regular and effective service."	
18				
19			So those were the regulations that you were applying	
20			throughout your period in the directorate.	10:41
21		Α.	Yes.	
22	22	Q.	I think, going back to your statement now, if we could	
23			have it up again, at page 11720, please. I think you	
24			pointed out that you documented all correspondence that	
25			issued in relation to Garda Keogh's sick receive from	10:41
26			2012. Initially correspondence issued under cover of	
27			the signature of assistant commissioner of HRM, isn't	
28			that right?	
29		Α.	That's correct.	

Т	23	Q.	I think that was Assistant Commissioner Fanning at the	
2			time, is that right?	
3		Α.	That's correct, yes.	
4	24	Q.	And that relates to documents 1 to 16 in a schedule	
5			that you prepared. And then from July 2012,	10:42
6			correspondence issued under cover of the signature of	
7			the director of HR and PD."	
8				
9			That is Human Resources and People Development. They	
10			are documents 17 to 28.	10:42
11		Α.	Correct.	
12	25	Q.	Who was the director at that time, is that	
13			Mr. Mulligan?	
14		Α.	That would have been Alan Mulligan, yes.	
15	26	Q.	I think from August 2015 correspondence from the HR	10:42
16			directorate issued under cover of your signature, isn't	
17			that right?	
18		Α.	Correct.	
19	27	Q.	You then prepared a chart of a number of letters and	
20			e-mails that have gone back and forth and I don't	10:42
21			intend to open most of these. There are some that are	
22			of particular interest but I think we can take these as	
23			being read. They're provided in the documentation.	
24			The first one there that you recorded is 10th February	
25			2012, which is what is known as a 28 day letter:	10:43
26				
27			"Garda Keogh was recorded as being absent from 30th	
28			December 2011 and the absence exceeded 28 days and a	
29			referral to the Chief Medical Officer was now required	

1			in accordance with code 139/10."	
2				
3			Now, we are familiar with that and we have that opened.	
4			Is that something that is prompted, as it were, by your	
5			department or should it emanate from local management?	10:43
6		Α.	We would expect local management would notify us of	
7			members when they are 28 days absent, with a referral	
8			to the Chief Medical Officer to ensure members are	
9			fully supported. And when I say members, I mean all	
10			the staff of An Garda Síochána. In this instance it	10:44
11			looks like it was one that sometimes we would be	
12			able to run reports centrally in Navan from the SAMS	
13			system, identify people who were absent over 28 days	
14			and it's kind of a catchall methodology, to ensure that	
15			members were being referred promptly to the Chief	10:44
16			Medical Officer.	
17	28	Q.	So if somebody exceeded a 28 day period, this is	
18			something that would be	
19		Α.	Standard.	
20	29	Q.	in the first instance would be thrown up or	10:44
21			highlighted by local management to notify you.	
22		Α.	Yes.	
23	30	Q.	But in any event, the system would pick it up in your	
24			department, is that right?	
25		Α.	Well, we would run reports periodically to ensure. So	10:44
26			it wasn't something that was done, we'll say, every 28	
27			days or at the end of every month.	
28	31	Q.	Yes.	

29

A. We would do it periodically to try and capture, make

Τ			sure we have caught everybody and that they are	
2			supported.	
3	32	Q.	Then the next entry is 29/2/2012. This was a report	
4			from the chief superintendent in Mullingar to the	
5			assistant commissioner in HRM containing a referral	10:45
6			form. That is a referral to the CMO, isn't that right?	
7		Α.	That would be correct, yes.	
8	33	Q.	"Copies of medical certificates regarding an absence	
9			from 30th December 2012, when Garda Keogh reported	
10			unfit for duty citing traumatic chest pains."	10:45
11				
12			Then there was a cover letter from chief superintendent	
13			Conway stating that a certificate in accordance with	
14			11.37 was attached. Now, in fact, that wasn't attached	
15			but that is not the important thing. What is a	10:45
16			certificate in relation to 11.37?	
17		Α.	A certificate code 11.37 is what is completed by the	
18			chief superintendent in the divisional officer where	
19			the member serves. So where a member has been injured	
20			in the course of executing their duty as a Garda	10:46
21			member, they make an application through the chief	
22			superintendent for code 11.37, which means that they	
23			are paid when they are absent on sick leave, they	
24			wouldn't be pay affected in the same terms as if the	
25			ordinary sick leave regulations apply.	10:46
26	34	Q.	would their pay be affected at all?	
27		Α.	Well, if the absence is longer than at that time,	
28			that was 2012, so if it was longer than six months it	
29			would have been pay affected.	

1	35	Q.	Right.
		~ ·	

- A. But the other piece with the code 11.37 is that it ring-fences that period of sick leave into the future.

 So that period of sick leave wouldn't form part of any consideration or calculation of sick absences into the future.
- 7 36 Q. Yes. Then if we can move on, there are a number of
 8 letters that go back and forth in relation to Garda
 9 Keogh's fitness for duty and CMO advices. If we could
 10 just scroll down to number 10. Sorry, number 9 there. 10:47
 11 This is 19th October of 2012:

"CMO advices were communicated with the chief superintendent, Mullingar, on the 19th October, which advised that Garda Keogh was fit for work and normal policing duties and requested a unit report in six weeks time."

- Can you tell us what that is about, the unit report?

 A. Well, the unit report would be where the CMO has asked 10:47 for information in relation to the member when they return to work on a unit and how they are progressing within the unit. I think the CMO might be better able to explain exactly what would be in that report. We would facilitate the notification that the report is required and to follow up looking for the report to come back in and forward it.
- 28 37 Q. Does the unit report or the requirement for a unit 29 report kick in only in relation to circumstances where

1			an 11.37	
2		Α.	No.	
3	38	Q.	certificate	
4		Α.	I understand a unit report is a report that the CMO	
5			would ask for from local management, as a sort of	10:48
6			follow up as to how a member has re integrated into the	
7			workplace following a protracted period of absence or	
8			following a period of absence or sick leave.	
9	39	Q.	We see there that that a unit report was requested to	
10			be available in six weeks time.	10:48
11		Α.	Mm-hmm.	
12	40	Q.	Then if we scroll down then to item number 15. And if	
13			we could perhaps have page 9289 up on the screen. This	
14			is a letter dated 14th January 2014, in relation to a	
15			sick report. We don't need to go into the actual sick	10:49
16			report or the details in relation to that, the report	
17			and correspondence arising from it are set out in your	
18			schedule. But if we could just highlight some aspects	
19			of this. If we look at the second paragraph, dated the	
20			14th January, from Assistant Commissioner Fanning:	10:50
21				
22			"In order to assist the Chief Medical Officer in the	
23			review of the member, this branch requests an	
24			up-to-date report in six to eight weeks time and every	
25			three months thereafter for at least 12 months,	10:50
26			prepared in consultation with the member to including	
27			the following:	
28			1. Work performance, to include what duty the member	
29			currently performs;	

1		2. History of attendance at work clarifying periods of	
2		effecti ve/non-effecti veness;	
3		3. Coping skills and efforts which have been made to	
4		assist the member to improve coping skills where this	
5		has been perceived to be necessary."	10:51
6			
7		That is code 11.32(2) refers.	
8			
9		"Relationship with pierce and supervisors;	
10		5. Any other information deemed relevant in this case	10:51
11		(including any related matters of concern from the	
12		member, if any).	
13			
14		It is essential that this unit report is available to	
15		the Chief Medical Officer in six to eight weeks time	10:51
16		and every three months thereafter for at least 12	
17		months.	
18			
19		The Chief Medical Officer advised that no further	
20		review is warranted in this case at this time but he	10:51
21		will review the file in three months or earlier if	
22		circumstances indicate."	
23			
24		Is that a relatively standard form in circumstances	
25		where somebody has gone back to work?	10:51
26	Α.	Yes. The points 1 to 5 would be what the that's	
27		really what the CMO has asked, that this would be	
28		available to him. And we transcribe it into that	
29		letter and send it out to the local management	

- 1 41 Q. You're merely a conduit of the request from the CMO?
- 2 A. Correct.
- 3 42 Q. But you will follow it up then if these matters
- 4 aren't --
- 5 A. Yes, we would hopefully follow it up, yes.
- 6 43 Q. There doesn't appear from the papers to be --
- 7 A. A follow up.
- 8 44 Q. -- a follow up that is specific and deals with those

10:52

10:53

- 9 requests. Is there any reason why not?
- 10 A. Other than it would have been an administrative error.
- We don't have an actual HR information system, so we're
- relying on an IT system that wouldn't support, you
- 13 know, alerts at various times for each individual. So
- we would be relying on doing individual checks and
- pulling files out and looking to see if we have had
- reports in. So if it hasn't been done and obviously it
- 17 looks like it hasn't, it would be administrative --
- 18 45 Q. You see, this request would suggest that there are
- issues there that need to be monitored and addressed
- and that the matter needs to be reviewed. It's
- anticipated that this will be done quarterly and
- thereafter at least every 12 months. You don't know
- 23 why that wasn't followed up in this instance?
- 24 A. No.
- 25 46 Q. It's the beginning of 2014. In any event, if we move
- on then. If we could have page 9378 up on the screen,
- 27 please. In terms of Garda Keogh -- yes, we can see
- here that the next moment in time that this request
- seems to have been followed up or that there's any

1	movement in relation to it, if we go to page 9382,	
2	please. This is a unit report in relation to Garda	
3	Nicholas Keogh and it is dated 20th February of 2015.	
4	So this is effectively 14 months later.	
5		10:54
6	"In relation to the above and attached correspondence,	
7	I wish to report that I am not in receipt of previous	
8	correspondence referred to, as I only game Garda	
9	Keogh's supervisors last December.	
10		10:54
11	In respect of the points raised, having spoken to Garda	
12	Keogh, I am to reply as follows:	
13	1. Garda Keogh currently performs all duties consume	
14	mate with his rank, including beat, station and	
15	prisoner management duties;	10:5
16	2. A history of his effectiveness/non-effectiveness is	
17	available in the district office;	
18	3. There are no coping skills or other measures deemed	
19	necessary at this stage;	
20	4. Garda Keogh states he has a good working	10:5
21	relationship with his peers and immediate supervisors	
22	al i ke;	
23	5. Garda Keogh does not wish to note any other areas	
24	of concern."	
25		10:5
26	And that is signed by his then unit sergeant, Sergeant	
27	Cormac Moylan. If we go to page 9378 of the material,	
28	we see there in the middle, if we could scroll down, we	

see an e-mail from Mullingar sent 24th February at 2015

_			at 10.23 to the assistant commissioner, sick section.	
2				
3			"With reference to the above, please see attached	
4			report in respect of the member concerned."	
5				10:56
6			That is sent by local management, isn't that right?	
7		Α.	That's correct.	
8	47	Q.	Yes. We then move on. There are a number of other	
9			documents which I don't need to open, they're self	
10			explanatory, but if we move to item number 23 on your	10:56
11			list of 11722. This is at page 9407 of the materials	
12			please. We see there, it's a letter dated 21st April	
13			of 2015, from Superintendent Pat Murray. It concerns	
14			the TRR issue. Sorry, I called out the wrong	
15			reference. This is 9408 of the material, I beg your	10:57
16			pardon. 9408. Thank you, Mr. Kavanagh. This refers	
17			to:	
18				
19			"I refer to the above and your correspondence of the	
20			14th April regarding the above member's Temporary	10:57
21			Rehabilitation Remuneration. The correspondence	
22			arrived here on 16th April 2015. The member reported	
23			sick and unfit for duty on 20th April 2015 and remains	
24			on sick leave. I have no indication as to when he will	
25			return and I have been unable to contact him by phone.	10:58
26			I have asked the superintendent in the area where he	
27			lives to give him a copy of the correspondence. At	
28			this stage I refer to my referral and report of 2nd	
29			April 2015 and I can only ask that the member be seen	

1			by the Chief Medical Officer as soon as possible."	
2				
3			Then, if we go to page 9407, we have a letter of the	
4			27th April of 2015, from Chief Superintendent Lorraine	
5			Wheatley, forwarding a report of Superintendent Murray	10:59
6			by way of background information. And there is a	
7			request to have the member reviewed by the Chief	
8			Medical Officer as soon as possible; isn't that right?	
9		Α.	Yes.	
10	48	Q.	So again, this request for a review comes through the	10:59
11			directorate, is that right?	
12		Α.	That's correct, yes.	
13	49	Q.	You are merely a conduit of that request	
14		Α.	We would forward it.	
15	50	Q.	to the Chief Medical Officer, isn't that right?	10:59
16		Α.	Correct.	
17	51	Q.	Now, if we could then move to page 6144 of the	
18			material, please. This is correspondence from the	
19			directorate to the chief superintendent in Mullingar,	
20			stating that as Garda Keogh reported unfit for duty as	11:00
21			a result of work related stress and reported, the chief	
22			superintendent communication dated of the 2nd th April,	
23			local management should now interview the member to	
24			establish the cause of the member's stress?	
25		Α.	Yes.	11:00
26	52	Q.	So why is that request made?	
27		Α.	Okay. So that is a standard letter that would issue	
28			where medical certificates are received in respect of	
29			members or staff stating that they are suffering with	

Т		Stress or work related stress. And we would ask that	
2		local management would, I suppose the word investigate,	
3		but would establish the cause or the source of that	
4		stress. That information would be forwarded then to	
5		the Chief Medical Officer, in order that he would have	11:0
6		all the information available to him to assist in his	
7		support for the member or the member of staff.	
8	53 Q.	If we could then Volume 20 at 6145 up on the screen,	
9		please. Just scroll down. This is a letter of the	
10		26th May, from Chief Superintendent Wheatley. It's a	11:0
11		report to the executive director of HRPD, stating:	
12			
13		"The cause of the member's stress cannot be	
14		investigated as the many is not willing to discuss the	
15		issue any further."	11:0
16			
17		Could you just help us in relation to that? Is that	
18		unusual or is that something that you had encountered	
19		previously?	
20	Α.	Well, I suppose there's two elements to it. In terms	11:0
21		of protected disclosures, this would be the first time	
22		that this wouldn't be the first time. This was in	
23		the very early days, I suppose, of the new protected	
24		disclosures legislation and it wasn't familiar to all	
25		of us. Members not being in a position to discuss	11:0
26		causes of stress or issues like that, that would not be	
27		unusual, where they might prefer maybe to discuss it	

directly with the Chief Medical Officer.

28

29

54 Q.

Yes.

- 1 A. So there's kind of two elements to that, if you like.
- 2 55 Q. But did you envisage or perceive that the requirement
- 3 that was imposed on local management in those
- 4 circumstances was predicated on the member agreeing
- 5 and --

11 · 02

11:03

- 6 A. Yes, I would understand --
- 7 56 Q. -- being cooperative?
- 8 A. -- that I suppose we had asked if they would find out,
- 9 see if they could establish the source of the stress.
- And in fairness, they came back to say the member had
- 11 advised that with the protected disclosure he was
- invoking, I suppose, what he thought was protections
- under that and didn't wish to discuss it further.
- 14 57 Q. Now, I think then on 5th August 2015, if we could have
- Volume 33, it's at 9474, up on the screen, please.
- 16 Again, this refers to the -- this stems from a case
- 17 conference request that had come from the chief
- superintendent in Mullingar on the 24th July, isn't
- 19 that right?
- 20 A. Correct.
- 21 58 Q. This is you forwarding that on, isn't that right, to
- the CMO?
- 23 A. Yes.
- 24 59 Q. Now, I think that subsequently there was a case
- conference that was held, but you weren't in attendance 11:04
- at any of the case conferences?
- 27 A. Correct.
- 28 60 Q. Again, would that be unusual or would you ever
- 29 attend --

_		Α.	NO.	
2	61	Q.	a case conference?	
3		Α.	At that time the assistant principal generally would	
4			have attended the case conferences, but depending on	
5			availability of staff, we would also have other members	11:04
6			of staff at HU and DU level attend the case	
7			conferences.	
8	62	Q.	I think on the 19th January then there were the CMO	
9			advices, which were dated 8th January 2016, indicating	
10			that Garda Keogh was temporarily unfit for work:	11:04
11				
12			"but the member can resume duty on certification of	
13			his own GP."	
14				
15			Those advices were forwarded by you to the chief	11:05
16			superintendent in Mullingar, isn't that right?	
17		Α.	Yes.	
18	63	Q.	Then if we could just move onto the 12th July, we have	
19			case conference notes taken by Claire Egan. Who is	
20			Claire Egan?	11:05
21		Α.	She would have been the assistant principal working	
22			with me at the time.	
23	64	Q.	Yes. She appears to have attended at a conference, is	
24			that right?	
25		Α.	Correct.	11:05
26	65	Q.	A case conference in relation to Garda Keogh. What	
27			would be her role in relation to that, at the	
28			conference?	
29		Α.	The idea behind the case conference would be that	

1			relevant parties would meet, which would be the Chief	
2			Medical Officer, HR and the local management divisional	
3			officer and district officer. And the idea behind it	
4			would be to ensure that the member is getting all the	
5			relevant supports and also to see if there is a way	11:06
6			back to facilitate the member returning to work.	
7	66	Q.	Now, then if we could have just page 9487 up on the	
8			screen, please. This is 31st August 2015, it's dated.	
9			It's to the chief superintendent in Westmeath and it	
10			relates to Garda Keogh. It says:	11:07
11				
12			"On midnight, 9th August of 2015, going into".	
13				
14			I don't understand that, but it looks like:	
15				11:07
16			"On midnight 9th August 2015 and 20/8/2015, Garda Keogh	
17			exceeded 183 days in a four-year period, due to him	
18			reporting non-effective for duty on 10th August 2015	
19			and 20th August 2015 respectively.	
20				11:07
21			As such, Garda Keogh shall receive TRR remuneration for	
22			a period of time from 10th August 2015 to 13th August	
23			2015, including 20th August 2015 to 23rd August 2015,	
24			in accordance with the public service management	
25			regulations. Please submit a medical certificate to	11:08
26			cover the periods 10th August 2015 and 13th August	
27			2015, including 20th August 2015 to 23rd August 2015	
28			inclusive, in order that the member's pay may issue."	

1			At this stage was Garda Keogh on TRR?	
2		Α.	Yes, it would appear every time that he goes sick at	
3			this stage, once he would have reached 183, so	
4			automatically his entitlement would revert back to	
5			temporary rehabilitation pay.	11:08
6	67	Q.	There are a number of other documents then. On 8th	
7			September 2016	
8	68	Q.	CHAIRMAN: Sorry, can I ask, Ms. Carr, when did Garda	
9			Keogh exceed 183 days in a four year period?	
10		Α.	I honestly couldn't say that just with my records at	11:09
11			the minute. I actually have it probably over in my	
12			bag.	
13	69	Q.	CHAIRMAN: Do you understand from this letter on what	
14			date he exceeded 183 days?	
15		Α.	Well, on the date of the 10th, his absence on the 10th	11:09
16			August 2015, he had already had exceeded 183 days sick	
17			leave at that stage. So all subsequent absences	
18	70	Q.	CHAIRMAN: You see, I am concerned, to what extent the	
19			precise date is relevant is another day's work, but I	
20			am just trying to understand, it looks like that at 12	11:10
21			midnight on 9th August 2015, if one went back four	
22			years, he had 183 days?	
23		Α.	That's correct.	
24	71	Q.	CHAIRMAN: Or possibly marginally over 183 days?	
25		Α.	It would've been at least 183 days.	11:10
26	72	Q.	CHAIRMAN: But I don't understand then why we also have	
27			the 20th August?	
28		Α.	Because that's another absence. So the first absence	
29			that we are dealing with here is the 10th to 13th	

August.

- 2 73 Q. CHAIRMAN: Yes.
- A. And there is a subsequent absence, the 20th to the 23rd

11 · 10

11:11

11:11

- 4 August.
- 5 74 Q. CHAIRMAN: Ah!
- 6 A. So both absences are being dealt with in the one
- 7 communication.
- 8 75 Q. CHAIRMAN: So what this really means, if I am
- 9 understanding then, leave out the 12 midnight for a
- moment because that seems to me to give a misleading
- impression. It should say, in respect of the absences
- from the 10th August and the 21st August, he is on TRR
- because he is over 183 days, is that right?
- 14 A. That's correct.
- 15 76 Q. CHAIRMAN: Because it gives a different impression, it
- gives the impression of precision about when the 183
- days was exceeded. We're dealing with a situation
- where he has two absences and he is reduced in pay
- because at some point he is over 183 in the past four
- 20 years?
- 21 A. But I suppose the 12 midnight refers to, I suppose, the
- technical piece within our own organisation because
- 23 members work 24/7.
- 24 77 Q. CHAIRMAN: Right.
- 25 A. The issue around the separate instances, at each
- instance of sick leave the 183 is retrospectively
- 27 calculated.
- 28 78 Q. CHAIRMAN: I understand.
- 29 A. Conceivably on the 20th August he could have been

1			entitled to a different rate of pay if he had reduced	
2			down below the 183 days.	
3	79	Q.	CHAIRMAN: I follow. And the 20th would take into	
4			account the absence on the 9th?	
5		Α.	The 10th, yes.	11:1
6			CHAIRMAN: Thank you very much.	
7	80	Q.	MR. MARRINAN: If we could then move forward, there's a	
8			number of correspondences which are set out. If we	
9			could just have your statement back up on the screen at	
10			11724 please of the material. We see there, there are	11:1
11			a number of documents set out there at number 42 on 8th	
12			September 2016, there is a request from the chief	
13			superintendent HR as to the status of Garda Keogh's	
14			pay. This is at Volume 34, 9744. I don't need it up	
15			on the screen. And then there is a response,	11:1
16			indicating that Garda Keogh has been in receipt of TRR	
17			since he commenced his absence on 26th December 2016.	
18			Does that answer the Chairman's question? It's at page	
19			9742.	
20		Α.	Well, there was periods in 2015 when the member was	11:1
21			absent on sick leave, earlier in 2015.	
22	81	Q.	Yes, all right.	
23		Α.	When he had reached 183 days.	
24	82	Q.	Okay, that might be a little bit misleading then, but	
25			inadvertently I am sure. Then there are a number of	11:1
26			documents. At 44 there, 8th September 2016:	

27

28

29

"Response to the chief superintendent stating that the

e-mail addresses the query this branch had not had

1		sight of the correspondence"	
2			
3		Etcetera. We needn't go into that. Then if we could	
4		have page 9759 up on the screen, please. Yes. This is	
5		an e-mail from chief Superintendent Anthony McLoughlin.	11:1
6		It's addressed to Claire Egan but it's copied to you.	
7			
8		"You will be aware from previous discussions that Garda	
9		Keogh is out of work on sick leave with what I	
10		understand to be stress related. I believe he is on	11:1
11		reduced or no pay at this stage. I also understand	
12		your department has written to the DPERS for	
13		clarification on this situation. In the meantime, I	
14		recommend that this member is restored to full pay as	
15		soon as possible pending the outcome of your report to	11:1
16		DPERS.	
17			
18		I would be obliged if I can be informed when this is to	
19		happen so that I can contact the member."	
20			11:1
21		Just tell us about that and how that arose.	
22	Α.	There was a discussion ongoing at the time in relation	
23		to whether or not somebody who had made a protected	
24		disclosure and subsequently availed of sick leave,	
25		whether or not the sick leave regulations applied to	11:1
26		them. I was of the opinion that they did and we sought	
27		clarification from DPER at the time in relation to	
28		this. Unfortunately the file has been subsequently	

I haven't been able to locate the file subsequently.

1			But in that, there is no allowance within, I	
2			understand, the protected disclosure legislation to	
3			specifically state that a person who has made a	
4			protected disclosure subsequently avails of sick leave	
5			is entitled	11:16
6	83	Q.	CHAIRMAN: Is in any different position than anybody	
7			else?	
8		Α.	Yes.	
9	84	Q.	MR. MARRINAN: We just might return to that and the	
10			discussion that arose in relation to that and we will	11:16
11			have a look at that. But at this stage, in any event,	
12			it's clear that Chief Superintendent McLoughlin, who	
13			was then the disclosures manager, was recommending that	
14			Garda Keogh be restored to full pay, isn't that right?	
15		Α.	Yes, correct.	11:16
16	85	Q.	That was done, isn't that so?	
17		Α.	That was done following an instruction from the	
18			executive director and Chief Superintendent McLoughlin.	
19	86	Q.	If we could just perhaps return to a timeframe in 2015.	
20			If we could have page 8815 up on the screen, please.	11:16
21			This is a letter that is addressed to the Overpayment	
22			Department HRM. You would have been dealing with this	
23			at the time. It's from Superintendent Pat Murray,	
24			dated the 28th August.	
25				11:17
26			"The above named, Garda Keogh, was absent without leave	
27			from the 11th July 2015 to 14th July 2015 inclusive	
28			(SAMS updated).	
29				

1			Please recoup any overpayment of wages from this	
2			employee for the relevant dates."	
3				
4			Is there anything unusual about receiving a letter from	
5			a superintendent in those circumstances?	11:1
6		Α.	No. There is, I suppose, a difficulty, it's one of the	
7			processes that has to be addressed within our own	
8			section, in terms of there was an instruction or there	
9			was notification received to us into the sick leave	
10			section that the member was absent without leave, i.e.	11:18
11			he was neither on annual leave, sick leave or any	
12			planned leave. Strictly speaking, the money should	
13			have been recouped, but it was not a process that was	
14			available to us at the time. So the other side of that	
15			coin is that we would always write back and say, has	11:1
16			this matter been addressed under the discipline	
17			regulations, just to get a full picture of what has	
18			happened.	
19	87	Q.	If we look at page 8817 of the material, this is your	
20			reply, dated 15th September 2015. It sets out the	11:1
21			dates there in the second paragraph.	
22				
23			"I note the member's explanation for his absence over	
24			this period of time and in this regard I am to enquire	
25			as to the classification of the entire period of	11:19
26			absence. On receipt of the above clarification, the	
27			appropriate instructions, where necessary, may be	
28			issued to the Garda pay section, Killarney, and any	
29			overpayment incurred will be advised to the HR for the	

1			appropri ate action."	
2				
3			Then, at page 8818, there is a response from	
4			Superintendent Murray to you, 21st September 2015. And	
5			he sets out the period of time where the overpayment	11:19
6			arose, isn't that right?	
7		Α.	Correct.	
8	88	Q.	Then you responded to that on 28th October 2015, at	
9			page 8825. The second paragraph, if we scroll down,	
10			please:	11:20
11				
12			"I am to enquire whether you have informed the member:	
13			1. That he is deemed by to you be absent without for	
14			the period;	
15			2. That you have requested that the member shall not	11:20
16			be paid for the above period of absence;	
17			3. That the member's service for the above period will	
18			not be reckoned for superannuation purposes and his	
19			personnel record will reflect same;	
20			4. Under which Garda Code provisions the above actions	11:20
21			are being carried out."	
22				
23			Then you say:	
24				
25			"I am to enquire also if consideration has been given	11:20
26			to having this matter dealt with under An Garda	
27			Síochána discipline regulations."	
28				
29			Why do you enquire in relation to that?	

1		Α.	Just to have the full picture, to be honest. In terms	
2			of if the member is being disciplined, that it should	
3			be recorded on his record. And at that time, where	
4			members were being disciplined and we didn't have the	
5			facility of then taking them off pay for the same	11:21
6			period.	
7	89	Q.	CHAIRMAN: So if he was being disciplined, he wouldn't	
8			have his pay recouped?	
9		Α.	Well, we would have to wait, that was the purpose of	
10			this letter, to find out, to have the full picture and	11:21
11			to see what actually transpired.	
12	90	Q.	CHAIRMAN: I thought that's what you just said, I'm	
13			obviously mistaken, that if he was being disciplined,	
14			then he wouldn't have his pay reduced?	
15		Α.	Well, that's correct, at that time.	11:21
16	91	Q.	CHAIRMAN: Okay. So if he was being disciplined, that	
17			was the end of the matter?	
18		Α.	Basically, yes.	
19			MR. MARRINAN: So if we could be clear in relation	
20	92	Q.	CHAIRMAN: Strictly speaking, if somebody didn't show	11:22
21			up for work for no good reason, strictly speaking he	
22			shouldn't get paid.	
23		Α.	Correct.	
24	93	Q.	CHAIRMAN: It may also be a disciplinary matter?	
25		Α.	Correct.	11:22
26	94	Q.	CHAIRMAN: So, strictly speaking, at least in theory,	
27			the person could have reduced pay plus a disciplinary	
28			process?	

A. Correct.

- 1 95 Q. CHAIRMAN: Is that right?
- 2 A. That is correct.
- 3 96 Q. CHAIRMAN: But in the circumstances that obtained at
- 4 the time that would not happen?
- 5 A. No.

11 . 22

- 6 97 Q. CHAIRMAN: If there was discipline, whatever it did, it
- 7 put an end to the recoupment of the pay?
- 8 A. Yeah. We had made enquiries at the time and we were
- 9 told that was --
- 10 CHAIRMAN: That's okay. I am understanding.
- 11 98 Q. MR. MARRINAN: You're highlighting this in your second
- last sentence of your letter there as perhaps --
- 13 A. It wouldn't be an unusual process where members were
- 14 disciplined for noncompliance, well, for non-attendance
- at work without -- being absent without leave, I think 11:23
- is the term.
- 17 99 Q. Yes.
- 18 A. That would be not unusual. And also where there is
- 19 noncompliance with the sick leave regulations, so if I
- am saying that I am out sick but I don't provide the
- 21 documentary evidence from the GP, that's another issue
- that can be dealt with under the discipline
- 23 regulations, noncompliance.
- 24 100 Q. CHAIRMAN: And you just inferred in those circumstances
- 25 that it was dealt with under the discipline
- 11:23

- regulations?
- 27 A. At that time, yes.
- 28 CHAIRMAN: Yes.
- 29 101 Q. MR. MARRINAN: How generally known was that? I mean,

1			would Superintendent Murray have known?	
2		Α.	No, I don't expect he would as such, because he would	
3			have expected notifying us that we had a procedure and	
4			a policy around removing somebody from the payroll for	
5			that AWOL experience or AWOL time.	11:23
6	102	Q.	Yes.	
7		Α.	But we didn't actually have a process at that time.	
8	103	Q.	So would Superintendent Murray have known or not that	
9			there was this, as it were, lacuna in the system,	
10			whereby where somebody was disciplined, that their pay	11:24
11			wouldn't then have been deducted?	
12		Α.	I suppose I can't answer for him but I would expect he	
13			didn't realise it, no.	
14	104	Q.	So it wasn't widely known?	
15		Α.	No.	11:24
16	105	Q.	Was it something that you had encountered frequently or	
17			infrequently?	
18		Α.	Infrequently, but we had encountered it prior to this.	
19	106	Q.	Then if we move on to page 8827, please. This is 22nd	
20			October 2015 and it's from Superintendent Murray,	11:24
21			referring to your earlier correspondence. He says:	
22				
23			"I spoke to the member regarding his absence without	
24			leave on 14th July 2015. I subsequently sought an	
25			explanation from him, which was not satisfactory. I	11:25
26			reported the matter to the chief superintendent	
27			Westmeath recommending disciplinary action. A	
28			superintendent from outside the district was appointed	
29			as deciding officer. That superintendent found Garda	

1			Keogh in breach of discipline in relation to his	
2			absence without leave between the various dates and the	
3			member was fined €300.	
4				
5			The member is aware that I am of the view that he was	11:25
6			overpaid during the period in question and that any	
7			overpayment in that regard is ancillary to the	
8			disciplinary fine imposed. The member is also aware	
9			that as a natural consequence of being absent without	
10			leave, both service and superannuation provisions are	11:25
11			affected. I trust the above explanation satisfies your	
12			queries at questions 1 to 3. I am not exactly sure of	
13			the point you wish dealt with at question 4."	
14				
15			Then your reply to that is at page 8828 of the	11:26
16			material. You refer to his correspondence:	
17				
18			"Please be advised that I will progress this matter	
19			with Internal Affairs, Garda Headquarters and will	
20			revert to you thereafter."	11:26
21				
22			Now, what had Internal Affairs got to do with it?	
23		Α.	Well, Internal Affairs are responsible for all	
24			disciplinary matters, so we would have clarified with	
25			them whether or not we could recoup the money.	11:26
26	107	Q.	Can you assist us as to whether or not Garda Keogh's	
27			pay was in fact deducted for that period of time?	
28		Α.	No, it wasn't.	
29			CHAI RMAN: NO	

1	108	Q.	MR. MARRINAN: It wasn't. Now, you then provided a	
2			supplemental statement to the Tribunal, which is dated	
3			the 17th October of last year and it's at page 14866 of	
4			the material, please. This concerns effectively a	
5			discussion in relation to what does or does not arise	11:27
6			in work related stress situations and also with people	
7			who have made protected disclosures. In some instances	
8			it's not case specific to Garda Keogh, isn't that	
9			right?	
10		Α.	That's correct.	11:28
11	109	Q.	Perhaps if we can just first of all look at a document	
12			that is case specific to Garda Keogh. This is at page	
13			14870 of the material. If we just scroll down. The	
14			initial e-mail is from Chief Superintendent Tony	
15			McLoughlin and it's to the chief superintendent. He	11:28
16			says:	
17				
18			"Garda Keogh reports sick with work related stress.	
19			Can you confirm if an investigation was carried out in	
20			accordance with the regulations into the work related	11:29
21			stress and the outcome of it."	
22				
23			Now, I think that this was then highlighted to you,	
24			isn't that right, because you were cc'd it?	
25		Α.	Mm-hmm.	11:29
26	110	Q.	Then, just scroll up, we can see an e-mail from you to	
27			Claire Egan, copying the e-mail from Chief	
28			Superintendent McLoughlin to Chief Superintendent	
29			Wheatley.	

Τ				
2			"Can you follow up on this, please?"	
3				
4			So this matter has arisen again, isn't that right?	
5		Α.	Correct.	11:29
6	111	Q.	If we could then move on to page 14876. This is the	
7			body of an e-mail, we will go back to the previous page	
8			in a moment, but it is dated the 26th September, at	
9			9:50 in the morning. It's addressed to Claire Egan of	
10			your department and it's copied to a number of people,	11:30
11			including yourself, isn't that right. The	
12			subject-matter is "sick pay". Chief Superintendent	
13			McLoughlin says:	
14				
15			"You will be aware from previous discussions that Garda	11:30
16			Nicky Keogh is out of work on sick leave with what I	
17			understand to be stress related. I believe he is on	
18			reduced or no pay at this stage. I also understand	
19			your department has written to DEPERS."	
20				11:30
21			I have already opened this.	
22				
23			"In the meantime I recommend that the member be	
24			restored to full pay."	
25				11:31
26			And then if we just go back a page to 1487. This	
27			recommendation, was it unusual?	
28		Α.	Yes.	
29	112	Q.	Had you come across it previously?	

1		Α.	We had, yes.	
2	113	Q.	You had?	
3		Α.	Yes.	
4	114	Q.	At that time?	
5		Α.	Yeah.	11:31
6	115	Q.	We see a	
7		Α.	This is September 2016, isn't it?	
8	116	Q.	Yes.	
9		Α.	Yeah.	
10	117	Q.	And then if we look at the e-mail at page 14878,	11:31
11			please. If we scroll down. There is an e-mail from	
12			Claire Egan to you on the 26th September. And then we	
13			see:	
14				
15			"I note Tony is recommending he is restored to full pay	11:32
16			as soon as possible. Not instructing or directing.	
17			The member is on a continuous period of sick leave	
18			since 26th December 2015 and immediately went on to TRR	
19			as his cumulated sick leave was such that he was only	
20			eligible to receive TRR. Member currently sanctioned	11:32
21			for TRR up to 28th September 2016."	
22				
23			Then it says:	
24				
25			"Shall I revert to Tony enquiring as to the date he	11:32
26			should be restored to full pay from - to go back to	
27			start of absence is almost nine months of full pay	
28			amendment."	

1			Then if we just scroll up on the page. This is an	
2			e-mail from you on the same day:	
3				
4			"Claire, it might be worth asking Tony to confirm that	
5			he is directing the member to be put on the payroll as	11:33
6			we are currently complying with the sick leave	
7			regulations. You need a direction to go outside them."	
8				
9			And that was the position that you were adopting at	
10			that stage, is that right?	11:33
11		Α.	That's correct, yes.	
12	118	Q.	If we then move on to page 14880 of the material. This	
13			is correspondence, it's on the 6th October, an e-mail	
14			on 6th October 2016, from Claire Egan of your	
15			department to Chief Superintendent McLoughlin:	11:33
16				
17			"With reference to yours below, I am now advised by the	
18			Garda pay section of the PSSC that Garda Keogh has been	
19			reinstated to full pay status backdated to the	
20			commencement of his absence on 26th December 2015 and	11:34
21			that all arrears owing to him will be paid on Thursday,	
22			13th October (this day week). I have been in contact	
23			with Mick Quinn to advise him of same."	
24				
25			And I think that that brought that matter to conclusion	11:34
26			and I think Garda Keogh remains on full pay, is that	
27			right?	
28		Α.	Correct.	
29	119	Q.	If we could then move on to page 14884 of the material.	

Т			Now, I think this is a response by you, it's dated /th	
2			June 2016, to John Barrett, to Inspector Downey, to	
3			Brian Broderick, Fiona Collins, and then it's copied to	
4			a number of other people, isn't that right?	
5		Α.	Correct.	11:35
6	120	Q.	This is, I think, in response from superintendent	
7			Margaret Nugent, a request to you that the matter be	
8			reviewed and some process should be agreed in the	
9			short-term to deal with sensitive cases on a	
10			case-by-case basis, isn't that right? If we can just	11:36
11			look at your response then, it's to John Barrett, I	
12			think, is that right:	
13				
14			"Good afternoon John."	
15		Α.	Correct.	11:36
16	121	Q.	And then there's a discussion there in the first	
17			chapter, I will just read from it and then you can	
18			expand on it in relation to your views in relation to	
19			it.	
20				11:36
21			"Further to Brian's e-mail, absences as a result of	
22			work related stress was discussed through the working	
23			groups deliberations on amending 11.37."	
24				
25			We heard about this working group, from Inspector	11:36
26			Downey, we heard about it from Inspector Downey	
27			yesterday. Can you just tell us more in relation to	
28			it?	
29		Α.	A working group was set up under the chairmanship of	

the previous Chief Medical Officer, Dr. Donal Collins.

2 On his retirement, it was handed to me. We were going

3 through the whole process of code 11.37, and the idea

4 is that An Garda Síochána has no occupational injury

5 scheme per se for Garda members, so for slips, trips

6 and falls, there isn't an actual particular scheme that

the rest of us within the public service, within the

civil service would be familiar with. We have an

9 occupational scheme.

10 122 Q. Yes

Α.

7

8

11

13

21

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24

25

Yes. 11:37

With the introduction of the public service sick leave

11:37

11:37

11:38

regulations in 2014, it was felt that this is something

that needs to be addressed in respect of Garda members.

14 Because not all -- slips, trips and falls shouldn't be

properly categorised under code 11.37. 11.37 is where

16 you are injured in the course of executing your duty as

17 a Garda member. It's very specific and it's very

important that it is there available to Garda members

19 who are injured in the course of their duties. So

there is a requirement that we would look at our policy 11:37

around having an occupational injury scheme. So that

was the purpose of that working group. So there was

ongoing discussions to try and -- without making it too

prescriptive, but to ensure that this encapsulated all

the relevant absences that we could.

26 123 Q. There is a concentration here on work related stress?

27 A. Yes.

28 124 Q. Within is that scheme, is that right?

29 A. No. That is not quite true.

1	125	Ο.	Yes.

2		Α.	I suppose the purpose of the discussion around the work	
3			related stress, I suppose what we would say is that	
4			work related stress of itself is not an injury, it may	
5			cause an injury, so therefore that would be part of the	11:3
6			CMO's consideration about whether or not if I am	
7			reporting with work related stress and I develop an	
8			illness or an injury subsequent to that, it will be the	
9			Chief Medical Officer who will advise us as to whether	
10			or not there is a causality or if there is a	11:3
11			relationship or if the injury or the illness that I	
12			suffer is directly related to work related stress.	
13	126	Q.	We will just look at this paragraph. I will come back	
14			to that.	
15		Α.	Yes.	11:3
16	127	Q.	You go on to say:	

18

19

20

"I am of the opinion that all sick absences should be categorised as ordinary illness pending completion of whatever investigations are conducted."

11:39

11:39

2122

23

24

Was that not the status quo? Was that not the position in relation to the regulations as they then stood?A. Yes. Illnesses are in the first instance recorded as

ordinary illness and subsequently, where members seek to have certificate 11.37 issued, they may get

27 recategorised to injury on duty.

28 128 Q. You say:

Т			AS I understand it GPS issue medical certs stating	
2			that the member suffers from work related stress based	
3			on the consultation between the GP and the patient.	
4			Similarly, the CMO will only have the member's version	
5			of events available to him when meeting the member. He	11:39
6			may also have a report from the member's treating GP	
7			and/or specialist, but again these reports will be	
8			subjective and give just the member's account or	
9			version of events leading to their perception of work	
10			rel ated stress."	11:40
11				
12			So you're pointing out what you regard as a deficiency	
13			in the assessment of what is or is not work related	
14			stress, is that right?	
15		Α.	Well, the assessment of the work related stress would	11:40
16			include any investigation and that investigation, I	
17			suppose, refers back to where somebody reports that	
18			they are suffering with stress or work related stress,	
19			that we would ask the line manager to do an	
20			investigation into the cause of that stress.	11:40
21	129	Q.	Yes. Well, in the first instance there's the issue of	
22			whether or not somebody is suffering from stress, in	
23			the first instance?	
24		Α.	Yeah.	
25	130	Q.	Isn't that right?	11:41
26		Α.	Yes.	
27	131	Q.	And what you appear to be highlighting in that	
28			paragraph is that the CMO is merely relying on a report	
29			that he has received from the member's GP or	

1			specialist, is that right?	
2		Α.	That's right. I suppose I am stating that it's a	
3			one-sided	
4	132	Q.	Yes.	
5		Α.	Yes.	11:41
6	133	Q.	That is purely subjective, in the sense that it's the	
7			complaint that is being made by the person to the GP.	
8			But it also involves, I suppose, some sort of	
9			professional assessment, whether or not the person is	
10			suffering from stress?	11:41
11		Α.	And that is a medical issue to be determined by the	
12			CMO.	
13	134	Q.	That's a medical issue, yes. Is that a function that	
14			the CMO would undertake by reference to the	
15			certificates or after consultation with the member's GP	11:41
16			or specialist?	
17		Α.	Well, the CMO would be aware of the reasons for the	
18			member's absence and the discussions that occur then,	
19			and I suppose you're going to have to talk to the Chief	
20			Medical Officer on this piece, discussions between	11:42
21			members and the CMO have the doctor patient	
22			confidentiality and we don't have access to that. What	
23			the CMO will do is, he will advise us on whether or not	
24			the member is fit for duty and he will also, when we	
25			ask, advise on whether or not the injury suffered by	11:42
26			the member is causally and directly related to the	
27			injury reported.	
28	135	Q.	Yes. Now, that kicks into whether it is work related	
29			stress or not?	

1		Α.	Yes.	
2	136	Q.	It's just that paragraph is suggesting perhaps in your	
3			view that they seemed to be rather one-sided in	
4			relation to the assessment by CMO that there was	
5			stress?	11:43
6		Α.	But there is only one side of the I suppose perhaps	
7			what I was trying to say there, is that there is one	
8			side of the story provided at that stage, where the	
9			patient consults with their general practitioner and he	
10			writes down that it is work related stress. The CMO	11:43
11			will have that report and whatever else the member	
12			would be able to tell him. So, there needs for the	
13			investigations done locally, if there is further	
14			information to augment what is stated by the individual	
15			or perhaps be able to challenge what is being said by	11:43
16			the individual.	
17	137	Q.	And that refers to the requests that we have seen	
18			earlier on, for local management as to whether or not	
19			they have assessed the	
20		Α.	Yeah.	11:43
21	138	Q.	You then go on:	
22				
23			"However, not all work related stress absences can be	
24			attributed to An Garda Síochána. A lot of the time it	

complaint may be absent from work as a result of work related stress, however the investigation when

25

26

27

28

29

is down to the individual's perception of events.

Take, for example, a case being investigated under the

bullying and harassment policy. As the person making a

11:43

1			completed may under the policy determine that the	
2			person complained of has no case to answer. If An	
3			Garda Síochána accepted from the outset that my work	
4			related stress was an occupational injury, then the	
5			organisation is leaving itself open to litigation into	11:44
6			the future for the personal injuries I may have	
7			suffered. Following through on this theme, where the	
8			person accused of bullying and harassment is absent on	
9			work related stress, the issue arises as to how to	
LO			manage that absence - again if it is recorded as an	11:44
L1			occupational injury we may expose An Garda Síochána to	
L2			personal injury claims from persons found to have	
L3			breached the bullying and harassment policy."	
L4				
L5			That was the view that you were expressing at that	11:45
L6			time, is that right?	
L7		Α.	That's correct.	
L8	139	Q.	And is it a view that you still hold?	
L9		Α.	It is.	
20	140	Q.	It is, yes. And then you go on to say:	11:45
21				
22			"Similarly, from a sick leave perspective, we come	
23			across members suffering from work related stress as a	
24			result of a disciplinary investigation. Again, I would	
25			urge caution accepting this absence as an occupational	11:45
26			injury, as we are exposing An Garda Síochána to	
27			possible litigation in circumstances where a member's	
28			own actions or indeed inaction has precipitated the	
9			instigation of a disciplinary investigation."	

1				
2			And that is something that you highlighted at that	
3			time, isn't that right?	
4		Α.	Correct.	
5	141	Q.	You then go on to say:	11:45
6				
7			"It may be that it is necessary to look at absence as a	
8			result of work related stress where a member/staff have	
9			brought an issue under the protected disclosures	
10			legislation. This is more difficult due to the	11:45
11			confidential nature of the disclosure. However, this	
12			difficulty is applicable across the whole of the public	
13			sector."	
14				
15			Then you ask:	11:46
16				
17			"Has DEPERS a position on it?"	
18				
19			Then in the concluding paragraph you say:	
20				11:46
21			"While it is not ideal to reduce a member's salary when	
22			they are absent on sick leave, An Garda Síochána should	
23			continue to implement the current sick leave	
24			regulations. Where sick absences following appropriate	
25			investigations are determined to be either an injury on	11:46
26			duty or an occupational injury (once the amendment to	
27			code 11.37 has been approved) or indeed covered by the	
28			critical illness protocol, any monies due to the member	
29			will be refunded. This will also benefit An Garda	

1			Síochána in the management of overpayment of salary to	
2			members absent sick on leave."	
3				
4			That was your stated position in relation to this.	
5		Α.	Correct.	11:47
6	142	Q.	Would it be fair to say that you think that the system	
7			that had you in operation at the time was the	
8			appropriate system?	
9		Α.	Yes.	
10	143	Q.	And the reason for that was the reasons that you have	11:47
11			thrown up in your discussion there about it. But in	
12			essence you believe that there shouldn't be a	
13			recategorisation until there has been an inquiry?	
14		Α.	Correct. The sick leave regulations apply when you are	
15			absent on sick leave and outside of that then, what	11:47
16			other policy should apply. So if you are looking for a	
17			code 11.37 there has to be the relevant investigations	
18			into it.	
19	144	Q.	Now, I suppose in some sense, if we can just look at	
20			yes, there were a number of contrary views and I don't	11:48
21			see necessarily that you were copied with them all.	
22			But in the first instance, if we could look at page	
23			14885 of the material. This is one that you were	
24			copied. It's from Inspector Downey, it's dated 6th	
25			June 2016. It's to you and to John Barrett and	11:49
26			Mr. Collins. Who is Mr. Collins?	
27		Α.	Dr. Donal Collins, was the Chief Medical Officer at the	
28			time.	
29	145	Q.	Sorry, yes. If we just scroll down there, yes. He	

1			says:	
2				
3			"Having discussed this with Chief Superintendent	
4			McLoughlin, there is an opportunity to categorise work	
5			related stress under the proposed occupational injury	11:49
6			scheme. This will provide the medical staff time to	
7			assess the causal nature of the work related stress	
8			without the prospect of culling pay after three months	
9			in line with the sickness absence regulations. By	
10			categorising all work related stress as occupational	11:49
11			injury, the pay remains unaffected for six months	
12			followed by half pay for six months and paid pension	
13			rate after that. This will give the organisation	
14			breathing space to ensure that a full inquiry into the	
15			cause of the stress takes place."	11:50
16				
17			So that is a contrary view to yours, isn't that right?	
18		Α.	Correct.	
19	146	Q.	That's leaning in favour of automatically putting work	
20			related stress into occupational injury so there is no	11:50
21			deduction in pay and then you have an inquiry, isn't	
22			that right?	
23		Α.	That's what is suggested there, yeah.	
24	147	Q.	What do you see that's wrong with that?	
25		Α.	The public service sick leave regulations are very	11:50
26			clear. We cannot I suppose at the end of the day we	
27			are dealing with public funds and public monies. We	
28			have to be careful on how that is applied. Work	
29			related stress in and of itself I understand is not an	

Т			Timess. As I said, it may cause an itimess and the	
2			Chief Medical Officer will probably advise better than	
3			I. But we cannot I suppose I felt we were looking	
4			at this from the wrong angle. We were looking at this	
5			as a means of ensuring someone stays on the payroll,	11:5
6			when in actual fact we have regulations, sick leave	
7			regulations that apply and I didn't feel this was in	
8			supported of that.	
9	148	Q.	This debate is ongoing still, is that right?	
10		Α.	Well, not really, I suppose, other than the sick leave	11:5
11			regulations apply. Where somebody is out on sick	
12			leave, we have decided where somebody is out on sick	
13			leave the sick leave regulations apply.	
14	149	Q.	CHAIRMAN: The situation remains as stated?	
15		Α.	Yes.	11:5
16	150	Q.	CHAIRMAN: Notwithstanding the fact that as a result of	
17			Chief Superintendent McLoughlin's intervention, Garda	
18			Keogh is on, so to speak, a special regime?	
19		Α.	Yes. And I understand that that was done in	
20			conjunction with the executive director.	11:5
21	151	Q.	CHAIRMAN: Absolutely.	
22		Α.	Yeah.	
23	152	Q.	CHAIRMAN: No, no, no, and there is no suggestion there	
24			is anything wrong. He is in a particular situation,	
25			but the overall regime remains the same?	11:5
26		Α.	Yeah.	
27	153	Q.	CHAIRMAN: Although there is some debate about changing	

it, or there has been some discussion?

28

29

Α.

The debate ongoing is in relation to the code 11.37.

- 1 154 Q. CHAIRMAN: Indeed.
- 2 A. It's that specific piece that we are still working on
- 3 it and developing it.
- 4 155 Q. CHAIRMAN: And we heard from Inspector Downey about it.
- 5 Okay.
- 6 A. Yeah.
- 7 156 Q. MR. MARRINAN: Then if we could on. Is there anything
- 8 else that you would like to say in relation to that
- 9 aspect of it? Your views are expressed, we can see the

11:53

11:53

11 · 54

- 10 e-mails back and forth.
- 11 CHAIRMAN: Yes.
- MR. MARRINAN: We can see the contrary view?
- 13 CHAIRMAN: That sets out the position.
- 14 157 Q. MR. MARRINAN: Yes, and it sets out your position.
- Then if we could go on and deal in particular with
- absences from work due to having made a protected
- 17 disclosure. If we could look at page 14889. Again,
- this is, as it were, a similar debate that arose in
- 19 relation to protected disclosures and the impact that
- 20 somebody --
- 21 A. Yeah, this part of the ongoing debate that was ongoing
- and saying that we really should have something for
- persons who make protected disclosures. And this was
- coming, I suppose, from the managers on the protected
- disclosures side as opposed to those of us on the sick
- leave side. So we had drafted that, I suppose,
- document, but I mean it's very much a draft.
- 28 158 Q. CHAIRMAN: Yes.
- 29 A. You know, there's a lot of consideration that needs to

Т			be done, there's a lot of legal considerations on it.
2			CHAIRMAN: Yes.
3	159	Q.	MR. MARRINAN: Yes. This is the 10th June, it's from
4			Claire Egan. It was sent to you and you had requested
5			her to put this together and that this was to become 11:
6			part of your submission, as it were, in relation to
7			management of absences from work due to protected
8			disclosures, is that right?
9		Α.	Well, we had been asked for an opinion on it. I
10			suppose I've clearly voiced my opinion on it, that if
11			you are out on sick leave but if somebody was to be
12			facilitated where they made a protected disclosure,
13			with not returning to work with a form of
14			administrative leave, then we needed to have, I suppose
15			that would be, for want of a better word, a discussion 11:
16			document around how that might happen.
17	160	Q.	CHAIRMAN: There needs to be a regime of regulation

- about how that's going to work?
- 19 A. Yeah, if you are bringing it in, we'd need a policy.
- 20 161 Q. MR. MARRINAN: And we can see there the number of the 11:55
 21 bullet points are --

- 22 CHAIRMAN: Are we concerned with that much,
- 23 Mr. Marrinan? Does it matter?

Chairman.

- MR. MARRINAN: No, I am not going to go through it,
- 26 CHAIRMAN: That's all right.
- 27 162 Q. MR. MARRINAN: But we can see the bullet points there.
- I suppose fundamentally the last -- at 14890, one of
- the considerations that you have there is that:

1				
2			"Not all work related stress absences can be attributed	
3			to An Garda Síochána or the actions taken by the	
4			organisation in carrying out its functions, and indeed	
5			some instances may be attributable to the actions of	11:56
6			the employees themselves. The acceptance of	
7			responsibility from the outset by granting access to	
8			paid administrative leave in the absence of evidence	
9			from a concluded investigation may expose the	
10			organisation to additional claims, e.g. personal	11:56
11			injury, and may also serve to encourage disclosures on	
12			a more widespread scale."	
13				
14			So again, this came from a proposal that was being put	
15			forward that somebody who had made a protected	11:56
16			disclosure would go on administrative leave,	
17			effectively, isn't that right?	
18		Α.	well	
19			CHAIRMAN: No, sorry, the person might feel that having	
20			made a protected disclosure it was unsuitable for them	11:56
21			to continue at work and in those circumstances	
22			MR. MARRINAN: Yes.	
23	163	Q.	CHAIRMAN: what should happen. So you're discussing	
24			it.	
25		Α.	It is really I suppose the best way to say it, it's	11:57
26			a discussion document around a time when there was	
27			concern that we didn't have a policy. I suppose	
28			there's no policy to permit persons or to support	
29			persons who make a protected disclosure and then are	

1			availing of sick leave and the sick leave regulation	
2			apply to sick leave. So if we wanted to go outside of	
3			that, there really should be a policy, a clear and	
4			unambiguous policy that sets out	
5	164	Q.	CHAIRMAN: For PD people?	11:57
6		Α.	Yes, what would apply in those circumstances. I	
7			suppose the best you could say about this document is	
8			it's a discussion document.	
9			CHAIRMAN: Yes, I understand.	
10	165	Q.	MR. MARRINAN: If I can very briefly just complete the	11:57
11			circle in relation to it, just for the sake of	
12			completeness?	
13			CHAIRMAN: But it doesn't affect Garda Keogh, that's	
14			the big point.	
15		Α.	No.	11:57
16			CHAIRMAN: Okay. Thanks, Mr. Marrinan.	
17	166	Q.	MR. MARRINAN: At page 14911, this is from	
18			superintendent Nugent, it says:	
19				
20			"I have read the attached and it is a very good	11:58
21			document, my only concern relates to having to consult	
22			with local management regarding the pay."	
23				
24			14911. Scroll down. 14911. Thank you, Mr. Kavanagh.	
25			This is an e-mail to you from Superintendent Margaret	11:58
26			Nugent. It says:	
27				
28			"I have read the attached."	

1		That is a reference to the document that I just	
2		referred to.	
3			
4		"It is a very good document, my only concern relates to	
5		having to consult with local management regarding the	11:59
6		pay, that may pose problems, particularly where	
7		legality practices may be the source of the complaint	
8		relevant to the disclosure. Furthermore, the	
9		disclosure has to be kept confidential. Can an	
10		arrangement be made whereby pay issues are sorted out	11:59
11		in Navan, including administrative Leave, based on a	
12		communication with the protected disclosure manager?"	
13			
14		Then if we go on to page 15912, she had a further	
15		observation.	11:59
16			
17		"One query, it takes a very long time to have someone	
18		put back on the payroll, as in this case, 24th June	
19		2016, which impacts very significantly on people. Can	
20		we arrange a human solution in the interim whereby	11:59
21		there is a manual process put in place to ensure there	
22		is a work around (e.g. the issuing of a cheque) while	
23		waiting for the automated solution to kick in."	
24			
25		So those were the issues. The debate was there. And	12:00
26		that's where matters stand. Would you answer any	
27		questions, please.	
28	Α.	Yes.	

1			END OF EXAMINATION	
2				
3			MS. MONICA CARR WAS CROSS-EXAMINED BY MS. MULLIGAN, AS	
4			FOLLOWS:	
5				12:00
6	167	Q.	MS. MULLIGAN: Good morning, Ms. Carr, I have a very	
7			little for you. Just a couple of practical questions.	
8			So in terms of HR, how many staff, I suppose, do you	
9			have that are going through your HR	
10		Α.	Well, the HR directorate is what you are talking about	12:00
11			specifically, are you talking about specifically people	
12			dealing with pay, there would have been I think four to	
13			six people dealing with the pay issue.	
14	168	Q.	No, sorry, my apologies. The opposite question. So	
15			how many people are in An Garda Síochána who are run	12:00
16			through your system?	
17		Α.	oh. well	
18	169	Q.	Is it thousands, is it or more?	
19		Α.	So we would have over 13,000 Garda members and we have	
20			almost 3,000 Garda staff. That's today's figures.	12:01
21	170	Q.	Give or take?	
22		Α.	About 13,000.	
23	171	Q.	So is it fair to say then you run a systems and	
24			procedural process to manage HR?	
25		Α.	Yes. It's the transactional element of HR.	12:01
26	172	Q.	So the individual one-on-one piece is done by local	
27			management, is that fair?	
28		Α.	Yes, that would be correct.	
29	173	0	So you manage this again the recording and again	

- making sure the regulation of the processes and the procedures are managed, is that right?
- A. That would be correct, and we would send out the communications to the local management through the
- 5 divisional officer, through the chief superintendent's

12:02

- 6 office for all the members within that division. I
- 7 suppose we would require that they would deal directly
- 8 with the individual. From 139/2010 they're obligated,
- 9 or we're obligated to keep in contact with staff when
- they are absent on sick leave and we would devolve that $_{12:02}$
- 11 function to the divisional officer or to the
- 12 superintendent to ensure members are kept -- or there
- is contact with members at all times. All of that goes
- down there.
- 15 174 Q. Just for those of us who wouldn't have the same
- expertise as you do, is it fair to say you're
- governance and they're the people on the first -- local
- 18 management are the first line of enquiry for the member
- if they have questions around HR?
- 20 A. Yes, but we also are available to members to contact us 12:02
- 21 directly.
- 22 175 Q. Yes.
- 23 A. So if they have any queries or questions, we would take
- them at all times.
- 25 176 Q. Which would be more common; for someone to go to -- for 12:02
- 26 a guard to go to their sergeant or for them to go
- 27 directly to HR?
- 28 A. They do both.
- 29 177 Q. They do both, okay.

1		Α.	It would depend on the individual themselves. We have	
2			regular contact with Garda members and Garda staff.	
3	178	Q.	Okay. And again, you said that you had about six	
4			members of staff who deal with that; is that right?	
5		Α.	Well, dealing with that specific piece of Garda sick	12:02
6			leave, Garda pay.	
7	179	Q.	Okay, perfect. Just in terms of what happened in this	
8			case, and just correct me if you can't answer a	
9			question, most of the documentation seems to have gone	
10			to Mr. Mulligan, is that right, Alan Mulligan?	12:03
11		Α.	So Alan would have been the director of the HR would	
12			have been the director over the HR directorate prior to	
13			me taking responsibility for it as acting principal and	
14			principal officer.	
15	180	Q.	Okay.	12:03
16		Α.	From 2015.	
17	181	Q.	So my questions are quite general in nature, if you	
18			can't answer question, that's fine, just let me know.	
19			Can I just clarify in terms of I suppose individual	
20			profile on an individual guard. I presume there is a	12:03
21			file, is that right, on each individual guard?	
22		Α.	Well, there is actually a number of files. So within	
23			the sick leave section there would be his sick leave	
24			record.	
25	187	0	VAS	12.02

27

28

29

Α.

His/hers. There is a file in record section which

would be their HR file, I suppose, for want of a better

word, from when they attested. It's not a huge file.

It is literally maybe where they move from different

1			sections and some information	
2	183	Q.	A transfer, for example, that would be on the HR file?	
3		Α.	That would be an entry on it. It would also have	
4			commendations and records of personal births of	
5			children, marriages and stuff like that.	12:04
6	184	Q.	Anything that might relate to pensions and that kind of	
7			things that might happen?	
8		Α.	It wouldn't be the pension file per se well, I	
9			suppose it becomes the pension file at the end but then	
10			all files would be collated together. There would	12:04
11			discipline files. There would be various different	
12			files in various sections in respect of members.	
13	185	Q.	So is it fair to say that file doesn't identify that	
14			someone is a whistleblower?	
15		Α.	Oh gosh, no. No, no. There would be no record on a	12:04
16			file within the directorate in that regard and the	
17			directorate would have responsibility for records, but	
18			the protected disclosure piece, there's protected	
19			disclosure managers, they're not situated in the	
20			directorate, so we wouldn't have any	12:05
21	186	Q.	When Mr. Mulligan is writing down to the chief	
22			superintendent, any chain of processing, if he knows	
23			that Garda Keogh is a whistleblower it's not through a	
24			systems process, it's not there's no way of	
25			identifying that individual, is that fair?	12:05
26		Α.	No.	
27	187	Q.	No.	
28		Α.	Not from, we'll say, correspondence emanating from the	

HR directorate. But Mr. Mulligan, Alan was the -- is

1			one of the confidential recipients, so he might have	
2			communications under another fora, but not anything to	
3			do with the HR directorate. Nothing under cover of his	
4			signature from the HR directorate.	
5	188	Q.	Okay. So, we're not entirely clear if he was aware.	12:05
6			But as a general rule people wouldn't be aware.	
7			Mr. Mulligan may have in his own particular	
8			circumstances have been aware, would that be fair?	
9		Α.	I will leave that for him to answer, but from the	
10			directorate point of view there would be no records	12:05
11			within the directorate.	
12	189	Q.	Very well, that's fine. So can I just ask you in terms	
13			of there is a process for off sick reports that go up	
14			through Mr. Mulligan between the 2nd April and the 22nd	
15			May. They have been opened extensively to everyone?	12:06
16		Α.	Yeah.	
17	190	Q.	So I will try and keep my questions general. If you	
18			need to look at a document, that is fine. And what	
19			seems to have occurred is an initial report goes up to	
20			Mr. Mulligan in around the 7th April and it comes back	12:06
21			identifying, yes, I will now need a full investigation	
22			to occur because the member is citing work related	
23			stress. Do you recall seeing that document?	
24		Α.	I do.	
25	191	Q.	Yes. And then a report comes back in or around the	12:06
26			22nd May, essentially identifying that no work related	
27			stress investigation is going to occur in this	
28			scenario. In those circumstances, I think you gave	
29			evidence that generally that wouldn't be an unusual	

- situation. As in, in other scenarios that's something that does occur?
- A. Yes. I don't want to use the word uncooperate, but we would ask the local manager, and when I say we, having the same position as Alan had at that time.

6 192 Q. Yes.

20

21

22

23

24

- 7 From Navan we would ask the local chief superintendent, Α. 8 the local managers to do that investigation and that investigation is not prescriptive, it doesn't mean that 9 we would interrogate an individual. The idea behind it 12:07 10 11 is that the local manager would know their staff or 12 know of them or would know their line managers and they 13 would sit with the member and find and establish the 14 source or the cause of that. I suppose in this 15 particular instance that had already been advised to us 12:07 16 in advance. That letter sent out seeking to have an 17 investigated is an standard letter that goes out in all 18 Once we see stress or work related stress, that cases. 19 letter issues.
 - 193 Q. So again, just so I am clear, from Mr. Mulligan's point 12:08 of view, he wouldn't look beyond the -- once he sends the proforma letter in May, seeking the document and it comes back from the chief superintendent, he doesn't look beyond what is on the page, he accepts the bona fides of it from local management, would that be fair? 12:08
- A. That would be fair. And I suppose just the other piece on that is, this correspondence goes out under cover, went out under cover of Alan's signature or would go out under cover of my signature, it doesn't actually

- 1 mean that we have seen the correspondence per se.
- 2 194 Q. Yes.
- 3 A. But the process is.
- 4 195 Q. Exactly. So he is responsible for the process as
- 5 oppose to necessarily the content, is that fair?
- 6 A. Yeah, but we would be aware of it.
- 7 196 Q. Yes, and obviously there is oversight and that kind of

12:08

12:08

12:09

12:09

- 8 thing?
- 9 A. Yeah.
- 10 197 Q. But in terms of the bona fides of any investigation or
- anything that it contained, is really a matter for the
- superintendent and the chief superintendent in local
- management generally, you don't look beyond it?
- 14 A. No.
- 15 198 Q. No.
- 16 A. We would provide that information then to the Chief
- 16 A. We would provide that information then to the Chief 17 Medical Officer.
- 18 199 Q. I have just one other question. Just because I
- don't -- Ms. Egan isn't on the list of witnesses and I
- anticipate you will be able to answer the question, so
- if you bear with me. If we can go to page 3254,
- 22 Mr. Kavanagh. And it is an e-mail from Claire Egan to
- 23 HR. I just want to ask at the end, just on the second
- 24 page.
- 25
- "This branch is not in receipt or aware of any
- application for this sickness absence to be treated as
- anything other than ordinary illness as recorded and
- accordingly under the provisions of the public sick

1			regulations the member accumulated sick leave in the	
2			usual way."	
3				
4			Do you see that, at the end of the page? Just the	
5			second half of that page?	12:10
6				
7			"This branch is not in receipt of nor aware"	
8				
9		Α.	Sorry.	
10	200	Q.	Yes, sorry. I will give you a moment to read that?	12:10
11		Α.	Yeah.	
12	201	Q.	Can I just ask you very briefly, in terms of this	
13			question of an application, is there such an	
14			application or is that just a turn of phrase, I just	
15			wanted to be clear about that?	12:10
16		Α.	Under code 11.37 there is no actual it's not	
17			prescribed as to who should make the application. But	
18			I suppose it's my experience that the chief	
19			superintendent is required to issue a code and it's my	
20			understanding and my experience that the member would	12:10
21			liaise with the chief superintendent in getting that	
22			code issued. I suppose in fairness, the local	
23			management were writing up to us in relation to this	
24			particular case, but as Claire has stated there, there	
25			isn't actually when you go through everything, there	12:11
26			isn't actually an application for that code 11.37.	
27	202	Q.	I just wanted to clarify that in terms of how that	
28			worked. Thank you very much. I have nothing further.	
29			Oh sorry. I do have one further thing, my apologies.	

_			Just III relation to the Awot aspect, so the member	
2			having been disciplined, if you had have been aware	
3			that a member had been disciplined, am I correct in	
4			saying that your understanding is that you wouldn't	
5			then at the time have sought to recoup monies, is that	12:11
6			right?	
7		Α.	Well, at the time we made enquiries about recouping	
8			monies, because I would see there's two separate issues	
9			in relation to that, there's one, the AWOL piece, and	
10			there's also the discipline piece, which would be two	12:11
11			separate issues. But from my recollection at the time	
12			we were advised against recouping the money for the	
13			AWOL piece. There was a fine imposed on the discipline	
14			side and that money, as I understand, would have been	
15			recouped.	12:12
16	203	Q.	Just on the facts of this case, the fine imposed took	
17			into account the wages aspect, would that have	
18			solidified your position?	
19		Α.	No, that had nothing to do with my position.	
20	204	Q.	Very good. No further questions.	12:12
21				
22			END OF EXAMINATION	
23				
24			CHAIRMAN: Very good. Anybody else? Yes,	
25			Mr. McGuinness.	12:12
26			MR. DONAL McGUINNESS: Thank you, Chairman.	
27			CHAIRMAN: while we're here, I see the Chief Medical	
28			Officer here and I know that he has a commitment, isn't	
29			that right, Mr. McGuinness. So we won't take you up	

1			before 2:30 or as soon as you can get back, we	
2			understand. So be at ease, don't be under too much	
3			pressure, and we will take your evidence at 2:30 and if	
4			possible we will proceed to try to finish you this	
5			afternoon. If that is convenient all round.	12:12
6			MR. MURPHY: Thank you, Chairman.	
7			CHAIRMAN: Is that right.	
8			MR. MURPHY: Chairman, just in terms of the timeline, I	
9			understand that if you could give us latitude to three	
10			o'clock, it may be necessary.	12:13
11			CHAIRMAN: So be it.	
12			MR. MURPHY: Thank you.	
13			CHAIRMAN: I was assuming that 2:30 might be a little	
14			optimistic. We will resume then at three o'clock.	
15			Sorry that you are being sort of inconvenienced, having	12:13
16			to hang around, I know you have been here on other days	
17			as well. Yeah, we will take it up at three o'clock.	
18			We will certainly see how far we will get and we will	
19			endeavour to finish the evidence this afternoon.	
20			MR. MURPHY: Thank you, Chairman.	12:13
21			CHAIRMAN: Thanks very much. Okay. Yes,	
22			Mr. McGuinness.	
23				
24			MS. MONICA CARR WAS EXAMINED BY MR. DONAL McGUINNESS,	
25			AS FOLLOWS:	12:13
26				
27	205	Q.	MR. DONAL McGUINNESS: Ms. Carr, just briefly your	
28			experience in relation to HR in the public service, if	
29			you can just tell the Chairman what your experience is	

- 1 in that regard, please? 2 Well, I am a career civil servant with 34 years service Α. 3 across a number of departments. I worked in the Department of Defence, Revenue Commissioners, 4 5 Department of Education, Department of Justice and now 12:14 6 An Garda Síochána. I have been through all the grades 7 from clerical officer through to principal officer. 8 am currently working in the HR in An Garda Síochána since August 2010. 9 okay. 10 CHAI RMAN: Thank you very much. 12.14 11 206 Q. MR. DONAL McGUI NNESS: And that career extends from 12 1986 until now and you are a principal officer at the 13 moment? 14 Α. Correct. 15 207 Could I just ask briefly to refer to document 6189? Q. 12:14 16 This is the circular by AC Fanning of the 29th May '14, immediately after the regulations came in to effect, 17 18 the sick leave regulations came into effect. 19 refers, paragraph 1 there, that the regulations came into effect on 31st March 2014. Do you agree with 20 12:14 that? 21 22 Correct. Α.
- 23 208 Q. If I just take up a point that the Chairman mentioned
 24 earlier in relation to exactly when Garda Keogh's sick
 25 leave exceeded the 183 days, if we could ask for
 26 document 9331, please. This is a fax message to Sick
 27 Section, is that to your section?
- 28 A. Yeah.
- 29 209 Q. There's a note there of 1st April 2015:

Т				
2			"Please see attached SR1 for Garda Nicholas Keogh, who	
3			has exceeded his 183 sick days."	
4				
5			Is that the first to your knowledge notification of a	12:15
6			rolling period?	
7		Α.	I actually can't say. Because it's a rolling four year	
8			period, you actually can, you know, today be outside of	
9			the sick leave limits and two weeks later be back	
10			within the sick leave limits.	12:15
11	210	Q.	I understand.	
12		Α.	So it is actually calculated on each day of the	
13			absence.	
14	211	Q.	CHAIRMAN: So any particular day	
15		Α.	Yeah.	12:15
16	212	Q.	CHAIRMAN: you could be in and it doesn't follow	
17			that two weeks later or a month later it would also be	
18			in, you could have	
19		Α.	You could be out and two or three months later you	
20			could be in.	12:16
21	213	Q.	CHAIRMAN: Yes.	
22		Α.	With the passage of time you come back into it.	
23			CHAIRMAN: Of course. I see the point, yes, thank you.	
24	214	Q.	MR. DONAL McGUINNESS: I understand the sickness regime	
25			that came in on 31st March '14 was 92 days sick leave	12:16
26			full pay, 91 day sick leave on half pay, isn't that	
27			correct?	
28		Α.	Correct.	
29	215	Q.	And after that, once you reach the 183 days you go onto	

1			the temporary rehabilitation remuneration?	
2		Α.	Provided there is a reasonable probability of you	
3			returning to work.	
4	216	Q.	Yes. And I take it that is not a penalisation in any	
5			way?	12:16
6		Α.	No.	
7	217	Q.	That's an accommodation as such?	
8		Α.	It is an accommodation. I suppose under this	
9			regulation there is probably what you could say four	
10			years of support under the sick leave regulations, a	12:16
11			maximum of four years.	
12	218	Q.	Yes. Just in terms of the reduction in pay or an	
13			approximation of the pay, is it tied into the pension	
14			entitlement if you are pensioned off sick at that time,	
15			in terms of the amounts that you receive?	12:17
16		Α.	Okay. So your full pay, half pay is straightforward.	
17			Your Temporary Rehabilitation Remuneration pay and this	
18			is probably going to as it stands at the moment, is	
19			basically what you would receive if you were retired in	
20			the morning.	12:17
21	219	Q.	CHAIRMAN: Yes.	
22		Α.	There's also the benefit of the if you are ill	
23			health retired within the public service, you get added	
24			years. So if you are on Temporary Rehabilitation	
25			Remuneration pay, you also get the benefit of those	12:17
26			added years. So your remuneration takes account of	
27			that.	
28	220	Q.	CHAIRMAN: But that period that you are on TRR doesn't	

count for your pension?

2	221	Q.	CHAIRMAN: Assuming you come back to work.	
3		Α.	Correct.	
4	222	Q.	CHAIRMAN: okay.	
5		Α.	All periods of Temporary Rehabilitation Remuneration	12:17
6			are non-reckonable for pension purposes.	
7	223	Q.	MR. DONAL McGUINNESS: And in order to get TRR, I	
8			assume you would have to keep submitting sick	
9			certificates; isn't that correct?	
10		Α.	You would have to continue submitting your sick	12:17
11			certificates and would you have to engage with the	
12			Chief Medical Officer as appropriate.	
13	224	Q.	And if you didn't produce those certificates and didn't	
14			engage with the CMO, what would the consequence be?	
15		Α.	If you do not engage with the process, you would be at	12:18
16			risk of being disciplined for noncompliance with the	
17			sick leave regulations.	
18	225	Q.	Now, just in relation to your chronology, Mr. Marrinan	
19			went through quite a few of the documents there and I	
20			will try and not trespass on the ground that he went	12:18
21			over, but if I could just ask for page 2191, please,	
22			Volume 8. This is from Superintendent Pat Murray, it's	
23			dated 2nd April 2015, it's to the chief superintendent	
24			Westmeath. Just before we go there, if you go to the	
25			second page, please, and it's:	12:19
26				
27			"The member has a total of 184 sick days in the past	
28			four years."	
29				

A. Yes.

1	If you recall the facts that I just brought up in
2	relation to 183 days, was dated 1st April.
3	
4	"48 of those occurred since January 2014, with 52%
5	occurring on early tours. The member has availed of 34 $_{ m 12:1}$
6	days annual leave from 1st March 2014 to 31st March
7	2015.
8	
9	I believe both the member and the organisation would
10	benefit by referring him to the Occupational Health
11	Service at this time."
12	
13	Now, if I could ask Mr. Kavanagh to go back to the
14	first page of that document, please. And the relevance
15	here is, if I can ask you to note the second paragraph: 12:1
16	
17	"While Garda Keogh was reticent to discuss any issues
18	he may with me, I nonetheless felt it prudent to put an
19	arrangement in place in Athlone to support him in the
20	work environment as he is indicating work related 12:2
21	stress as the source of his absences. With that in
22	mind, I have allocated a female sergeant who is new to
23	the district to act as a district point of contact for
24	the member to discuss."
25	12:2
26	Now, the important line there that I want to draw your
27	attention to is:
28	
29	"He is indicating work related stress as the source of

Т			ni si absences.	
2				
3			Do you see that?	
4		Α.	Yeah.	
5	226	Q.	And although you don't have the complaint from	12:20
6			Mr. Keogh before you, if we could call up page 136.	
7			136, sorry, Mr. Kavanagh. And scroll down to number	
8			15, and about two-thirds of the way down:	
9				
10			"At no time did work related stress appear to have been	12:2
11			the subject-matter of this case conference about my	
12			sickness records of this case conference should be	
13			obtained. The police appear to wish to deny knowledge	
14			of my work related stress while on the other hand	
15			dealing punitively with my condition in terms of	12:2
16			reduction of pay, monitoring, disciplining etcetera."	
17				
18			Now, in the context of the allegation, so to speak,	
19			Superintendent Murray arrives in Athlone in March 2015	
20			and almost one of his very first communications to the	12:2
21			chief superintendent is indicating that Garda Keogh is	
22			indicating work related stress as a source of his	
23			absence, is that correct?	
24		Α.	Yes.	
25	227	Q.	The matter progresses then to the document Mr. Marrinan	12:21
26			opened, which is page 9048. Is that 9048? Sorry,	
27			9408, please. Here again we have Pat Murray and he is	
28			in direct contact with you. He is indicating:	
29				

"The member reported sick and unfit for duty on the 12th April and remains on sick. I have no indication as to when he will return and I have been unable to contact him by phone. I have asked the superintendent in the area where he lives to him a copy of the correspondence. I can only ask the member be seen by the Chief Medical Officer as soon as possible."

12:23

12 · 23

12:23

12:24

12.24

Then Mr. Marrinan has gone through other documents which confirm the chronology after that. The question is: Insofar as the obligations on local management are concerned in relation to the issue of work related stress, have you a view as to the adequacy or otherwise of those initial steps that were taken at that time? Well, clearly Superintendent Murray notified us that

Α.

stress, have you a view as to the adequacy or otherwise of those initial steps that were taken at that time? Well, clearly Superintendent Murray notified us that the member was suffering with work related stress. I understand the categorisation of an illness is uploaded or is entered locally in the district or the division and the default, I suppose, on the SAMS system, which is a very basic recording system, it's not actually like part of a HRIS, it is an actual recording system for sick absences, and the default on that is that it defaults in "flu/viral", so quite a lot of the time we would find that, you know -- and sometimes it belies the fact that somebody has been quite unwell, it's coming up as "flu/viral". In this instance, in fairness to the superintendent, when he notified us he wanted to support and get help from the CMO for the member, he did indicate in his correspondence that it

1	work related stress and that would have gone over to
2	the Chief Medical Officer, that correspondence.

- 3 228 Q. Now, just in relation to the membership in relation to occupational injury, or sorry injury on 4 5 duty, in your experience, to what extent do the members 12:24 6 concerned actively get involved in ensuring that the 7 classification of their injury, we will just leave it 8 at physical injuries for now, is associated with their 9 job?
- In terms of code 11.37s, we would generally receive 10 Α. 12 · 25 11 them from the divisional office, from the divisional officer, from the chief superintendent and that 12 13 happens, I suppose you could say, seamlessly in a lot But there is -- where the chief 14 of the cases. 15 superintendent might ask for advices from HRM or 12:25 16 advices from the Chief Medical Officer, we would get 17 correspondence on that and we would work around that. 18 Then there are cases where a chief may decide that 19 they're not in a position to issue a code 11.37 and 20 there can be discussions ongoing between the member and 12:25 the superintendent and the chief and stuff like that 21 22 and then they make enquiries with our office and they 23 can be kind of protracted, ongoing.

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It isn't actually provided within code 11.37, but should a member wish to appeal the non-issue of a code 11.37, we will accept the appeal into the directorate and it will be considered and all circumstances will be considered in that and a recommendation made. So we

- would have -- in general, you would say that they would 1 2 go ahead without too much interference, but, as I say, the chief might look for information and advice from 3 the CMO about causality, about whether or not the 4 5 injury arises can be directly related to the incident 12:26 as reported, and we would facilitate that and those 6 7 discussions. And then there are times when the member 8 themselves would be in contact with our office trying to progress their position. 9
- 10 229 Q. I would imagine because the matter relates to pay, the 12:26
 11 members would be quite enthusiastic about ensuring that
 12 the issue is dealt with as expeditiously as possible,
 13 ordinarily.
- 14 A. I suppose in fairness to them, yes, and we would try to assist where we can.

12:27

12.27

- 16 230 Q. But when there is a dispute in relation to the issue of
 17 the 11.37 between the management and the member,
 18 presumably the CMO's position is going to be very
 19 critical in resolution of that issue?
- It depends on what the dispute centres 20 well, yes. Α. around, because there is an element under code 11.37 21 22 where the chief superintendent has to certify that 23 there is no willful default or negligence on behalf of 24 the member, so there is that element to it. And then 25 when it comes to causality and whether or not the 26 injury arising can be associated with the incidents, then that's where the advices of the CMO and he may 27 seek independent medical specialists as well to assist 28 in that determination. 29

1	231	Q.	Yes. In relation to causality, work related stress is	
2			something probably a lot of people suffer from. For	
3			example, today you're working, you might be under some	
4			stress, would you agree with that?	
5		Α.	I would.	12:28
6	232	Q.	But whether you actually suffer an injury or not as a	
7			result of that stress is really the crux?	
8		Α.	And as I say, the CMO would be able to explain that	
9			better, but that would be my understanding of the it,	
10			that work related stress is not in itself an injury.	12:28
11	233	Q.	CHAIRMAN: I think you set it out in your memo. You	
12			set it out in your e-mail, I thought, very extensively,	
13			your views on it.	
14			MR. DONAL McGUINNESS: Very good. Thank you, Chairman.	
15	234	Q.	In relation to the recommendation to restore full pay,	12:28
16			you mention in your evidence that you had come across	
17			that issue previously?	
18		Α.	Yes.	
19	235	Q.	Was it very proximate to the resolution of the issue	
20			with Garda Keogh?	12:28
21		Α.	In this particular case, yes.	
22	236	Q.	Within a matter of months?	
23		Α.	Yes.	
24	237	Q.	And before that, had you come across the issue	
25			previously?	12:28
26		Α.	No.	

the other person that you mentioned?

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238 Q.

In some of the e-mails that have been referred to,

there's a reference to Garda X and Garda Y, is Garda X

1		Α.	Yes.	
2	239	Q.	And Garda Y we now know is Garda Keogh?	
3		Α.	I understand, yes.	
4	240	Q.	But that wouldn't necessarily have been known to you at	
5			the time the discussions took place?	12:29
6		Α.	I can't say for definite no, if that makes sense.	
7	241	Q.	And then finally, just in relation to all of your	
8			dealings with Garda Keogh, did you ever perceive any	
9			actions taken by anybody that you would have considered	
10			to be a form of targeting or a form of victimisation or	12:29
11			a form of bullying?	
12		Α.	No. Certainly from the correspondence that we would	
13			have received, it would be what I would have expected.	
14			I reviewed the file and it would be what I would	
15			expect, that the superintendent and the chief	12:29
16			superintendent would be sending up correspondence,	
17			looking to get the support of the Chief Medical Officer	
18			for the individual. I didn't see anything different in	
19			this than on numerous other files that I would review.	
20	242	Q.	You would agree with me that the only thing different	12:30
21			was that Garda Keogh was eventually treated as an	
22			exceptional case, along with the other case that you	
23			mentioned, Garda X?	
24		Α.	Yes.	
25	243	Q.	Thank you.	12:30
26				
27			END OF EXAMINATION	
28				
29			CHAIRMAN: All right. Very good. No questions,	

1	Mr. Marrinan.	
2	MR. MARRINAN: No further questions.	
3	CHAIRMAN: Thank you very much, Ms. Carr, you are free	
4	to go.	
5	THE WITNESS: Thank you.	12:30
6	CHAIRMAN: Thank you very much for your assistance.	
7	Very good.	
8		
9	THE WITNESS THEN WITHDREW	
10	1	12:30
11	CHAIRMAN: So now, Mr. McGuinness, the CMO	
12	MR. McGUINNESS: Yes.	
13	CHAIRMAN: is going to be back at three.	
14	MR. McGUINNESS: Hopefully in time for a three o'clock	
15	start. If people perhaps came at 2:45, just in case.	12:30
16	CHAIRMAN: Let's say we will try to be ready at 2:30	
17	but we're not expecting him back how long is he	
18	going to take? Is it sensible to leave him over until	
19	tomorrow?	
20	MR. McGUINNESS: No, no, he is not available tomorrow,	12:31
21	Chairman, unfortunately.	
22	CHAIRMAN: Very good.	
23	MR. McGUINNESS: So we are hoping to finish him.	
24	CHAIRMAN: That's very good reason. So then we will	
25	propose to sit on. We hope he comes back as soon as he	12:31
26	can, but we will have to live with his availability.	
27	The CMO is not available tomorrow, Mr. Kelly, therefore	
28	that option doesn't arise.	
29	MR. KELLY: Yes, I am quite happy to sit on to deal	

1	with him.	
2	CHAIRMAN: Thank you very much. It is obviously more	
3	convenient. That will be the end of our witnesses. We	
4	would have had further sessions but circumstances	
5	beyond our control concerning a particular witness have	12:31
6	prevented us. He's indisposed and therefore we are not	
7	in a position to do that. Just while I have the	
8	opportunity let me say that we will resume on, what is	
9	the date.	
10	MS. McGRATH: The 10th February.	12:31
11	CHAIRMAN: We will resume on the 10th February. The	
12	schedule of witnesses will be available certainly by	
13	Friday and will be on the website. It just needs to be	
14	finalised before we can say that. Okay. So we will	
15	resume, if I can get this closed, we will resume at	12:32
16	three o'clock or as soon before that as we can. Okay,	
17	thank you very much.	
18		
19	THE HEARING THEN ADJOURNED FOR LUNCH AND RESUMED AS	
20	FOLLOWS:	12:32
21		
22	MR. McGUINNESS: Chairman, we're ready for the next	
23	witness, Dr. Oghuvbu.	
24	CHAIRMAN: Just two seconds, doctor. Just for a	
25	moment. The order, 23rd January. Okay. Just before	14:59
26	the Chief Medical Officer gives evidence, I want to	
27	mention a request that we have received from Garda	
28	Keogh's team, who refer to another case that has	
29	potential relevance. We have gathered the materials in	

that case from the relevant authorities. The position is as follows: First of all, the person whose case that is has an opportunity to respond to the order that we have made, I have made, to object to it, and that will be I think at the end of this week. So the first 15:00 thing that could happen is that the person involved might object and in due course I may have to have submissions or argument, which I would anticipate would have to be in private and I would then rule on that. Assuming that I upheld the objection, end of story in 15:01 regard to that. Assuming I didn't uphold it, the question of relevance or materiality would remain, in my view would remain to be established. In that circumstance, as soon as the period has elapsed or the objection is overruled, we will confidentially, highly 15:01 confidentially make the material available in redacted form to Mr. Kelly's team, with a view to them making a submission within seven days as so why the material is relevant. The Garda authorities would have to have an opportunity of responding to that and I would propose 15:02 three or four days thereafter. All this will have to follow, everything will depend really on whether there is any objection in the first place.

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So I am not saying it is relevant or it is irrelevant, it seems to me that that matter is a matter where I ought to allow debate, I won't give any preliminary view, where debate ought to be permitted. So that is the way we will proceed, Mr. Kelly, in due course. So

Τ	I am just alerting you, that's the way it is going to	
2	be. Because there will be time constraints, I'm	
3	assuming that a week will be sufficient to do that. If	
4	it's disastrously insufficient, let us know. We will	
5	do our best to facilitate that. But obviously there's	15:02
6	a limit. If in the end of all that it turns out that	
7	the matter is relevant, then it would be necessary to	
8	ask the Chief Medical Officer to return to deal with	
9	that aspect. But as of today, we're dealing with Garda	
10	Kelly's case and only Garda Kelly's case.	15:03
11		
12	Now, that doesn't stop anybody asking in general terms	
13	but not with any reference to the particular case that	
14	we all know about. Are you happy with that,	
15	Mr. McGuinness?	15:03
16	MR. McGUINNESS: Yes.	
17	CHAIRMAN: Okay. Mr. Kelly?	
18	MR. KELLY: Yes, Chairman. That seems sensible to me.	
19	Just one thing I may have missed	
20	CHAIRMAN: It doesn't stop you asking questions or your	15:03
21	side, it doesn't stop you asking questions that might	
22	be asked in any case that are general, if you know what	
23	I mean, but it's just that any comparison with this	
24	particular case obviously won't arise until a much	
25	later stage.	15:03
26	MR. KELLY: I understand that entirely, Chairman. I am	
27	in agreement with what you are saying. There's just	
28	one thing for clarity, you probably dealt with it and I	
29	have missed it. But, assuming all these hurdles arise	

1	and the objection, then we move on to decide it and so	
2	on, presumably before we would be invited to make	
3	submissions on such material that was given to us, we	
4	would actually see the material.	
5	CHAIRMAN: Oh of course, absolutely.	15:04
6	MR. KELLY: I thought that.	
7	CHAIRMAN: If I didn't say it, I should have said it.	
8	Of course.	
9	MR. KELLY: That is absolutely	
10	CHAIRMAN: Yes. You have to see, as I said, in	15:04
11	redacted form and on a confidential, a highly	
12	confidential basis. I don't emphasise that for any	
13	ironic purpose or any ulterior purpose, just to be safe	
14	that I have mentioned it sufficiently often. All	
15	right, thank you very much. So we will proceed then	15:04
16	with the Chief Medical Officer. Thanks very much.	
17	MR. McGUINNESS: Dr. Oghuvbu, thank you.	
18		
19	DR. OGHENOVO (OVO) OGHUVBU, HAVING BEEN SWORN, WAS	
20	DIRECTLY-EXAMINED BY MR. McGUINNESS, AS FOLLOWS:	15:05
21		
22	THE WITNESS: Dr. Oghuvbu.	
23	CHAIRMAN: Doctor, sit down, please. May I ask you to	
24	do me a favour? Could you tell me how to pronounce	
25	your name.	15:05
26	THE WITNESS: which one?	
27	CHAIRMAN: I presume you have a first name and a second	
28	name and I would like to call you doctor by your second	
29	name.	

- 1 A. Dr. Oghuvbu, the V is silent.
- 2 CHAIRMAN: Thank you very much. Dr. Oghuvbu, forgive
- 3 me for being -- well, it'S actually more polite. So,

15:06

15:06

- 4 thanks Dr. Oghuvbu. Yes.
- 5 244 Q. MR. McGUINNESS: Doctor, I think qualified with a
- 6 bachelor of medicine, bachelor of surgery from the
- 7 College of Medicine, University of Lagos, Nigeria in
- 8 1991?
- 9 A. Yes, I did.
- 10 245 Q. Thereafter, I think you did a number of pre-specialist
- 11 medical training in Ireland as senior house officer in
- medical registrar posts, isn't that correct?
- 13 A. Yes.
- 14 246 Q. You then went on to do an advanced diploma in
- occupational medicine in the University of Manchester
- in 2001, isn't that correct?
- 17 A. Yes.
- 18 247 Q. And then you were back in Ireland, where you qualified
- as a member of the Royal College of Physicians of
- 20 Ireland?
- 21 A. Yes.
- 22 248 Q. I think that probably entitled to become a specialist
- registrar in occupational medicine in Ireland, is that
- 24 correct?
- 25 A. No, I entered into a training programme as a result of
- 26 that.
- 27 249 Q. Okay. All right. I think you took a diploma in
- tropical medicine in the Royal College of Surgeons in
- 29 Ireland in 2004. You became a member of the faculty of

1			occupational medicine in the Royal College of	
2			Physicians in Ireland in 2005. Then you I think	
3			practiced as a specialist occupational physician at	
4			that point in time?	
5		Α.	That was in 2006.	15:07
6	250	Q.	In 2006, yes. I think you've done specialist training	
7			in occupational medicine in the Royal College of	
8			Physicians in Ireland and the Irish Committee of Higher	
9			Medical Training. You have been since I think 2010, or	
10			before that you were a specialist occupational	15:07
11			physician in HSE west in Ireland in 2009?	
12		Α.	Yes, I was.	
13	251	Q.	And then in 2010 you became a specialist occupational	
14			physician in An Garda Síochána?	
15		Α.	Yes.	15:07
16	252	Q.	You have remained working with An Garda Síochána since	
17			that date?	
18		Α.	Yes, I have.	
19	253	Q.	Also, I think you're member of the faculty board, the	
20			board faculty of occupational medicine, you're a member	15:08
21			of the emergency management of injuries and post	
22			exposure prophylaxis, the subcommittee of Scientific	
23			Advisory Committee, the health protection surveillance	
24			centre, is that correct?	
25		Α.	Yes, I am.	15:08
26	254	Q.	You're a fellow of the faculty of occupational medicine	
27			of the Royal College of Physicians and in 2015 you were	
28			a member of the Scientific Steering Committee for	
29			National Post-Exposure Prophylaxis Conference?	

1		Α.	Yes.	
2	255	Q.	Have I left anything out of relevance there?	
3		Α.	No.	
4	256	Q.	I think in your capacity as an occupational physician,	
5			you had occasion to review Garda Keogh in this case?	15:08
6		Α.	Yes, I had.	
7	257	Q.	I should have said, Chairman, for the benefit of my	
8			colleagues, that Dr. Oghuvbu's statement of evidence is	
9			in Volume 13, at page 3643 and associated papers. And	
10			doctor, I will be referring you to a number of	15:09
11			different documents throughout the course of your	
12			evidence?	
13		Α.	Okay.	
14	258	Q.	You will have the opportunity to see them on screen or	
15			paper, a hard copy version, whichever is convenient to	15:09
16			you?	
17		Α.	Okay.	
18	259	Q.	I think in the second paragraph of your statement at	
19			3643, you say:	
20				15:09
21			"I first encountered Garda Keogh as one of the	
22			specialist occupational physicians employed in GOHS on	
23			the 18th April following absence related referral to	
24			GOHS from Garda Human Resources."	
25				15:09
26			I think there's a record of that. If we look at page	
27			3680 of the papers. That's your reporting back upon	
28			your review of Garda Keogh on the 18th April 2012?	
29		Α.	Yes, that is right.	

2 some traumatic chest pains. He had been absent on 3 medical grounds for approximately seven weeks? 4 Α. 5 261 You reviewed him and found him fit to resume duties? Q. 15:10 6 Yes. I did. Α. 7 I think you next reviewed him slightly later in the 262 Q. 8 same year on foot of an Occupational Health Service 9 referral form. Perhaps we will just look at front page of that, at 3674. That was a referral form completed 10 15:10 11 by Inspector Minnock at that stage. It was dated 27th 12 July 2012. It was based upon an absence that had 13 occurred when Garda Keogh was not fit for duty from 14 25th May 2012 to 8th July 2012? 15 That's correct. Α. 15:11 16 263 And he had had some inpatient treatment at that stage? Q. 17 Α. Yes. 18 we see at the bottom of that page, just to note, it's 264 Q. written down there that he had 107 days of absence 19 20 inclusive of this period above. In any event, you 15:11 reviewed him, we don't need to look at the rest of 21 22 those referral papers but you reviewed him on the 9th

And I think he had suffered a physical injury.

24 A. Yes.

October?

260 Q.

1

25 265 Q. If we look at page 3661, I think that is your report, 15:11

26 written again to the Eastern Region Commissioner -- or

27 sorry, the Human Resource Management Commissioner,

28 Super Fanning at that time. At paragraph 2 you note:

29

23

1			"The member's absence is attributed to a new clinical	
2			condition for which he received appropriate clinical	
3			management."	
4				
5			I think you recommend that he is medically fit to	15:12
6			attend and resume normal duty, policing duties at that	
7			point in time?	
8		Α.	Yes. Yes, I did.	
9	266	Q.	There was a further referral as a result of a report	
10			from Inspector Farrell, at page 3701 of the papers.	15:12
11			That's a referral of 22nd October 2013. In the second	
12			paragraph, it refers to the previous issue where he had	
13			been receiving treatment.	
14				
15			"May/June 2012 Garda Keogh attended a residential	15:13
16			treatment course in Dublin for alcohol addiction."	
17				
18			And he returned to full duty then. Then there is a	
19			report:	
20				15:13
21			"In the recent past he has commenced drinking again,	
22			despite continuing to work full-time. Concerns have	
23			been raised as regards his welfare management and	
24			colleagues close to Garda Keogh have tried to assist	
25			him in seeking treatment, however he remains reluctant	15:13
26			to avail of same."	
27				
28			And it refers to one particular incident there. I	
29			think an early referral date was provided to him and I	

Т			think Superintendent McBrien completed the formal	
2			referral form, which is at page 3702 and 3. She gives	
3			details of the reason there at the top of 3703. If we	
4			look at the next page. That's signed by her then on	
5			the bottom, dated the 21st October. You were in a	15:14
6			position to review Garda Keogh on 7th November 2013, if	
7			we look at page 3705.	
8		Α.	Yes, that's correct.	
9	267	Q.	Is that correct?	
10		Α.	Yes.	15:14
11	268	Q.	In the second paragraph there, you say:	
12				
13			"Based on the information available to me, the member	
14			is recommended medically fit for normal policing duties	
15			with standard safeguards in place. I have reiterated	15:14
16			the necessity for the member to comply with the	
17			relevant clinical interventions and follow up	
18			arrangements."	
19				
20			You make reference to:	15:14
21				
22			"The member should avail of confidential organisational	
23			sports."	
24				
25			Etcetera. You recommended that unit report should be	15:14
26			provided in six to eight weeks time and every three	
27			months thereafter for a period of at least 12 months.	
28		Α.	That's correct.	
29	269	Q.	You state that no further review was warranted. Why	

1 did you consider a unit report would be of help there 2 at that point in time? when a member presents with a condition that we find 3 Α. them -- we find it satisfactory that he can return to 4 5 work but we want to just have an idea of how they are 15:15 6 settling back at work, if there are any problems 7 arising. 8 270 Yes. Q. We would write to their management and say we want a 9 Α. 10 unit report and they would come back to us. If there 15:15 11 is no issues raised in the unit report, we just allow 12 them to continue to work as they would have been before 13 this occurs. 14 271 Q. Yes. You may not have known it, but Assistant 15 Commissioner Fanning and his office at that stage had 15:15 16 to write a number of reminders looking for a unit 17 report, until one was ultimately provided by Sergeant 18 Moylan. I think you received that report? 19 Yes. Α. which was dated the 20th February. That's at page 20 272 Q. 15:15 21 3729. You obviously gave consideration to that on 22 receipt, isn't that correct? Yes, I did. 23 Α. 24 If we look at page 3788 of the papers, you have a note 273 Q. 25 in your file relating to Garda Keogh, as it were, dated 15:16 5th March 2005 [sic]. That is: 26

27

"HRPD Absence Section e-mail of 24/2/2015. Noted
"HRPD Absence Section e-mail of 24/2/2015. Noted

1				
2			Is that "noted with unit report of 20th"?	
3		Α.	That's correct, yes.	
4	274	Q.	"20/2/2015. Member reported as performing"	
5		Α.	Performing all duties required.	15:16
6	275	Q.	All duties required of him.	
7		Α.	Yeah.	
8	276	Q.	And not requiring any extra supports?	
9		Α.	Yes.	
10	277	Q.	"Member reported as not indicating any areas of	15:16
11			concern. "	
12		Α.	In the course of his duties.	
13	278	Q.	"In the course of his duties. Nil further warranted.	
14			Maintain previous OHS monitoring arrangements."	
15				15:17
16			Is that right?	
17		Α.	Yes.	
18	279	Q.	That's signed by you?	
19		Α.	Yes.	
20	280	Q.	Now, your note goes on then to 17th April 2015?	15:17
21		Α.	Yes.	
22	281	Q.	But in the interim you have received the report which	
23			is referred to there, which is dated 2nd April 2015,	
24			isn't that correct?	
25		Α.	Yes, correct.	15:17
26	282	Q.	Perhaps we will just look at that first, because that	
27			obviously came in before you made your notes. But	
28			that's at page 3721. This is a report which went from	
29			Superintendent Murray to the chief superintendent it	

1	is dated the 2nd April. In the first paragraph he	
2	refers to the revelation in the Dáil by Deputy	
3	Flanagan. Then he refers in the second paragraph to	
4	the following:	
5		15:18
6	"I was transferred to Athlone as district officer on	
7	9th March 2015. I first med Garda Keogh on Thursday,	
8	26th March 2015. One of the issues that arose in my	
9	discussion with him was his sick absences, which	
10	appeared to be occurring frequently and in a haphazard	15:18
11	fashion. While Garda Keogh was reticent to discuss any	
12	issues he may have with me, I nonetheless felt it	
13	prudent to put an arrangements: "	
14	CHAIRMAN: I think that means I'm sorry.	
15		15:18
16	"He was reluctant to discuss any issues he may have	
17	with me."	
18		
19	MR. McGUINNESS: Yes.	
20	CHAIRMAN: It wasn't that he had issues with	15:18
21	Superintendent Murray at the time. He was reluctant to	
22	discuss any issues with Superintendent Murray.	
23	MR. McGUINNESS: Yes.	
24	CHAIRMAN: He might have put the with me at an earlier	
25	point. He was reluctant to discuss with me any	15:18
26	issues at least that is the way I am reading that.	
27	MR. McGUINNESS: You must be right, Chairman.	
28	CHAIRMAN: Because it's only April.	
29	MR. McGUINNESS: Yes.	

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"I nonetheless felt it prudent to put an arrangement in place in Athlone to support him in the work environment as he is indicating work related stress as a source of his absences. With that in mind, I have allocated a female sergeant who is new to the district to act as a district point of contact for the member to discuss and if possible solve any workplace issues he may have in Athlone in order to allow him attend work more frequently.

As an additional measure, I wish to have an appointment with the Chief Medical Officer arranged for Garda Keogh in order that professional medical expertise can advise of other workplace supports which may assist the member. The member indicated he had not attended the CMO previously.

The member has a total of 184 sick days in the past four years. 48 of those occurred since 2014, with 52% occurring on early tours of duty. The member has availed of 34 days annual leave from 1st March 2014 to 31st March 2015, with 92% of leave taken on early tours alone.

15:20

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15:19

15:19

I believe both the member and the organisation would benefit by referring him to the Occupational Health Service at this time.

Τ			Please forward."	
2				
3			Chairman, that's obviously the document that	
4			Superintendent Murray gave evidence about and about	
5			which Garda Keogh gave evidence. That was the first	15:20
6			period in which he was tipped over into TRR.	
7			CHAIRMAN: The 183, yes.	
8			MR. McGUINNESS: Yes.	
9	283	Q.	You have made notes then on the clinical sheets. If we	
10			just go back to page 3788. And it says:	15:20
11				
12			"HRPD minute by e-mail of 20/4/2015. Noted with local	
13			management document and OHS referral. New district	
14			officer concerned about member's high absence levels	
15			since January 2014 (48 days) absences falling mostly	15:21
16			with early tours and record of 34 days."	
17				
18			Is that all from	
19		Α.	Annual leave, sorry.	
20	284	Q.	"Annual Leave March 2014 taken on early tours.	15:21
21			District officer has provided support in the	
22			workpl ace. "	
23		Α.	Workplace.	
24	285	Q.	"But we are referring to OHS because 'the member	
25			indicated that he had not attended the CMO previously'	15:21
26			and that the member would benefit from OHS input or	
27			additional support if required. In the context of	
28			paragraph 1 and paragraph 2"	

Т			what is the next word there?	
2		Α.	Sentence three.	
3	286	Q.	"Sentence three of district officer's report of the	
4			2/4, a holistic approach involving senior local	
5			management."	15:22
6				
7			Is that right?	
8		Α.	Yes, local management.	
9	287	Q.	"Seni or HRPD."	
10				15:22
11			Is that input?	
12		Α.	Management.	
13	288	Q.	Management, sorry. And then the next words are?	
14		Α.	"Garda employee assistance management."	
15	289	Q.	Yes. "Is indicated in this case. Offer appointment	15:22
16			for consultation and OHP."	
17				
18			Now, Superintendent Murray's report, it refers there to	
19			Garda Keogh indicating work related stress as a source	
20			of his absences.	15:22
21		Α.	Yes.	
22	290	Q.	Had you considered that to be an area that you ought to	
23			explore with him at that point?	
24		Α.	It mentioned that, but generally when members say work	
25			related stress, what I the approach we have, I have,	15:22
26			I tend to have is to kind of meet with them to explore	
27			what is it that is generating the stress in the	
28			workplace with them and if that stress is actually	
29			presenting itself as a medical illness or not, because	

1			work related stress itself is not or stress itself	
2			is not an illness, it is just saying that I am	
3			responding abnormally to maybe a situation that I am	
4			confronted with outside of work or inside of work. So	
5			I would explore that, what it means, and to establish	15:2
6			whether there is actually any illness present or not.	
7	291	Q.	Yes. In a simplistic way, you wouldn't, or would you	
8			ever diagnose somebody as suffering from work related	
9			stress in the sense of that being an illness? You're	
10			not regarding it as an illness in those terms?	15:2
11		Α.	No.	
12	292	Q.	And you're not regarding stress as an illness, simply	
13			in those terms either?	
14		Α.	No, I am not regarding it as an illness.	
15	293	Q.	The referral form is there at page 3723. It's in	15:2
16			contrast perhaps to some of the other ones we have	
17			seen. There's a box ticked in there.	
18				
19			"Management concerned re mental health of employee."	
20		Α.	Yes.	15:2
21	294	Q.	Would that have caused you any particular concern?	
22		Α.	Yes, it would, because I would explore, I would want to	
23			explore what it is that management are concerned about.	
24			They may not provide details in the referral but when I	
25			see the individual, I would kind of say that management	15:2
26			have expressed a concern in relation to your mental	
27			health and I would explore that with them.	
28	295	Q.	Yes. Now, there don't appear to be any of the member's	
29			medical certificates submitted with this at this point	

- in time. Would that be a normal procedure? Would that
 be a normal enough referral that would come to you?
- A. In general we don't -- the Occupational Health Service
 doesn't process medical certificates and it is not
 required that they send medical certificates to us,

 see that medical certificates has medical detailer in
- except that medical certificate has medical details; in other words, that the individual's doctor has written
- 8 in a report. And normally we would not expect that to
- 9 come through HR. It should come directly to ourselves.

- I think it is a provision in the Code for them to send reports of that fashion to ourselves. I wouldn't
- really be expecting medical certs to be attached to it.
- 13 296 Q. Yes. So that didn't raise any red flags or alarms in that sense?
- 15 A. No, it wouldn't. No.
- 16 297 Q. We will come to it in more detail later, but you don't
 17 have any responsibility for recording periods of
 18 absence on SAMS or the reasons?
- 19 A. No, I don't.
- 20 298 Q. But you do and you did consult it I think in relation 15:25 to Garda Keogh?
- 22 A. We would, if there is a -- like in his case, where 23 there was a concern about frequent absences.
- 24 299 Q. Yes.
- A. We would request that they provide us with that, so
 that we have an idea to see whether there is any type
 of pattern present in the absences.
- 28 300 Q. Yes. In any event, you were able to offer an appointment for the 19th May at 1:00pm. If we just

Τ			Took at page 3/19, you send that to Mr. Barrett.	
2			That's in the normal terms?	
3		Α.	Yes.	
4	301	Q.	"The local management should explain to the member that	
5			the purpose of the review is for assessment and further	15:26
6			advice on medical fitness."	
7				
8			We have the evidence of Sergeant Moylan that he met	
9			with Garda Keogh on the 4th May and he furnished a	
10			report in relation to that. I would just like to draw	15:26
11			the form of the report to your attention, from the	
12			transcript, it's perhaps easiest. Day 133. You will	
13			be handed a copy of the transcript there. At page 97.	
14			Sergeant Moylan gave evidence of making this report.	
15			It starts at the top there, at line 3:	15:27
16				
17			"Garda Keogh was aware that it was referred to the CMO	
18			to determine his medical fitness for policing duty.	
19			Garda Keogh has been advised to forward all relevant	
20			medical reports on or prior to the review date. He	15:27
21			indicates that he may have a report with him on the day	
22			as he is due to see his GP this week. He was also made	
23			aware of these reports will be treated in the strictest	
24			confidence. In relation to other non-medical issues,	
25			Garda Keogh states that he may wish to discuss this	15:27
26			with the Chief Medical Officer in person."	
27				
28			So that would be a standard enough instruction to a	
29			member coming to see you would that he accurate?	

1	Α.	Yes.	more	or	less.
-	/ \ .	,	mor c	0.	

We know that that's correct, what he was telling 2 302 Q. 3 Sergeant Moylan, because he did go to Dr. Bartlett and 4 consult with him and mentioned you in that capacity. 5 Could we perhaps just look at Dr. Bartlett's notes, 15:28 6 which will come up on screen, at page 10639. 7 just scroll down to this period there, the 31st March, 8 we see that. There's various sick notes referred to for different periods. The first one there is the 2nd 9 April, sick note. That is the one that tipped him over 15:29 10 11 into TRR for that period. There's one there covering 12 the 31st March to the 3rd April. There's a 13 prescription referred to there, Xanax then. Then 1st 14 May:

1516

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15:29

"Main surgery, met with Nick, further time off work, not coping with investigation at present. entered by Dr. David Bartlett. 1st May '15, sick note. Work related stress. Unfit for work. 20-25 April 18th May '15, main surgery, met with Nick. 15:29 meeting with Garda doctor tomorrow, May 19th, at 1:00pm work cert 12/5 - 16/5 inclusive, work related stress, above entered by Dr. Bartlett. 11th June, main Further time off work. Met with Nick. Struggling with work related stress and ongoing 15:30 investigation. He has met police doctor. Acknowledges he is under duress but can continue to work according to Nick. Discussed? Requesting transfer as he continues to work daily with other staff members under

- investigation. He is being to feel threatened by these
- 2 colleagues. I have advised him to liaise with his
- 3 seni or officers/Garda doctor about this."

- 5 So that covers the period immediately before and after, 15:30
- 6 when you saw him, as you did see him on the 19th May;
- 7 isn't that correct?
- 8 A. Yes, that's correct.
- 9 303 Q. I have noted in the papers that were provided with your

15:30

- statement, at page 3651, that there is a SAMS report
- 11 which was issued up to -- it's actually dated the day
- that you saw him, in the top left-hand corner, if we
- look at page 3651. If we just go up the page slightly?
- 14 A. Yes.
- 15 304 Q. It's on the screen there, you can see. Would that have 15:31
- been accessed by you on the day of the consultation?
- 17 A. No, that would have been sent to me.
- 18 305 Q. That would have been sent to you?
- 19 A. Because I have no way of pulling this out.
- 20 306 Q. All right, perhaps I misunderstood you. You are
- reliant on it being sent to you?
- 22 A. Yes.
- 23 307 Q. But can you confirm that you did in fact have it on the
- 24 day then?
- 25 A. I did, because I see I have a little bit of annotations 15:31
- at the side. I was trying to calculate the period of
- absence that year.
- 28 308 Q. You were adding up the days there?
- 29 A. Yes.

- 1 309 Q. I think at the bottom of the page, it gives a total of
 47 in the last 12 months, 196 in the last 48 months.

 Garda Keogh has given evidence about the different
 periods. Did you notice that the nature of the illness
 was being described as "flu/viral" here on SAMS, at the 15:32
 top?
- 7 A. Yeah, I would have noticed that, yes.
- 8 310 Q. Did that cause you any concern because it didn't seem
 9 to be consistent with what Superintendent Murray was
 10 reporting as stress on Garda Keogh's part? 15:32
- 11 A. The classification of absence, it's not the 12 responsibility of the Occupational Health Service, 13 that's the first thing.
- 14 311 Q. Yes.
- 15 And there are processes within HR absence section which 15:32 Α. 16 when they receive this they put the classification down. And I understand. I know that where there is a 17 18 reporting of work related stress, their policy at that 19 time was that they kept it as "ordinary illness" until 20 they were able to prove that there were work related 15:32 factors that were the cause of the individual's 21 22 illness. So that is the procedure that I knew that 23 they adopted. So I never worried myself too much about 24 the classification, because I could still do my 25 consultation without knowing what the classification 15:33 26 was.
- 27 312 Q. Yes. I mean, that doesn't in any way affect how you're 28 viewing the patient or interacting with the patient on 29 the day; is that right?

1		Α.	No, it wouldn't.	
2	313	Q.	Is that right?	
3		Α.	The classification of absence as it is recorded on the	
4			SAMS doesn't affect my consultation.	
5	314	Q.	Okay. Your notes then in relation to the consultation	15:33
6			on the day are at page 3790?	
7		Α.	Yes.	
8	315	Q.	It commences with a consent statement which is signed	
9			by Garda Keogh. He has, I think, filled in the first	
10			few lines there relating to his recent absences, is	15:33
11			that right?	
12		Α.	No, I would have written that.	
13	316	Q.	You would have filled in those?	
14		Α.	Yes.	
15	317	Q.	Okay. Can you recollect, he was issued by Dr. Bartlett	15:34
16			with a certificate on the 18th relating to work related	
17			stress, did he bring that with you, or do you remember	
18			seeing that?	
19		Α.	I can't recall.	
20	318	Q.	You can't recall. Okay. It records then, as I read	15:34
21			it:	
22				
23			"Was referred originally on account of management	
24			concerns about high level of short absences. 48 days	
25			in a 12 month period."	15:34
26				
27			If we could go to page 3790. It says:	
28				
29			"If currently absence date absence commenced. Was	

Т			referred originally on account of management concerns	
2			about high level of short absences (48 days in 12	
3			months period from January 2014) with more than half	
4			concerning early tours. Also high number of annual	
5			leave in early tours.	15:35
6				
7			Basis for review: As above."	
8				
9			So, do I understand it that even though Superintendent	
10			Murray had referred to the work related stress, you	15:35
11			weren't assessing him for that?	
12		Α.	No, I was assessing him in relation to what was driving	
13			the frequent absences, trying to kind of explore if	
14			there were any all the factors, whether it was work	
15			related or not work related, what were the factors that	15:35
16			were contributing.	
17	319	Q.	Okay. You seem have noted then under a number of star	
18			points there.	
19				
20			"New superintendent since March 2015."	15:35
21				
22			I am not sure what the next word is.	
23		Α.	"Affirms meeting with superintendent towards the end of	
24			March 2015 and concerns about absences and attendance	
25			patterns."	15:35
26	320	Q.	"Di scussed absences."	
27				
28			CHAIRMAN: I'm sorry. "New superintendent since March	
29			2016", and, doctor, what's the next one?	

1		Α.	Affirms.	
2	321	Q.	CHAIRMAN: "Affirms meeting with"	
3		Α.	Yeah. So he said that he confirmed that he met	
4	322	Q.	CHAIRMAN: No, absolutely, I am understanding, sorry.	
5		Α.	Yes.	15:36
6	323	Q.	CHAIRMAN: "With superintendent towards end March?	
7			MR. McGUINNESS: Yes.	
8			CHAIRMAN: So he is confirming that there was a	
9			meeting. In other words, the information that you	
10			already had from the letter.	15:36
11		Α.	Yes.	
12	324	Q.	CHAIRMAN: He is confirming this?	
13		Α.	Is confirming.	
14			CHAIRMAN: Thank you. Sorry, Mr. McGuinness.	
15	325	Q.	MR. McGUINNESS: It then goes on:	15:36
16				
17			"Discussed absences in the context of frequent	
18			short-term absences between January 2014 and January	
19			2015. "	
20				15:36
21			Do you recollect any more detail about that?	
22		Α.	I can't recall specifically. We would have spoken	
23			about different things, as to each of the absences,	
24			like why were you absent there? What was the you	
25			know, what was the thing behind that absence? That is	15:36
26			what I would have been kind of going over.	
27	326	Q.	Yes. It then goes on:	
28				
29			"In the context of wellbeing support."	

Т		Α.	"Says tries to attend AA regular and is in touch with	
2			Garda employee assistance officer."	
3	327	Q.	Yes. What does it go on to say?	
4		Α.	"Says no alcohol since April, though would have drank	
5			excessively over St. Patrick's holiday and between	15:37
6			January and February, usually about or more than 12	
7			pints of alcohol."	
8				
9			Sorry, units of alcohol	
10			CHAIRMAN: 12 pints or more.	15:37
11		Α.	Or more, yeah, sorry.	
12	328	Q.	MR. McGUINNESS: Is that 12 pints binge or 12 units	
13			binge?	
14		Α.	Units.	
15			CHAIRMAN: Oh sorry, 12 units.	15:37
16		Α.	Yeah.	
17	329	Q.	MR. McGUINNESS: "Saw GP in respect of recent absence	
18			and prior to return to work. GP has referred for new	
19			support interventions and awaits to commence same."	
20		Α.	Yeah.	15:37
21	330	Q.	That was something the GP was organising?	
22		Α.	Was organising.	
23	331	Q.	Yes, okay. "OHP reiterated implication of continued	
24			misuse of alcohol on his expected effectiveness and"	
25		Α.	Importance".	15:38
26	332	Q.	"importance of engaging positively with supports to	
27			maintain wellbeing and effectiveness. Engages	
28			appropri atel y. "	
29				

Т			Is that right?	
2		Α.	Yeah.	
3	333	Q.	"Not dysthymic."	
4				
5			Is that:	15:38
6				
7			"Logical content and flow for discussion."	
8		Α.	Yes.	
9			CHAIRMAN: what is dysthymic?	
10		Α.	It's a mood, an alteration in the mood or mood	15:38
11			depression, dysthymic.	
12	334	Q.	MR. McGUINNESS: He was presenting normally?	
13		Α.	Yes.	
14	335	Q.	CHAIRMAN: So there wasn't abnormality in the mood.	
15		Α.	There wasn't.	15:38
16			CHAIRMAN: Okay, thank you.	
17	336	Q.	MR. McGUINNESS: Is that "agree fit to attend at	
18			present and fit for duties as assigned."	
19		Α.	Yes.	
20	337	Q.	"Continued to avail of organisational and GP support."	15:39
21		Α.	Yes.	
22	338	Q.	Now, was that something you say, you have written it	
23			down there "agree", was that agreed between the two of	
24			you?	
25		Α.	Yes, that would have. Because I would have said	15:39
26			generally, by the time I come to the conclusion and I	
27			am saying, okay, this is the plan, I tend to kind of	
28			discuss that with the individual, to kind of say, okay,	
29			this is what we are going to do, this is what I expect	

- you to do. So there is an understanding that this is what we are going to be doing.
- 3 339 Q. Yes. Could you give the Chairman a view as accurately 4 as you can do so, what would you say was his condition 5 and what was your diagnosis of his problem at that

6 point in time that had led to these issues of absence?

15:39

15:40

- A. My impression there was that while there were obviously

 -- I mean I can't recall every specifics, but I felt

 that there was a mixture of the recurrent drinking,
- binge drinking, especially when he was on his days off, 15:40
- there was an impact of that on his attendance, that
- 12 that was also impacting on the issues that were going
- on at work. I didn't have any details of any other
- thing that was going on at work, but it was just that I felt from a medical point of view that it wasn't
- helping the situation and that it was reflecting in his
- 17 attendance and that there was a need for him to engage
- 18 with his supports that his GP was putting in place.
- 19 340 Q. Yes. I suppose from your point of view, am I correct
- in saying, that you could see that he was liaising with $_{15:40}$
- 21 his he GP?
- 22 A. Yes.
- 23 341 Q. Taking his advice.
- 24 A. Yes.
- 25 342 Q. And trying to follow it, is that right?
- A. Yes, yes.
- 27 343 Q. You concluded that he was fit to resume work?
- A. He was actually already at work.
- 29 344 Q. He was already at work, yes.

- 1 A. Yes.
- 2 345 Q. I haven't come across a sort of formal report that was
- 3 sent back, do you recollect whether you sent a report
- 4 back on foot of that?
- 5 A. I would have. May 2015. I would have to check the
- 6 reports. I'm not sure actually. It is a report that

15 · 41

15:42

15:42

15 · 42

- 7 would be dated.
- 8 346 Q. Yes. It's just in the context of neither
- 9 Superintendent Murray or Chief Superintendent Wheatley
- 10 believe that they received any outcome in terms of a
- 11 document --
- 12 A. No, sorry.
- 13 347 Q. -- relating to that.
- 14 A. Sorry about this. I just need to see which direction
- 15 this --
- 16 348 Q. Perhaps we will come back to it.
- 17 A. Yeah. Go ahead, sorry, I will find it.
- 18 349 Q. We will move to another issue.
- 19 350 Q. CHAIRMAN: In the normal way, would you send a report?
- 20 A. I would have sent a report, yeah.
- 21 351 Q. CHAIRMAN: To whom would you send it, doctor?
- 22 A. It would be addressed to the executive director of HRPD
- at that point in time.
- 24 352 Q. CHAIRMAN: Okay.
- 25 A. Yes.
- 26 353 Q. MR. McGUINNESS: I would like you to look at some
- documents, just to see whether you can help us as to
- 28 whether you ever received these ones.
- 29 A. Okay.

1	354	Q.	Now, you saw Garda Keogh on the 19th. We know that	
2			Superintendent Murray wrote, and the chief	
3			superintendent wrote again almost immediately after	
4			that period, in a series of documents that were sent up	
5			to headquarters. Could I ask you to look at page 6145?	15:43
6			It's in Volume 20. This is a report of the chief	
7			superintendent dated the 26th May. It's going up to	
8			headquarters in response to correspondence from Human	
9			Resources executive director, looking for the required	
10			information. It sends on the report, this further	15:43
11			report of Superintendent Murray, which commences on the	
12			next page. If you go to 6146, that is Superintendent	
13			Murray's report, written on the 20th May. It's giving	
14			an answer primarily to the question about whether he	
15			can or cannot explore further the claim of the member	15:44
16			that he is suffering from work related stress. He	
17			attaches, if we see on that, at page 6147, he attaches	
18			the chief's request of the 12th May, the original	
19			request from HQ of the 7th May, the report that you saw	
20			of the 2nd April, the referral form that you saw and	15:44
21			then the member's medical certificates. These are the	
22			member's medical certificates that are referred to in	
23			Dr. Bartlett's note that we have seen. I am just	
24			wondering, would it be help you in any way to look at	
25			those. They are from 6153, 6154, 6155, 6156, 6157,	15:45
26			6158, 6159?	
27		Δ	T wouldn't have seen any of this	

- 28 355 Q. Pardon?
- I wouldn't have even any of this. 29

1	356	Q.	No. Okay. Obviously these were sent to the chief	
2			superintendent and she sent them up after the 20th May,	
3			but we have seen from Ms. Carr's evidence this morning	
4			that she said all documentation was sent to the CMO,	
5			but you don't recall seeing these documents?	15:45
6		Α.	I don't have I didn't see these.	
7	357	Q.	Okay. In any event, matters arose in July of 2015, as	
8			a result of which there was a request for a case	
9			conference to be held with the CMO and I think	
10			ultimately you attended the case conference on the 9th	15:46
11			December?	
12		Α.	Yes, I did.	
13	358	Q.	2015?	
14		Α.	Yes.	
15	359	Q.	There are minutes of that at 3646. I think you have	15:46
16			seen those minutes, have you?	
17		Α.	Yes.	
18	360	Q.	Did you yourself take any notes at the meeting?	
19		Α.	No, I don't take notes at meetings.	
20	361	Q.	Okay. There's a number of observations there,	15:46
21			obviously there is HRPD, which talk about the volume of	
22			sickness absence and the consequence. There's	
23			Occupational Health observations and actions. Would	
24			that represent your contribution, in the middle column	
25			there?	15:47
26		Α.	Yes.	
27	362	Q.	So it commences:	
28				

"Member's condition appears to have taken a turn for

Τ			the worst. It was not apparent at the time of CMO's	
2			last review of him on 19th May 2015.	
3				
4			Necessary that the member will engage with the support	
5			services offered to him. The member should be booked	15:47
6			into a treatment facility to help him rehabilitate."	
7				
8			Do you recalling suggesting that?	
9		Α.	I can't recall what I said other than to say if it's	
10			recorded that I said that, that was the recommendations	15:47
11			that I made or the advices that I gave at that time,	
12			then that's what I recollect, yeah.	
13	363	Q.	Yes. I suppose my question is: There was nobody else	
14			from occupational health there?	
15		Α.	Ms. Fiona O'Brien is a clerical officer.	15:47
16	364	Q.	We're told she was to take the notes?	
17		Α.	Yes.	
18	365	Q.	Wold that be accurate?	
19		Α.	Yes.	
20	366	Q.	Okay. "An early appointment for review at the OHS to	15:47
21			be arranged and communicated."	
22				
23			You fixed I think the 18th December, isn't that	
24			correct?	
25		Α.	That's correct, yes.	15:48
26	367	Q.	"Management to inform Garda Keogh of early appointment	
27			for review at the OHS. Impress the importance to the	
28			member of keeping this review appointment and fully	
29			engaging with the necessary processes to prioritise his	

1			recovery with the aim of retaining his employment."	
2				
3			Garda Quinn, who was present there, who was the EAS	
4			officer, he said there was some discussion at the	
5			meeting as to how the sick absences were recorded and	15:48
6			mentioned the issue of work related stress being	
7			discussed. Do you have any recollection of that?	
8		Α.	I wouldn't have.	
9	368	Q.	Pardon?	
10		Α.	I wouldn't have a recollection.	15:48
11	369	Q.	One of the other attendees was Superintendent Declan	
12			Mulcahy. I don't know whether you knew this at the	
13			time, but he was a detective superintendent	
14			investigating allegations that Garda Keogh had made	
15			about some aspects of policing in Athlone and he had	15:48
16			been liaising with him regularly about different	
17			issues. Did you know that at the time?	
18		Α.	No, I wouldn't know.	
19	370	Q.	Do you recall whether he made any contribution?	
20		Α.	I wouldn't know what individuals said or didn't say at	15:49
21			the meeting. The meetings generally tend to kind of	
22			the notes that are taken tend to be there's no	
23			transcript of verbatim recording of the discussion that	
24			I'm going on, it's really about what are we coming	
25			to how are we going to go forward? What are we	15:49
26			going to do to support the member?	
27	371	Q.	Yes.	
28		Α.	What recommendations or what things that either	
29			management need to do or ourselves need to do to help	

1			to support the member's wellbeing, recovery and	
2			eventual return to work.	
3	372	Q.	Yes. It may or may not assist your memory, but both	
4			Superintendent Mulcahy and Garda Mick Quinn, they had	
5			received phone calls at different periods of time from	15:49
6			Garda Keogh, from which it appears that he was	
7			apparently drunk on a couple of occasions, would that	
8			help your memory as to whether they brought that to	
9			your attention?	
10		Α.	It may have been discussed at the meeting, but by this	15:50
11			time we're all pretty clear that alcohol was playing a	
12			significant issue, I would say a significant role in	
13			what was going on here. The focus would have been on	
14			how do we support, you know, support him in order to be	
15			able to kind of overcome this particular circumstance.	15:50
16			That would have been the focus at that time.	
17	373	Q.	Garda Quinn is apparently recorded there in the third	
18			column, in the middle there:	
19				
20			"EAS officer's observation is that the member needs to	15:50
21			decide for himself that he needs help and make a	
22			concerted effort to access services to address the	
23			i ssue. "	
24				
25			Then there was some discussion, it would appear, about	15:50
26			the question of a transfer. Do you recall that at all?	
27		Α.	I think there was a discussion about whether continuing	
28			in Athlone was actually beneficial in the long-term for	
29			him. And I think there had been previously a comment	

Τ			about not at the case conference, about the	
2			consideration for transfer out of Athlone. But I think	
3			this was just management's view that maybe Athlone was	
4			not really very conducive for him.	
5	374	Q.	Yes. In the context of Superintendent Murray's	15:51
6			original report and referral, which had referred to	
7			work related stress and the Garda not being open to	
8			discussing his concerns, does that ring a bell as to	
9			whether there was any discussion of work related stress	
10			at this case conference??	15:51
11		Α.	No, I wouldn't I wouldn't know about that. Because	
12			a case conference don't to tend to I'm just speaking	
13			now in general here. The case conferences don't tend	
14			to kind of allow for much discussion around the things	
15			that the individual might have disclosed confidentially	15:52
16			to ourselves.	
17	375	Q.	Yes.	
18		Α.	Unless it was something that has been disclosed in	
19			general.	
20	376	Q.	Yes.	15:52
21		Α.	And there was a view that addressing that particular	
22			issue will move things forward. The case conferences	
23			didn't tend to kind of go into very personal things.	
24	377	Q.	Yes. It is correct to point out that Superintendent	
25			Murray and Chief Superintendent Wheatley's memos of	15:52
26			July did refer to the drinking rather than work related	
27			stress but he was still being certified by his doctor	
28			for his absences for work related stress. You wouldn't	
29			he aware of that at the time?	

- 1 A. I wouldn't know what was being certified.
- 2 378 Q. Yes.
- 3 A. Because I don't deal with certification.
- 4 379 Q. Yes
- A. What was important was, if he was being certified as 15:52 unfit for work, it was to explore why he was unfit for

15:53

15:53

- 7 work and if there was any illness or, you know,
- 8 condition that we could address. The factuals in terms
- 9 of those, it was work related stress, usually it's
- management's role to kind of explore what the work
- 11 related stress concerns were and then to kind of
- 12 feedback to us. If there things that they could
- address, we would say they should address then. But
- they don't -- they wouldn't be -- in terms of what his
- 15 GP was certifying him for, the GP -- and any doctor is
- free to kind of make a decision as to what is
- 17 certifiable. In terms os when you say it's work
- related, then generally what is expected is that local
- management would explore what those issues were in the
- workplace.
- 21 380 Q. Yes.
- 22 A. The general -- where there is a question that
- 23 management come to ourselves and say the member is
- reporting work related stress and, you know, we are
- referring him on that basis, we would then advise them
- to use the HSE work positive stress, guidance on work
- 27 related factors and stress factors to address the
- individual. So they would sit down with the individual
- and talk through what factors at work do you think are

1			causing you stress. But from our own point of view,	
2			what we would be looking at is whether there is any	
3			illness that is, you know, developing or presenting as	
4			a result of the stress that the member is saying the	
5			factors, whatever the factors are, and discuss them.	15:54
6	381	Q.	We will come to your view obviously after we deal with	
7			the consultation. You had the consultation with Garda	
8			Keogh on 18th December 2015?	
9		Α.	Yes.	
10	382	Q.	You have notes there at page 3791 and 2. Just if we go	15:54
11			slightly back up the page, we will see, it says:	
12				
13			"Level of current duties if at work: N/A but prior to	
14			absence normal policing duties as station orderly at	
15			station."	15:55
16				
17			Is that right?	
18		Α.	Yes.	
19	383	Q.	And then:	
20				15:55
21			"Basis for this review or consultation: New absence	
22			concerns and concerns about member's wellbeing	
23			following last OHS review and follow on from case	
24			conference of the 9/12/2015."	
25		Α.	Yes.	15:55
26	384	Q.	Now, again you have a number of starred points, if we	
27			could go through them one-by-one. I think the first	
28			one is:	
29				

1			"Since last seen further periods of short-term	
2			absences, some of concern highlighted."	
3		Α.	Four days.	
4	385	Q.	"Four days in July. Had forgotten he was."	
5		Α.	"Rostered".	15:56
6	386	Q.	"Rostered after calling in off sick on the 10th July.	
7			Attributes this to drinking while off and taking Xanax	
8			with alcohol on the 9/7. In November he went off after	
9			being directed to do Haddington Road hours, which he	
10			says he had done in October (was off 4/7)."	15:56
11		Α.	Four days as well.	
12	387	Q.	Four days. Yes. The next starred point is	
13		Α.	"Says stressed by".	
14	388	Q.	"Says stressed by difficulties with his senior	
15			management. Extra supervision issues with his car tax,	15:56
16			issues surrounding the knowledge that he is a	
17			whistleblower, working in the same station with a	
18			colleague who is the subject of his complaint, and	
19			describes himself as stressed on a daily basis by it	
20			all."	15:57
21				
22			Now, just in the context of your having dealt with him	
23			thus far, both in '12, '13 and early in '15 and your	
24			knowledge of his difficulty with his alcohol, were you	
25			seeing this as a review of whether he was suffering	15:57
26			from work related stress in any form or fashion or	
27			whether he was suffering from an illness related to his	
28			alcohol addiction?	
29		Α.	It would have been both of them.	

1	389	Q.	Both of them.	
2		Α.	Yes.	
3	390	Q.	The next starred one is:	
4				
5			"Admits started drinking again in July 2015."	15:57
6		Α.	And wasn't, particularly after assigned to a station	
7			orderly role.	
8	391	Q.	"After assigned to a station orderly role. Says he	
9			took a Xanax previously prescribed by a GP with alcohol	
10			which affected him."	15:57
11				
12			And then:	
13				
14			"Says concerned and"	
15		Α.	Affects him as he has to work with a friend.	15:58
16	392	Q.	Yes. "Affects him as he has to work with a friend of	
17			the member who was the subject of his complaint. Not	
18			happy that I ocal management didn't take or have not	
19			taken this into cognisance."	
20		Α.	Yeah, cognisance.	15:58
21	393	Q.	"Says situation fraught and they don't speak with each	
22			other.	
23				
24			In respect of drinking and being under the influence,	
25			says no driving since July 2015, if he has been	15:58
26			drinking for a day."	
27		Α.	"Says he gets rid of his keys."	
28	394	Q.	"Says he gets rid of his keys."	
29		Δ	Yeah	

1	395	Q.	"Says drinking and binges" is that something heavily?	
2		Α.	"Usually heavily".	
3	396	Q.	It is continued on next page then.	
4				
5			"Mixed of beer and/or wine, would be up to 56 cans of	15:59
6			larger or 14 bottles of wine."	
7				
8			What is that next word, something quite heavily.	
9		Α.	"And usually quite heavily on off days or rest days,	
10			which affects his return to work (first day back)."	15:59
11	397	Q.	Then something about tobacco?	
12		Α.	Smokes rolls of tobacco,.	
13	398	Q.	"Smokes rolls of tobacco, about 15 a day. Good support	
14			from his mother. Enjoys his pets and going for walk	
15			with same."	15:59
16		Α.	"Tries to eat regular meals."	
17	399	Q.	"Says he has an appointment with GP on 22/12/2015 and	
18			agreed OHP and GP."	
19		Α.	"Communicate in respect of clinical management and	
20			supports."	15:59
21	400	Q.	Yes. "Discussed how we progress from here and agreed	
22			must engage with treatment interventions as referred by	
23			GP and linking interactively with GP. Continues to	
24			engage with EAS supports. Return to work will be	
25			supported depending on GP certification. Importance of	16:00
26			compliance reiterated. Agreed temporarily unfit to	
27			attend and work pending re-evaluation with GP."	
28				

And then there is a phrase:

29

1				
2			"Classification on absence basis. Report to HRPD	
3			absence section OHP to highlight. OHP is to	
4			communicate with GP in order to progress."	
5		Α.	"Clinical management issues."	16:00
6	401	Q.	"Clinical management issues. Follow up review with	
7			rel evant updates."	
8				
9			Now, did you convey to Garda Keogh on this date that he	
10			was unfit to work and shouldn't return to duty on this	16:00
11			date?	
12		Α.	Yes, I did.	
13	402	Q.	The reference to "classification on absence basis,	
14			report to HRPD", can you help us with what that was?	
15		Α.	No, because the whole thing I think part of the	16:01
16			discussion we would have had, wouldn't go into detail,	
17			it was about the classification of his absence.	
18			Because it came up again that his absences were still	
19			being classified as ordinary illness and there hadn't	
20			been any movement on that. So I said I was going to	16:01
21			highlight it in my report or make a reference to it.	
22			Just to kind of say that, management had not sought my	
23			opinion in relation to whether his absences could be	
24			classified or whether it could be classified as work	
25			related stress or not.	16:01
26	403	Q.	Yes.	
27		Α.	And where management do not request that, we do not as	
28			a routine make or provide any specific opinion in	
29			relation to that, because the issue of classification	

- of absence does not lie with us.
- 2 404 Q. Yes.
- 3 A. But we could flag it to them in a way to make them
- 4 understand that, you know, this is -- so that we can
- 5 make -- you know, we can follow that up in terms of

16:02

16:02

16:02

- 6 exploring it, both HR and local management.
- 7 405 Q. Yes.
- 8 A. But if they ask us specifically about that, we will
- 9 then trigger our own process, which is about providing
- 10 us the information about what they had gathered in
- relation to work related stress and examining that to
- see whether there was a clinical possibility that these
- factors could be generating any illness.
- 14 406 Q. Yes. So, I suppose putting this way: If the referral
- form that is sent up to you and you're simply asked to
- assess him and see whether he is fit for policing
- 17 duties.
- 18 A. Yeah.
- 19 407 Q. You don't necessarily assess whether he has stress to
- the extent that it is an illness, unless you are
- 21 requested to do so?
- 22 A. No, we will do an assessment as to whether there is an
- illness present or not, but in terms of the
- 24 certification.
- 25 408 Q. Yes.
- 26 A. The classification of the illness, we don't offer any
- comments because unless there is a specific question to
- us from management in that regard.
- 29 409 Q. Okay.

1		Α.	Yeah.	
2	410	Q.	Can I just draw your attention to Garda Keogh's account	
3			of this meeting at different parts of our papers?	
4		Α.	Okay.	
5	411	Q.	At page 78 of our papers, this is Garda Keogh's	16:03
6			statement made to our investigators. And he says:	
7				
8			"I met with the CMO, Dr. Oghuvbu, and through	
9			discussions with him we established that I was not	
10			being recorded as being out with work related stress	16:03
11			but instead was being recorded as being out with viral	
12			flu."	
13				
14			Do you agree with that?	
15		Α.	It's possible, because that would have been the SAMS	16:03
16			report that I had.	
17	412	Q.	Yes. He goes on to say:	
18				
19			"The CMO showed me a sheet of paper with me recorded	
20			out of work with viral flu throughout."	16:04
21				
22			Is that correct?	
23		Α.	That would be reflective of the SAMS report that I had.	
24	413	Q.	Yes. "He asked me whether my sick certificates had	
25			work related stress on them as the reason I was out	16:04
26			sick. I told him that they did."	
27				
28			Do you recollect that?	
29		Δ	Probably	

1	414	Q.	Pardon.	
2		Α.	I would have asked him the question. If I had the SAMS	
3			certificate there and he was saying that and I was	
4			showing him that, we would have had a discussion back,	
5			you know, about that, but I wouldn't know the details	16:04
6			of the discussion. But he would have asked and I would	
7			have said, well, the information I have is this, and he	
8			would have been saying that this reflects that. And I	
9			would have asked specifically that, because again, I am	
10			not involved in certification, I just had the SAMS	16:04
11			sheet with me and all I can do is reference that.	
12	415	Q.	Yes. Anyway, he says he told you that they did. He	
13			then says:	
14				
15			"The CMO went to look for a folder and took a folder	16:05
16			from a cabinet. He then said he was going to talk to	
17			someone high up about this."	
18				
19			Do you recollect that occurring?	
20		Α.	I wouldn't recollect that.	16:05
21	416	Q.	Pardon.	
22		Α.	I can't recall it.	
23	417	Q.	You don't recollect?	
24		Α.	No.	
25	418	Q.	Okay. At page 136 of our documents, in an original	16:05
26			earlier statement, at heading 15, seven or eight lines	
27			down there he said:	
28				

"This anomaly was advised to me by the Chief Medical

Т			Officer on 18th December 2015 and he appeared to be as	
2			baffled as I."	
3				
4			I don't know, does that help you remember? Do you	
5			remember being baffled?	16:05
6		Α.	I wouldn't be baffled about that. I can't recall being	
7			baffled. But I wouldn't be baffled because there is a	
8			discrepancies between the member's account of the	
9			reasons of his absence and what is recorded on the SAMS	
10			thing. I wouldn't be, because that does happen and I	16:06
11			wouldn't again, like I said, the classification of	
12			absence is not my	
13	419	Q.	CHAIRMAN: You understood the classification.	
14		Α.	Yeah.	
15	420	Q.	CHAIRMAN: And that it would be down as flu/viral?	16:06
16		Α.	Yes.	
17	421	Q.	CHAIRMAN: Or as ordinary illness?	
18		Α.	Illness, yeah.	
19	422	Q.	CHAIRMAN: Unless and until it was determined that it	
20			was work related stress?	16:06
21		Α.	Yes.	
22	423	Q.	CHAIRMAN: So therefore, you wouldn't be surprised or	
23			baffled?	
24		Α.	No. That wouldn't be an accurate description of how I	
25			would respond to that.	16:06
26	424	Q.	CHAIRMAN: But it may well have come as a shock to	
27			Garda Keogh because his doctor's certificates were	
28			saying work related stress?	
29		Δ	Work related stress ves	

Τ	425	Q.	CHAIRMAN: And now he is discovering that it is being	
2			recorded as flu/viral?	
3		Α.	Yes.	
4	426	Q.	CHAIRMAN: So it wouldn't make him very happy?	
5		Α.	Yes.	16:07
6			CHAIRMAN: Okay.	
7	427	Q.	MR. McGUINNESS: In a subsequent letter to the Minister	
8			for Justice in May of 2016, it's said on behalf of	
9			Garda Keogh that:	
10				16:07
11			"On 18/12/2015 I was sent to the Chief Medical Officer	
12			in Garda HQ, Phoenix Park, where I had a conversation	
13			with Dr. Oghuvbu and I outlined 15 types of harassment	
14			from being subjected to internal investigations to	
15			every aspect of my work being scrutinised."	16:07
16				
17			He then specifies them. Now, you obviously have	
18			recorded in your notes instances of what he described	
19			to you there	
20		Α.	Yes.	16:07
21	428	Q.	on the first page of your notes, isn't that correct?	
22		Α.	Yeah, there are two particular highlighted things that	
23			came out in the course of that conversation.	
24	429	Q.	Pardon?	
25		Α.	There were two things that came out, highlight things,	16:07
26			because of our conversation, which I made a note of.	
27	430	Q.	Yes. He doesn't refer to giving you a document there,	
28			nor does he he seems to refer to a conversation	
29			about them You don't appear to record receiving a	

- document from him at that point.
- 2 A. He did present a document, a script where he had
- 3 written a list of -- as a memoire for himself.
- 4 431 Q. Yes.
- 5 A. An aide memoire for himself, I presume, of different

16:08

16:08

- 6 things that he was concerned about.
- 7 432 Q. Yes.
- 8 A. He went through them and I took -- I acknowledged them
- 9 as part of the -- but I didn't record them into my
- 10 notes. 16:08
- 11 433 Q. Yes.
- 12 A. At the end of the consultation he said that he wanted
- me to have a copy of it. I made a copy of it and I
- 14 kept it.
- 15 434 Q. Yes.
- 16 A. I think that was all, that was the end of it.
- 17 435 Q. We will come obviously to the later consultation you
- had with him.
- 19 A. Yeah.
- 20 436 Q. Where your notes do refer to a script as such. I am
- 21 wondering, did you get them on the occasion of your
- 22 second meeting with him?
- 23 A. I think it was -- I may be mixing up the dates there.
- 24 But I think the one where I make reference to that
- script is the one where he gave me the script.
- 26 437 Q. Okay. Well, we will come to that in due course. But
- 27 after this consultation, it appears that you tried to
- phone his own doctor on the day, on the 18th September.
- 29 If we look at page 3793. The date at the side, it's

1			7/1/2016, 12:48.	
2				
3			"Telephone call with GP on foot of unsuccessful attempt	
4			on 18/12/2015. Member attended GP on the 22/12/2015.	
5			GP agrees or indicates currently not fit to return to	16:09
6			work. Referral to local source outpatient."	
7		Α.	"Local service".	
8	438	Q.	"Local service outpatient but preference is for	
9			inpatient treatment."	
10		Α.	Yes.	16:10
11	439	Q.	So that is something that you discussed with	
12			Dr. Bartlett; is that right?	
13		Α.	Yes, I did.	
14	440	Q.	Okay. "To be reviewed in the next fortnight. Further	
15			decision to be followed up."	16:10
16				
17			Is that right?	
18		Α.	"To be fed back".	
19	441	Q.	"To be fed back". Okay. "HRPD update report."	
20				16:10
21			Then you have signed that. Dr. Bartlett has a note	
22			recorded, if we perhaps just look at that, 10643. It's	
23			on that date, if we just scroll down.	
24				
25			"7th January '16, telephone call. Doctor, Phoenix	16:11
26			Park. Discussion re Nicholas. I have advised that	
27			local CAD referral has been made."	
28		Α.	Yes.	
29	442	Q.	"I will review Nicholas prn."	

1				
2			That is entered by Dr. Bartlett?	
3		Α.	Yes.	
4	443	Q.	I am just wondering, it was later on that day, in fact,	
5			on the 8th when you formally wrote to the executive	16:11
6			director?	
7		Α.	Yes.	
8	444	Q.	Giving your view. Were you holding off on your view as	
9			to whether he was unfit for work until you had spoken	
10			to his GP?	16:11
11		Α.	No, no. I think I had already made that decision, if I	
12			am not mistaken. I had already said I agreed	
13			temporarily unfit to attend at work pending	
14			reevaluation with GP. So I wanted him to be seen by	
15			his GP. So I had already made that decision that he	16:12
16			was unfit. But the reason why I was contacting his GP	
17			was, I was concerned about his clinical management.	
18			That I felt that that needed that to be intensified.	
19			So I wanted to talk to the GP so that we were on the	
20			same page in terms of getting him access to the right	16:12
21			clinical management.	
22	445	Q.	Okay. We heard from Garda Quinn yesterday, who gave	
23			evidence and produced his notes. He had a note of a	
24			phone conversation with you on the same day as the	
25			examination, the 18th?	16:12
26		Α.	Yes.	
27	446	Q.	Perhaps if we could look at that note. It's on Volume	
28			37, 10619. This would appear perhaps most likely to	
29			have been a conversation that took place after your	

1			consultation with Garda Keogh but on the same day.	
2		Α.	Yes.	
3 4	447	Q.	But you might just read it there.	
5			"Dr. Oghuvbu rang me to discuss and clarify and get my	16:12
6			opinion about some of the difficulties that the member	
7			was encountering with his superintendent."	
8		Α.	Yes.	
9	448	Q.	"I spoke with the member after his visit to the CMO."	
10		Α.	Yes.	16:13
11	449	Q.	That's he, Garda Ryan.	
12				
13			"I suggested that he document fully any incident where	
14			he felt he was being treated unfairly or	
15			inappropriately by his superintendent."	16:13
16				
17			Do you recollect ringing Garda Quinn?	
18		Α.	I would have spoken with him as an employee assistance	
19			officer, supporting him, and said, look, I was	
20			concerned about that. It appeared there were issues	16:13
21			between himself and the superintendent, it could have	
22			been a misunderstanding between them, I don't know what	
23			it was, and I said I want to ask because of the role	
24			of the employee assistance officer is a welfare support	
25			to the individual, so if there is an issue where the	16:13
26			individual was having difficulty with either their	
27			supervisor or their management, I would usually bring	
28			it to their attention, to say that, look, maybe we need	
29			to kind of explore this with the individual and see	

1 what can be done in relation to it. But it's not a 2 medical advisory or anything. 3 450 Yes. Q. 4 Yes. Α. 5 451 Garda Quinn in evidence yesterday said he gave it as Q. 16:14 6 opinion, that he thought Garda Keogh was being treated 7 perhaps harshly by the superintendent, do you recall 8 any --I wouldn't recall it. I think that came out -- sorry, 9 Α. if I go back to my notes, the clinical notes on the 10 16:14 11 18th December, I said: 12 13 "He felt stressed by difficulties with his senior 14 management in terms of extra supervision." 15 16:14 16 So those would have been the things I would have 17 discussed with him, to say that, look, this is what he 18 is saying. I have no way of validating or anything. 19 452 Yes. Q. 20 I am bringing it to your attention as a support. Α. 16:14 21 453 Yes. Q. 22 To see whether you can do anything, you know, in terms Α. 23 of supporting him from that perspective. 24 Yes. So you were linking in with his support officer 454 Q. and his GP then? 25 16.14 26 Α. Yes. 27 455 You did report then to Mr. Barrett on the 8th January, Q.

In second paragraph he says:

28

29

if we look at page 3750. That's dated the 8th January.

1				
2			"The member has been absent since 8/12/2015, certified	
3			on medical grounds for a reactive loss of wellbeing set	
4			against a background of reported issues in the	
5			workplace or associated with his work, and complicated	16:15
6			by inappropriate use of alcohol. A case conference was	
7			held on 9/12/2015 and Local management are conversing	
8			with the issues in this case."	
9				
10			That description in the second line there, was that	16:15
11			intended to reflect what Garda Keogh had said to you	
12			about the issues?	
13		Α.	Yes. Without going into details about what was said.	
14	456	Q.	Yes.	
15		Α.	But just to flag that these were his concerns.	16:15
16	457	Q.	Then he said:	
17				
18			"Based on the information available to me, my opinion	
19			and recommendations in respect of the member are as	
20			follows: Medical fitness recommendations:	16:15
21			1. Following consultation on the 18/12 and update now	
22			received from the member's doctor, the member is deemed	
23			temporarily unfit to attend regularly at work and for	
24			policing duties. Relevant treatment interventions have	
25			been initiated by his doctor and updates are expected.	16:16
26			2. The member has been advised to avail of the	
27			confidential support services afforded members as	
28			requi red.	
29			3 Further review - further advices shall be offered	

1			as anticipated updates become available.	
2			4. In the event that the member's doctor certifies him	
3			fit to return to work prior to further advices from	
4			this service, this service should be notified on a	
5			priority basis so that the relevant guidance on	16:16
6			workplace accommodations/adjustments can be offered."	
7		Α.	Yes.	
8	458	Q.	You I think next saw him on the 19th May, is that	
9			correct, 2016?	
10		Α.	Yes, 19th May 2016.	16:17
11	459	Q.	Yes. Again, you appear to have had access to the SAMS	
12			recording there. If we look at page 3692. There is an	
13			up-to-date copy of it there. It's dated 19/5?	
14		Α.	3692?	
15	460	Q.	3652.	16:17
16		Α.	Oh, I'm very sorry.	
17	461	Q.	I beg your pardon. Your report of the 8th January that	
18			we have looked at doesn't seem to raise the issue of	
19			classification one way or another for the HR	
20			department?	16:17
21		Α.	I highlighted there were work related concerns being	
22			reported by the member, but that was just all I said I	
23			was going to do, I was going to highlight it but I	
24			wasn't going to dwell on it.	
25	462	Q.	Okay. In any event, you saw him on the 19th?	16:18
26		Α.	Yeah, on the 19th of	
27	463	Q.	Your notes are on page 3795. The level of current	
28			duties not applicable, he's not at work.	

1			"Basis for this review or consultation: Review of	
2			clinical progress and of fitness to return to work and	
3			for policing duties."	
4				
5			Then you have got a starred set of comments or a record	16:18
6			of it.	
7				
8			"Situation has not improved for him personally and at	
9			this time the"	
10				16:19
11			Is that the background circumstances?	
12		Α.	"And at this time the background circumstances and	
13			publicity about the whistleblower aspect is weighing	
14			very negatively on the member."	
15	464	Q.	Okay. You then have recorded bringing?	16:19
16		Α.	No bingeing.	
17	465	Q.	Sorry:	
18				
19			"Bingeing on additional alcohol still three to four	
20			days episode, anxiety and feeling low have also crept	16:19
21			i n. "	
22		Α.	Yeah.	
23	466	Q.	"Sees GP and tries to keep up with CADs follow up but	
24			patchy. Open to further intervention but engagement	
25			will depend on him."	16:19
26				
27			The next one is:	
28				
29			"Ouite situated the impact of work and how he has been	

1			treated as being responsible for everything. Has	
2			script detailing events as he sees them since 2014."	
3		Α.	That's his script, sorry.	
4	467	Q.	Is that when he produced the script; is that correct?	
5		Α.	Yes.	16:20
6	468	Q.	You took a copy of that, you said, at the time, is that	
7			right?	
8		Α.	Yes.	
9	469	Q.	"Open to OHP discussing clinical intervention options	
10			at this stage and to optimise treatment. Agreed to	16:20
11			continue to avail of organisational supports. Has	
12			found EAS officer very supportive in the circumstances.	
13			Agree temporarily unfit."	
14				
15	470	Q.	CHAIRMAN: what were the clinical intervention options?	16:20
16		Α.	In terms of because he was attending this service	
17			locally, which his GP had arranged, it was a voluntary	
18			service. I began to feel that it wasn't intensive	
19			enough and would not achieve the goals that we wanted.	
20	471	Q.	CHAIRMAN: Being?	16:20
21		Α.	In terms of helping him to get over the difficulties he	
22			was experiencing with alcohol. That the service he was	
23			attending	
24	472	Q.	CHAIRMAN: He had to give up drink?	
25		Α.	Pardon.	16:20
26	473	Q.	CHAIRMAN: He had to give up alcohol?	
27		Α.	He had to give up drinking and he needed to be in a	
28			service that would facilitate that. So I discussed,	
29			you know, in terms of inpatient treatment, which I	

1	thought would be the preferable thing.	And I mentioned
2	that to his GP before.	

- 3 474 Q. CHAIRMAN: Was there any option to treat stress?
- 4 A. The thing with -- I would just say this about stress.

In terms of stress, the approach to stress is, if you

16:21

16 · 21

16:21

16:22

16:22

6 identify what the stressor is, you remove the stressor.

7 And in his case it was obvious to him -- to me,

8 listening to him then, that his perceptions about the

9 way management had treated him were a big factor, the

fact that the whistleblowing thing was there in the

public domain was weighing very heavily on him, because

I think he would not be somebody who would like the

publicity, who was comfortable with the publicity

14 around it. So, unless you are able to take away those

things, that sense of responding to difficulty will

remain there, there isn't very much you can do about

it. Whether that was driving the alcohol, the

18 difficulties with alcohol --

15

16

17

19 475 Q. CHAIRMAN: How would that be driving the alcohol? What would be the connection?

21 A. Well, in terms of how people cope with challenges, some

people it would be food, in the presence of stress,

with some people it's food, either eating too much or

24 not eating at all. Some people, they might become

obsessed with maybe like exercise and they over

exercise as a way of compensating. For some people who

27 smoke, they find themselves smoking more. They just

28 kind of find something to help to kind of diffuse that

tension that they feel inside. For some people

1 unfortunately they may recourse to alcohol. We would, 2 from the medical perspective, generally say that 3 alcohol is not a very useful means of dealing with that, because in itself alcohol is a depressant. So it 4 5 is not going to actually make you feel better in any 16:23 6 shape or form, so we would generally say people 7 shouldn't use alcohol as a coping mechanism when they are faced with stress. 8 He has been having this problem since 2012? 9 476 CHAI RMAN: Q. 10 Α. Yes. 16:23 11 477 CHAI RMAN: And he hasn't got over it? Q. 12 well, that does happen because --Α. 13 CHAI RMAN: No, no, no, this isn't a moral --478 0. 14 Α. Yeah. 15 479 CHAI RMAN: This isn't a moral question here? Q. 16:23 16 Yeah. Α. 17 CHAI RMAN: We're talking practicalities here and 480 Q. 18 treatment options. 19 He had been having treatment options. Okay, in --Α. Clinical options? 20 481 CHAI RMAN: Q. 16:23 21 Yeah, clinical options. Α. 22 This has been going on since long before the 482 CHAI RMAN: 0. 23 publicity? 24 Yeah. And I mean like --Α. 25 And it's obviously a very intractable, 483 Ο. CHAI RMAN: 16:23 difficult problem? 26 27 Α. Yes, it is, but it can be addressed. Because between 28 2012, when he was admitted to St. John of God, most of 29 the management he had was really about attending his GP

1 and trying to go to AA and the service, the local 2 service. Whether those were sufficient, because they 3 were mainly voluntary, so it all depended on how much he wanted to --4 5 484 CHAI RMAN: Does it not have to be voluntary in the end Q. 6 for it to work? 7 At the end of the day it has to be voluntary. Α. 8 485 CHAI RMAN: It's not going to work. Q. 9 No. Α. There's no point in shoving him in and 10 486 CHAI RMAN: Ο. 16:24 11 locking the door. 12 And that was where we came to in May 2016, that I Α. 13 felt that he was a little bit more open now about 14 having a more intensive type treatment. And that's what the discussion was about. 15 16:24 16 CHAI RMAN: But from whenever it was, whenever the 487 Q. 17 problem was, and however long it continues? 18 Yes. Α. 19 488 CHAI RMAN: He has to decide? Q. 20 He has to make the decision that I am going to get the Α. 21 treatment, yes. 22 CHAI RMAN: And keep to it. I mean it's difficult? 489 Q. 23 It is difficult. Α. 24 490 Nobody is making a moral judgment or CHAI RMAN: Q. 25 anything else. 16:25

No, it is difficult.

are big questions.

26

27

28

29

491

Α.

Q.

Anybody who knows anything about addiction

or illness, physical or psychological, knows that these

- 1 A. It is difficult.
- 2 492 Q. CHAIRMAN: And difficult questions.
- 3 A. It's difficult and you have to make the choice to
- 4 engage with the treatment that is being offered. For
- 5 some people the level of treatment he was given, he was 16:25
- 6 receiving would have been sufficient, but, you know,
- for some people and in his case it probably wasn't.
- 8 But he had to come to the place where he decided that,
- 9 you know what, I want this. And I think around that
- time when I saw him in May 2016 we are coming to that.

16:25

16:26

16 . 26

- 11 493 Q. CHAIRMAN: Okay. And stress features.
- 12 A. Yes.
- 13 494 Q. CHAIRMAN: I know what you say about stress and it's
- 14 not an illness and everybody feels stressed at some
- time. But stress or severe stress is going to put
- 16 extra pressure on somebody who is already vulnerable --
- 17 A. Yes.
- 18 495 Q. CHAIRMAN: -- because of alcohol addiction.
- 19 A. Yes, it will. It will.
- 20 CHAIRMAN: Okay, thanks.
- 21 496 Q. MR. McGUINNESS: I think, doctor, just to identify the
- pages that you took a copy of, they're in our papers
- now at 15956 and 15957. If you start at the top there.
- I think that's the first page of it.
- 25 A. Yes, it looks like that is his handwriting.
- 26 497 Q. Yes, and there has been a redaction there. And there
- is a second page then on the next one?
- 28 A. Yes.
- 29 498 Q. Garda Keogh kept the original then; is that right?

1 Yes, he did. Α. 2 All right. You didn't see it obviously as your 499 Q. 3 function to enquire into those matters? Α. 4 5 500 I think within a week or two or perhaps a slightly Q. 16:27 6 longer, period, you spoke with his GP on the 7th June; 7 isn't that correct? 8 It would be correct I think. Α. Could we look at Dr. Bartlett's notes first, at 10644. 9 501 Q. I'm sorry, I don't see a reference there to a phone 10 16:28 11 call, but you have in your own notes a reference to a 12 phone call. 13 Yes. Α. 14 502 Q. Perhaps we will just leave that page up. Sorry, we 15 will go back to page 3796. You've recorded there: 16:28 16 17 "Telephone call with GP in response to OHP message of 18 20/5/2015. Member attended GP on Friday past. 19 binges and reactive loss of wellbeing with..." 20 16:28 21 What is that word 22 "Anxi ety". Α. 23 "Anxiety ++ and stressed out by same. 503 Finding the Q. 24 situation difficult to handle. Open to..." 25 "Exploring other treatment options." Α. 16:29 "...either locally or.." 26 504 Ο. 27 "Away". Α.

"Including"

"Private psychiatry input".

28

29

505

Q.

Α.

л Т	506	Q.	view is currently unit.	
2			What is the most whomas them?	
3		_	What is the next phrase there?	
4		Α.	"Pursue new intervention then review progress. Will	
5			arrange appointment to follow up with member."	16:29
6				
7	507	Q.	Okay. I think following that phone call you wrote a	
8			report on the 10th June. If we look at page 3741 of	
9			the papers. This is a report back to the executive	
10			director. The last paragraph is as follows:	16:29
11				
12			"In the context of ongoing background issues reportedly	
13			associated with the member's work, which appear to be	
14			having a significant negative impact on the member's	
15			sense of wellbeing and maintenance of same, I recommend	16:30
16			a priority case conference involving your office and	
17			the member's senior divisional management. This would	
18			facilitate elucidation of reasonable and practicable	
19			supportive workplace considerations to foster his	
20			sustained well being and effectiveness when a return to	16:30
21			work becomes feasible."	
22				
23			Was it your intention there to try and build upon his	
24			willingness to engage in inpatient treatment	
25			particularly?	16:30
26		Α.	Yes, it was.	
27	508	Q.	Okay. I think you did have a further telephone contact	
28			with the doctor in advance of the conference on the	
29			12th June. is that correct?	

1		Α.	I might have, I am not	
2	509	Q.	We will go back to your note there, at 3796.	
3				
4			"12/7/2016. 12:53. Telephone call with GP. Use	
5			conference today to see how best AGS can support	16:31
6			member's treatment and recovery of wellbeing. Advised	
7			GP that AGS will facilitate."	
8		Α.	"Access to residential care."	
9	510	Q.	"Access to residential care in the light of member as	
10			willingness to access."	16:31
11		Α.	"Access same now.	
12	511	Q.	"GP due to meet member today and will."	
13				
14			Is that discuss?	
15		Α.	"Clarify further".	16:31
16	512	Q.	"Clarify further on residential care. Reiterated that	
17			AGS will support member's treatment and rehabilitation	
18			without prejudice to background circumstances."	
19				
20			When you are referring to background circumstances,	16:31
21			what do you mean there?	
22		Α.	That, you know, with everything that was going on, that	
23			the decision to support his wellbeing and to support	
24			his treatment now, was on the basis that he was willing	
25			to engage and there were going to be significant	16:32
26			financial costs associated. So without prejudice to	
27			any of that, I was pushing that, look, let's do this	
28			really. And there was a general consensus that this is	
29			probably the right thing to do. So that was what that	

1			is about.	
2	513	Q.	And then:	
3				
4			"Agree to feedback to OHP if any relevant development."	
5				16:32
6			I think there is a note in Dr. Bartlett's note of that	
7			phone call, if we go back to 10644. There is a	
8			reference to psychiatric issue of assessment there.	
9			And then 17th June.	
10		Α.	17th.	16:32
11	514	Q.	If we go down there. Reference to Lexapro. And then	
12			there's a phone call there towards the end, if you	
13			scroll down a tiny bit?	
14		Α.	Yes.	
15	515	Q.	"Main surgery, phone call. Has been informed that Nick	16:33
16			is going to admit himself for a residential stay for	
17			alcohol. TX. He has explained that following a case	
18			conference today he has been advised Garda service to	
19			support Nick in all ways possible re financial	
20			support."	16:33
21				
22			If we go down there.	
23				
24			"Met with Nick he is self referring to cancelled.	
25			Repeat Lexapro."	16:33
26				
27			What is Lexapro?	
28		Α.	It is an antidepressant medication.	
29	516	Q.	There are notes of the case conference then on the 12th	

Т			July, at page 3647. Your contribution appears to be	
2			recorded there in the middle column, is that correct?	
3		Α.	That's right.	
4	517	Q.	There appears to have been unanimity in the sense of	
5			everyone agreeing that this was the way forward, isn't	16:34
6			that right?	
7		Α.	Yes.	
8	518	Q.	There was then arrangements made for the funding of it	
9			too, isn't that correct?	
10		Α.	Yes.	16:34
11	519	Q.	There is no reference to any local management	
12			observations there. Do you remember Chief	
13			Superintendent Wheatley saying anything? Or do you	
14			remember whether Superintendent Murray was there?	
15		Α.	I wouldn't remember who was at the case conference	16:34
16			other than the recording of who the attendees were.	
17			And in terms of individual comments, I wouldn't know	
18			what anybody said individually.	
19	520	Q.	Yes. You appear to have phoned Garda Quinn on the 18th	
20			July to inform him about the position regarding the	16:35
21			funding for it, do you recall doing that?	
22		Α.	I probably did that, yeah. Because being his support	
23			officer, I would have probably linked up with him to	
24			say that I had been approved or something.	
25	521	Q.	Yes. I think you received an update after Garda Keogh	16:35
26			had gone in to treatment and you reported on that, I	
27			think, as you said you would, back to OHP. Is that	
28			your report of 21st July 2016, at page 3740?	
29		Α.	Yes.	

- 1 522 Q. That sets out the position as it was there. Now, is
- there anything further you would like to add to that?
- 3 A. Just one point. You know the report we couldn't find.

16:36

16:36

- 4 523 Q. Yes.
- 5 A. The one from the 19th May.
- 6 524 Q. Yes?
- 7 A. It's at 3741.
- 8 525 Q. 3741?
- 9 A. Yes.
- 10 526 Q. I beg your pardon, thank you for that. Perhaps we will $_{16:36}$
- look at that for completion. That records that you --
- 12 A. Sorry, no, that is wrong. That is 2016. It is 2015 we
- were looking for.
- 14 527 Q. Yes.
- 15 A. Okay, sorry. Sorry about that.
- 16 528 Q. That is okay.
- 17 A. Just the dates, because it was May, I mixed up the
- dates.
- 19 529 Q. We have seen from Ms. Carr's statement that there were
- a number of subsequent requests to you to schedule an
- 21 appointment for Garda Keogh?
- 22 A. Yes.
- 23 530 Q. And I think none of those went ahead, isn't that
- 24 correct?
- 25 A. They didn't because I think -- I am not sure which of
- the correspondence address it, but I think there was
- correspondence that said he was not willing to return
- to work until these matters were addressed. And
- 29 management were aware of that. And where they were

1			asking me to come and assess about his fitness, I	
2			didn't think that it was appropriate in the context of	
3			what was very much in the public domain at that point	
4			in time to do that.	
5	531	Q.	Yes.	16:37
6		Α.	So that is the reason why I didn't.	
7	532	Q.	There is a reference to I think a conversation with you	
8			and Garda Quinn on the 10th March, where he I think	
9			relayed to you that Garda Keogh wouldn't be coming to	
10			you, do you recall that?	16:37
11		Α.	Yeah, I do.	
12	533	Q.	So, I mean, it seems to remain the position that you	
13			were never formally asked to assess Garda Keogh on the	
14			basis of suffering from an injury arising out of work	
15			related stress, is that accurate?	16:38
16		Α.	Yeah. There was no well, he was absent, he was	
17			being certified by his doctor as absent, he was	
18			referred on that basis. But if it's an issue about the	
19			classification of his absence, I was never asked for an	
20			opinion in relation to the classification of his	16:38
21			absence.	
22	534	Q.	Yes.	
23		Α.	And I have never been asked about classification of his	
24			absence.	
25	535	Q.	Yes. Okay.	16:38
26		Α.	To give a view or an opinion on it. And I think on two	
27			occasions I flagged that there were work related	
28			issues, you know, but I have never been asked to	

formally give an opinion, which suggests that --

- 1 536 Q. CHAIRMAN: Nobody has ever said to you --
- 2 A. Yeah.
- 3 537 Q. CHAIRMAN: -- is this correct?
- 4 A. Is this correct.
- 5 538 Q. CHAIRMAN: Or do you agree that this is -- nobody has
- 6 ever asked you that?
- 7 A. No, they haven't.
- 8 539 Q. MR. McGUINNESS: Yes. I think you were here for
- 9 Ms. Carr's evidence this morning?
- 10 A. Yes.
- 11 540 Q. She seemed to envisage that the CMO would advise them
- as to whether the absences were causally and directly
- related to an injury as reported, coming from stress,
- and that it would be your function to assess whether
- there was any causation as a result of stress arising

16:39

- 16 from the workplace?
- 17 A. Provided there has been a -- there is a query, a
- question, in the mind of either HR or local management.
- 19 541 Q. CHAIRMAN: If somebody writes to you.
- 20 A. Yes.
- 21 542 Q. CHAIRMAN: If HR writes to you --
- 22 A. Yes.
- 23 543 Q. CHAIRMAN: -- and says, dear CMO, we have a patient, a
- garda who says or is assessed, please tell us whether
- in your opinion his condition is arising from work
- 26 related stress?
- 27 A. Yes.
- 28 544 Q. CHAIRMAN: i.e. is it an injury on duty?
- 29 A. Yes.

1	545	Q.	CHAIRMAN: If you are asked that, you say you'd give an	
2			opinion.	
3		Α.	Yes.	
4			CHAIRMAN: Okay.	
5	546	Q.	MR. McGUINNESS: Perhaps we will just look at the	16:40
6			management of sick absences directive 139/10, at Volume	
7			28, page 8202. I am bearing in mind obviously that you	
8			don't have responsibility for recording the periods of	
9			absence?	
10		Α.	No.	16:40
11	547	Q.	Or in any way for managing the system under which they	
12			are recorded, isn't that correct?	
13		Α.	No, I don't.	
14	548	Q.	But it says here at the bottom of the page:	
15				16:40
16			"The Chief Medical Officer (CMO) advising the Garda	
17			Commissioner on member's medical fitness for policing	
18			duties. In forming a medical opinion, the CMO takes	
19			into account all medical information available at the	
20			time. Where the CMO advises that a member is fit for	16:41
21			full/slight/restricted police duties, the member will	
22			resume duty immediately on being notified of same by	
23			the member's district officer/superintendent."	
24				
25			Is there any comment you would like to make on that?	16:41
26		Α.	No, that is kind of pretty standard, that we would	
27			advise on fitness. So if a member is out and has been	
28			referred to ourselves and there is an opinion being	
29			when they are referred to us, they usually would say	

1			that, okay, we want medical advice as to whether this	
2			person is fit to be at work or not, if they are fit to	
3			be at work, what are they fit to do. We would provide	
4			that opinion. But that is a very basic part of what we	
5			do.	16:41
6	549	Q.	If we can go down on to the next page, it goes down to	
7			issues of injury on duty then, if we go down to page	
8			8204. This is the section relating to injury on duty	
9			classification. It says:	
10				16:42
11			"Where there is any doubt that an injury on duty	
12			occurred, a divisional officer should refer the matter	
13			to assistant commissioner HRM, who will seek advices of	
14			the CMO. The CMO will take into account all relevant	
15			information in arriving at his/her advice.	16:42
16				
17			A decision regarding injury on duty will be based on a	
18			complete investigation file into the incident.	
19			Management views and recommendations, the assessment	
20			and opinion of the CMO.	16:42
21				
22			Ordinary illness/injury on duty: Where there is a	
23			doubt as to whether the member's sick absence is due to	
24			ordinary illness or an injury on duty, the member's	
25			absence will be treated as ordinary illness pending a	16:43
26			decision on the classification of the injury and in	
27			particular the CMO's advice."	
28				
29			Then it goes on about pay and retrospection. It	

Т			appears, does it not, that your function is one of	
2			offering advice and offering opinion, it's not making	
3			decisions then, isn't that right?	
4		Α.	As far as those matters are concerned, in terms of	
5			fitness for work, I have to make a decision.	16:43
6	550	Q.	CHAIRMAN: That's a decision, fitness or non-fitness,	
7			classically your decision and nobody else's?	
8		Α.	Yes. But classifications such as this, and I think it	
9			is important to note that it says that "where there is	
10			a doubt", so management, local or HR have a doubt and	16:43
11			they feel that they need clarification on it, then they	
12			would seek that clarification and that's where I would	
13			give advice and then they would have go and make a	
14			decision based on the advice that I have given.	
15	551	Q.	MR. McGUINNESS: And they would have to make it clear	16:43
16			what matter they were seeking your advice on, isn't	
17			that right?	
18		Α.	Yes.	
19	552	Q.	If we just look at the next paragraph on the top of the	
20			next page, it refers expressly to work related stress.	16:44
21				
22			"Where members report non-effective for duty as a	
23			result of injury on duty or work related stress, a	
24			thorough investigation shall be carried out immediately	
25			and the outcome reported to the assistant commissioner	16:44
26			HRM for the attention of the CMO."	
27				
28			So that's not an investigation you carried out?	
20		۸	No	

1	553	Q.	No. And it should be carried out, it would seem, in	
2			advance of the matter being referred to you in normal	
3			circumstances?	
4		Α.	Yes, it should.	
5	554	Q.	Thank you, doctor. There may be other counsel who wish	16:44
6			to ask you some questions?	
7		Α.	Okay.	
8				
9			END OF EXAMINATION	
10				16:44
11			CHAIRMAN: Now, yes.	
12			MR. KELLY: Chairman, we have no questions of this	
13			witness.	
14			CHAIRMAN: Thanks very much. Thanks very much. well,	
15			Mr. Murphy.	16:44
16			MR. MURPHY: Chairman, thank you. Doctor, I wonder if	
17			you could be shown please document 3721 please.	
18			MR. KELLY: Chairman, in this pause, I was a little	
19			we have four quick questions.	
20			CHAIRMAN: No problem. Mr. Murphy, we will forget this	16:45
21			one for the moment. Not a problem. Homer nods	
22			Mr. Kelly. Mr. O'Brien, have you got the four	
23			questions.	
24			MR. O'BRIEN: May it please you, Chairman.	
25			CHAIRMAN: Not a problem.	16:45
26				
27				
28				
29				

1			DR. OGHENOVO (OVO) OGHUVBU WAS THEN CROSS-EXAMINED BY	
2			MR. O'BRIEN, AS FOLLOWS:	
3				
4	555	Q.	MR. O'BRIEN: Just on an issue separate to what you	
5			have just discussed with Mr. McGuinness, Dr. Oghuvbu,	16:46
6			can I ask you, were you aware that Garda Keogh had made	
7			a bullying and harassment complaint within An Garda	
8			Síochána?	
9		Α.	Not until somewhere around 2018, when one of the	
10			assistant commissioners who had been assigned to	16:46
11			investigate	
12	556	Q.	Were you aware that Assistant Commissioner Finn was	
13			appointed to investigate this?	
14		Α.	Not until he contacted me.	
15	557	Q.	I wonder could we have page 4111 for a moment, please,	16:46
16			Mr. Kavanagh. This is the statement of Assistant	
17			Commissioner Finn. You see there, Dr. Oghuvbu, that in	
18			the fourth paragraph down?	
19		Α.	Yes.	
20	558	Q.	Assistant Commissioner Finn identifies you, if you just	16:46
21			scroll back up, Mr. Kavanagh, just a slight bit please.	
22			You will see there he identifies you as a person to	
23			whom he wrote on 3rd January 2018?	
24		Α.	That would be correct, yes.	
25	559	Q.	Can I just ask you, just in relation to that, did you	16:47
26			meet subsequently with Assistant Commissioner Finn in	
27			relation to Garda Keogh's bullying and harassment	
28			complaint?	
20		۸	T mot with him to clarify because they had written a	

1 letter to me to say that you are one of the people that I have to speak with. So I had a meeting with him to 2 3 kind of find out what --Can you recollect where that meeting was? Was it in 4 560 0. 5 Garda Headquarters, was it elsewhere? 16:47 6 No, it would have been in Garda Headquarters. Α. 7 561 Can you recollect? Q. 8 I can't recall specifically but I think it would have Α. been Garda Headquarters. That is the most likely 9 10 place. 16 · 47 11 562 Do you recollect what you discussed with him? Q. 12 Just about the context of why -- my being called Α. 13 in, what my involvement was, what was my -- why I was 14 being -- my role, what was expected of me, because I 15 didn't know anything about him. 16:47 16 And what was expected of you. 563 CHAI RMAN: Q. 17 What was expected of me. Α. 18 564 CHAI RMAN: Well then you wanted to know. Q. 19 Yes. Α. 20 565 Why are you writing to me? 0. CHAI RMAN: 16:47 21 Yeah, why are you writing to me. Α. 22 And what did he tell you? 566 CHAI RMAN: Q. 23 He said that he had been appointed, because I wouldn't Α. 24 know about any of this thing, but he had been appointed 25 - sorry Chairman - he had been appointed to carry out 16 · 48 an investigation and that I was one of a number of 26 27 people that he was required to. Consult? 28 CHAI RMAN: 567 Q.

Consult. And that was about it.

29

Α.

- 1 MR. O'BRIEN: Did he ask you any specific question.
- 2 A. No.
- 3 MR. O'BRIEN: I have no further questions, Chairman.
- 4 568 Q. CHAIRMAN: Thanks you very much. Did you give him
- 5 something?

16 · 48

16:48

16:48

16 · 49

- 6 A. No, because he provided me an excerpt --
- 7 569 Q. CHAIRMAN: He said I want to consult you?
- 8 A. Yes.
- 9 570 Q. CHAIRMAN: Okay. Then he consults you?
- 10 A. And then he provides an excerpt subsequently, it comes
- in a letter, about the statement. I think it's -- I
- don't know what page this is now.
- 13 571 Q. CHAIRMAN: Don't worry about what page.
- 14 A. So they wanted a response from me. So essentially what
- he explained to me is that -- and I was required to
- 16 provide a response to comments where I had been
- 17 specifically --
- 18 572 Q. CHAIRMAN: Sorry, which forms?
- 19 A. Pardon?
- 20 573 Q. CHAIRMAN: which forms?
- 21 A. I was required to provide a response.
- MR. O'BRIEN: A response.
- 23 CHAIRMAN: Oh, I'm sorry. Sorry.
- 24 A. A response.
- 25 574 Q. CHAIRMAN: It's late in the afternoon, at least it's
- late for me. Sorry, I am just being stupid. He wanted
- a response, yes.
- 28 A. Yeah, where I had been specifically mentioned as part
- of what had been provided.

1	575	Q.	CHAIRMAN: So if I am understanding, that is all a	
2			pretty neutral affair?	
3		Α.	It's a neutral thing, because I didn't even know that	
4			there was a bullying and harassment	
5			CHAIRMAN: Are you happy with that, Mr. O'Brien.	16:49
6			MR. O'BRIEN: Yes.	
7			CHAIRMAN: Thanks, Mr. O'Brien.	
8				
9			END OF EXAMINATION	
10				16:49
11			CHAIRMAN: Now, Mr. Murphy.	
12			MR. MURPHY: Thank you, Chairman.	
13				
14			DR. OGHENOVO (OVO) OGHUVBU WAS EXAMINED BY MR. MURPHY,	
15			AS FOLLOWS:	16:49
16				
17			MR. MURPHY: I wonder if Dr. Oghuvbu could be shown	
18			page 9722, please.	
19	576	Q.	CHAIRMAN: You're forgetting 3721 for the moment?	
20			MR. MURPHY: I am going to pass.	16:49
21			CHAIRMAN: That's all right. Thank you. Now you want	
22			9722.	
23	577	Q.	MR. MURPHY: Please. 9722. Doctor, I think you have	
24			seen this document a few moments ago, can I just draw	
25			your attention to paragraph 1. Dol you have a hard	16:50
26			copy there. Do you see this letter?	
27		Α.	Yes.	
28	578	Q.	Can I ask you just to confirm that on the date you	
29			wrote that letter, you said:	

1				
2			"The member."	
3				
4			That is Garda Keogh	
5				16:50
6			"Has now accessed and commenced appropriate inpatient	
7			care for a long standing and established clinical	
8			condition, which has been the clinical basis of his	
9			current absence."	
10		Α.	Yes.	16:50
11	579	Q.	Can you just confirm to the Chairman, that was your	
12			clinical assessment?	
13		Α.	That was my clinical assessment.	
14	580	Q.	Yes. And that was your clinical assessment in December	
15			of 2015?	16:50
16		Α.	Yes, it was.	
17	581	Q.	And that was your clinical assessment in May of 2015,	
18			that there were issues in relation to alcohol?	
19		Α.	Yes.	
20	582	Q.	In terms of your clinical assessment, was that informed	16:50
21			by the pre 2015 medical record going back to 2012,	
22			where Garda Keogh had difficulties with alcohol?	
23		Α.	Yes.	
24	583	Q.	I think you were also aware of Garda Keogh's previous	
25			residential treatment in 2012?	16:51
26		Α.	Yes, I was.	
27	584	Q.	So would all of that information contained in the file	
28			have formed that clinical assessment that you made and	
29			that you recorded here?	

- 1 A. Yes.
- 2 585 Q. Insofar as the issue of the decisions that you took in
- 3 December 2015, if I understood your evidence, you said
- 4 that you had decided in December 2015 that Garda Keogh

16:51

16:51

16:52

- 5 was unfit to return to work?
- 6 A. Yes, I did.
- 7 586 Q. And that was your decision?
- 8 A. Yes.
- 9 587 Q. And insofar as you may have consulted with Dr. Bartlett
- 10 after, that was purely consultative?
- 11 A. It was consultative.
- 12 588 Q. Insofar as Garda Keogh maintains that he walked away
- voluntarily from work in 2015, that isn't correct?
- 14 A. I'm not -- I cannot recall it how he went away from
- work in 2015, December, but definitely when I saw him,
- 16 I made a medical opinion in relation to his fitness or
- 17 otherwise for being at work.
- 18 589 Q. I think, as you indicated to the Chairman a few moments
- saying, when you made that decision, that is a clinical
- decision that applies to his capacity to return to
- 21 work?
- 22 A. It is my clinical decision, yes.
- 23 590 Q. I think the entire system which is operated in which
- 24 you work indicates that that is a decision that is
- referred to you for your expert assessment?
- 26 CHAIRMAN: The decision fit or unfit for work is the
- 27 doctor's. As I understand it, that's a decision.
- MR. MURPHY: Yes.
- 29 CHAIRMAN: Something else is an opinion.

- 1 MR. MURPHY: Yes.
- 2 CHAIRMAN: And for another person to decide.
- 3 MR. MURPHY: Yes.
- 4 CHAI RMAN: Okay.
- 5 591 Q. MR. MURPHY: And in this case, as the Chairman has

16:53

16:53

- 6 suggested, doctor, that was a decision you made in
- 7 December 2015?
- 8 A. The medical decision about being unfit for work, that
- 9 was a medical decision, yeah.
- 10 592 Q. In the course of the documentation that has been shown, 16:52
- can I ask you to be shown 10639 please? These are
- 12 Dr. Bartlett's notes.
- 13 A. Yes.
- 14 593 Q. I think Mr. McGuinness has taken you through many of
- these notes, I am not going to dwell on them but can I
- ask you two questions in relation to this. The first
- 17 relates to the drug Xanax --
- 18 A. Yes.
- 19 594 Q. -- which features throughout the course of the
- 20 prescription from Dr. Bartlett.
- 21 A. Yes.
- 22 595 Q. Can I ask you to confirm to the Chairman what does
- 23 Xanax do?
- A. It is a member of the -- it is an anxiolytic, if I want
- to use that word.
- 26 596 Q. And again, excuse me, but could you put that in
- 27 layman's terms please?
- A. An anxiolytic is a medication that has a calming effect
- in terms of --

1 CHAI RMAN: An anxiolytic? An anxiolytic, yes. It is used in anxiety. 2 Α. 3 CHAI RMAN: Oh yes, I thought so. It's not a benzodiazepine, is it? 4 5 It is in the same family, yes, benzodiazepine. Α. 16:53 6 597 And its effect is to reduce anxiety? Q. 7 Anxiety, yes. Α. 8 598 MR. MURPHY: And then, the Lexapro which is referred to Q. throughout the documents, what does that drug do? 9 It is an antidepressant. 10 Α. 16:54 11 599 And in relation to the mixing of Xanax and alcohol, Q. 12 would you agree with me --13 That they are not a good idea. CHAI RMAN: 14 600 Q. MR. MURPHY: -- yes, that it is medically not a 15 recommended thing to do. 16:54 16 Not recommended, no. Α. 17 601 And isn't that because it is the case, in medical 0. 18 terms, mixing Xanax with alcohol increases the 19 potential that a person could experience delusions or hallucinations or seizures compared to just using the 20 16:54 drug on its own? 21 22 They act synergistically, in the sense that the Α. cumulative effect of the two of them is worse than the 23 24 effect of each one of them. 25 Does it take you longer then to come down or 16:54 602 Q. CHAI RMAN: 26 come up after you stop taking them? 27 Α. Because at the end of the day they would produce a

28

29

significant depressive effect on you that is multiple

of what each one of them is capable of being on their

we say if you are taking Xanax don't drink alcohol, would be the advice from the medical practitioner.				
we say if you are taking Xanax don't drink alcohol, would be the advice from the medical practitioner.	1			own. So generally, because alcohol will produce a
4 would be the advice from the medical practitioner.	2			depressive effect at the end of the day, so generally
·	3			we say if you are taking Xanax don't drink alcohol,
5 603 Q. CHAIRMAN: But people do mix them. They shouldn't,	4			would be the advice from the medical practitioner.
	5	603	Q.	CHAIRMAN: But people do mix them. They shouldn't, b

- 5 603 Q. CHAIRMAN: But people do mix them. They shouldn't, but 16:55 they do.
- 7 They mix them, sorry, initially it causes a buzz, a Α. 8 feeling of a buzz, that's what it is called. is a big problem, for instance, among college students 9 in America where they were mixing that in social, when 10 11 they went out for social outings. But the down the 12 road impact of this was this synergistic effect, which 13 was more severe depression and hallucinations and all 14 types of things happening. So generally it is not recommended. You wouldn't recommend it. 15

16:55

16:55

- 16 604 Q. CHAIRMAN: In fact, it is highly unrecommended?
- A. Yes. If your doctor knows you are on Xanax, if your doctor knows you have an alcohol problem they will not generally want you to use Xanax. They will tell you to stop drinking alcohol if they are going to prescribe Xanax to you.
- MR. MURPHY: And is this because of the established medical awareness that this combination gives rise to an increased potential for psychosis or neurological effects??
- A. It does present -- well, it can present with some
 psychotic features but it is not psychosis per se, but
 you have hallucination which is a feature of psychosis
 and then you can have depressive effects, it can affect

- 1 your speech, just different things, yeah.
- 2 606 Q. And can it affect the person's perception of things
- 3 that are happening around them?
- 4 A. Yes, it would.
- 5 607 Q. Can it give them an exaggerated perception of events or 16:56
- 6 an altered perception of events?
- 7 A. It would give an altered perception of events.
- 8 608 Q. Thank you. Can I just move forward to your meeting
- 9 with Garda Keogh in May and I think that should be, and

16:57

16:57

- I hope I have the right document here, 3790 please.
- 11 A. 3790.
- 12 609 Q. These are your notes of your meeting in May --
- 13 A. May 2015.
- 14 610 Q. -- which have been referred to. First of all, can I
- ask you to confirm that in these notes, unlike the
- notes in December, there's no reference to Garda Keogh
- telling you that he was suffering from any difficulties
- 18 with his superiors at work?
- 19 A. No, I don't recall. If he did, I would have recorded
- it. And there wasn't anything. I can't recollect him
- 21 saying that.
- 22 611 Q. So, for example, he didn't refer you to any events
- 23 which may have occurred in 2014 or in the early part of
- 24 2015 where he mentioned difficulties with his employers
- 25 in these main notes?
- 26 A. No.
- 27 612 Q. And insofar as there seems to be some indication that
- 28 Garda Keogh may have indicated later on that he had not
- met you before, he had in fact met you before, is that

```
1
               right?
 2
              He had.
         Α.
 3
    613
         Q.
              Yes.
 4
              Yeah.
         Α.
 5
    614
              And in terms of that particular meeting I think is it
         Q.
                                                                          16:57
 6
              the case, as a matter of system, that if a guard comes
 7
              to see you he is free to talk to you in confidence and
 8
              to tell you anything he wants?
              They are free do, but they don't always do.
 9
         Α.
              Of course. But it is freedom; there is nobody with
10
    615
         Q.
                                                                          16:58
              him --
11
12
         Α.
              No.
13
              -- there is no superior officer present --
    616
         Q.
14
         Α.
              No.
15
    617
              -- there is no sense of anybody spying in on this
         Q.
                                                                          16:58
16
              meeting?
17
              No.
         Α.
18
              It is a private meeting between the two of you?
    618
         Q.
19
              Yes.
         Α.
              And therefore can we take it that at that time Garda
20
    619
         Q.
                                                                          16:58
21
              Keogh made no complaints to you about any of his
22
              superiors?
23
              I don't think -- I mean, going by my notes, I don't
         Α.
24
              think it featured much in the conversation we had that
25
              day because it would have been more -- he was at work,
                                                                          16:58
              it was more or less in terms of trying to explore what
26
27
              was going on. And just to kind of point out that if
28
              you go to the referral letter by Superintendent Murray
              on the 2nd April 2015 --
29
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- 1 620 Q. CHAIRMAN: Yes?
- 2 A. -- he talks about supports they had already, that he
- 3 said, from his perspective, I have put supports to
- 4 address the issues that he had raised.
- 5 621 Q. CHAIRMAN: Yes?
- 6 A. So from my -- I would have viewed it at that point in

16:59

16:59

16:59

- 7 time, that's what I would expect management to do.
- 8 622 Q. CHAIRMAN: Yes?
- 9 A. That if somebody has flagged something to you, put in
- 10 measures to address that.
- MR. MURPHY: Yes.
- 12 A. So unless those were presenting as a continuing problem
- it wouldn't really kind of feature big, unless you tell
- 14 me something that has not been disclosed to me before
- or you had not disclosed to anybody before.
- 16 623 Q. Yes?
- 17 A. Yes.
- 18 624 Q. But in contrast, in December we know that he did raise
- 19 those issues?
- 20 A. He brought up these things very extensively, so...
- 21 625 Q. In terms of the position in May then, were you
- satisfied that in May what you would have expected to
- take place had taken place?
- 24 A. Yes, based on what I had read in the report, yeah.
- 25 626 Q. And then moving forward to December when you looked
- back at what occurred in May, in the December meeting
- 27 you had a series of concerned people around the table
- 28 at the conference?
- 29 A. Yes.

Т	627	Q.	can you confirm to the chairman that the focus of all	
2			of those people was on the welfare of Garda Keogh?	
3		Α.	I would say so.	
4	628	Q.	And insofar as that meeting was concerned, again if we	
5			move into 2016, all of the notes that have been put to	16:59
6			you by Mr. McGuinness would you agree with me that they	
7			confirm that any discussions in 2016, the focus of An	
8			Garda Síochána was to towards Garda Keogh's welfare?	
9		Α.	This is at the case conference in July?	
10	629	Q.	Yes.	17:00
11		Α.	Yes, it was.	
12	630	Q.	I wonder if you can be shown please document 150, in	
13			particular page 149. Just to put this in context, this	
14			is not a document you will have seen before, this is a	
15			documented 14th June 2016 written to the Minister for	17:00
16			Justice and it is written by Garda Keogh. Can I draw	
17			your attention please to page 149? Could you move down	
18			please about ten lines from the top of the page, and	
19			you will see:	
20				17:01
21			"I was eventually forced out with work related stress	
22			certified sick leave since 26th December 2015."	
23				
24			Do you see that is the complaint that is being made by	
25			Garda Keogh to the Minister at that time? Would you	17:01
26			agree with me	
27		Α.	I don't know about forced out	
28	631	Q.	Sorry, just the question is this: Would you agree with	

29

me --

- 1 A. Yes.
- 2 632 Q. -- that that is not what you did in December 2015?
- A. No. In fact, I know I never had it put to me to do
- 4 this, but when I saw him on the 18th December 2015 I
- was aware that he had been absent from work for the 8th 17:01
- 6 December 2015.
- 7 633 Q. CHAIRMAN: Yes?
- 8 A. So, 8th December 2015.
- 9 634 Q. CHAIRMAN: Yes?
- 10 A. He had been out of work from then. And I, following my 17:01
- assessment, felt that he was unfit to go back to work
- and that was my decision then on the 18th December
- 13 2015.
- 14 635 Q. CHAIRMAN: Okay.
- 15 A. I wanted to speak with his GP, which is why I didn't
- sign the letter off until January 2016. But when I --

17:02

- 17 I'm not sure what the 26th December 2015 is about.
- 18 Because my recollection was --
- 19 636 Q. CHAIRMAN: Garda Keogh says that on the 26th that
- 20 notwithstanding what the record -- if I recall.
- 21 A. Yes.
- 22 637 Q. CHAIRMAN: Notwithstanding what the record says that he
- 23 decided on the 26th December --
- 24 A. Yes.
- 25 638 Q. CHAIRMAN: -- 2015 enough is enough, I can't take any
- 26 more of this, I am on long-term sick leave. I think
- 27 words to that effect. I hope I am not doing anybody an
- injustice. But it was his decision on the 26th that it
- 29 had all got too much, that was just it.

1			MR. KELLY: That is absolutely correct, Chairman, from	
2			our perspective. And I would point out that at no	
3			point has Garda Keogh ever said that this witness	
4			forced him out of work.	
5			CHAIRMAN: No.	17:03
6			MR. KELLY: Most certainly not. He has never said	
7			that.	
8			CHAIRMAN: But Mr. Murphy is saying, look, here's what	
9			you said on another occasion and he is saying and there	
10			it is, and we have some differences as to the	17:03
11			chronology of the thing but the doctor is saying,	
12			Dr. Oghuvbu is saying, look, I decided that he wasn't	
13			fit for work as a garda and I so decided.	
14		Α.	Yes. Yeah, that's it.	
15			CHAIRMAN: So however it worked out, that is what	17:03
16			happened. He says. Okay.	
17	639	Q.	MR. MURPHY: In terms of your assessment, therefore, I	
18			think you have given evidence about that care related	
19			approach by An Garda Síochána of which you were a part	
20			from 2015 and 2016 and into 2017. And I presume,	17:03
21			doctor, that if at some stage you formed an opinion in	
22			any case or in this case that a guard had injured	
23			caused by work related stress that presumably that is	
24			something that you would be reporting immediately?	
25	640	Q.	CHAIRMAN: If asked.	17:04
26		Α.	If asked because I can't	
27	641	Q.	CHAIRMAN: I'm sorry.	
28		Α.	In terms of injury on duty	
29	642	0.	CHAIRMAN: At least it shows I'm paying attention. I	

- am sorry, doctor, don't just agree with me because I said it.
- 3 A. No.
- 4 643 Q. CHAIRMAN: But I know the answer and I'm sorry, I will try not to give the answer in future.

17:04

17:05

- A. In terms of injury on duty, a decision can be made on injury on duty without consulting me.
- 8 MR. MURPHY: Yes.
- 9 A. So it is not that every decision on injury on duty the
 10 CMO's office has to be consulted. It can be made and 17:04
 11 the person who is entitled to make that decision is the
 12 chief superintendent.
- 13 644 Q. Yes?
- 14 Α. where the chief superintendent has a doubt they will then write to the executive director of HR and say I 15 16 need advice or I need assistance in relation to this 17 and then they will be required to present facts. So if 18 the question is a clinical question where I'm not 19 exactly sure whether there is clinical plausibility here, then it is brought to -- then the executive 20 director of HR will then write to the CMO's office and 21 22 say can you provide us advice on this. But in terms of 23 injury on duty, I mean I would only, I would -- if 24 there is no doubt about it I would just simply affirm 25 it by saying that this has happened based on this incident that has been reported by the member. 26 27 to use the word 'reported', you know. So this is what So I am not involving myself in the decision 28 it is. unless I am asked for an advice to assist the decision 29

1 that is being made. But I would not ordinarily --2 You don't generally volunteer opinions or 645 CHAI RMAN: Q. 3 decisions? In relation to injury on duty, no, unless I am asked. 4 Α. 5 646 CHAI RMAN: You tend to do what you are asked to do? Q. 17:05 6 Yes. Α. 7 647 CHAI RMAN: I am understanding that you say I have a Q. 8 careful -- I draw a distinction between decision, fit or not fit? 9 10 Α. Yes. 17:05 11 648 CHAI RMAN: That is my call? Q. And the supporting arrangements for that. 12 Yeah. Α. 13 CHAI RMAN: Of course. 649 Q. 14 Α. Yeah. 15 650 CHAI RMAN: And opinion, that depends on what I am Q. 17:06 16 asked? 17 What I am asked, yes. Α. 18 And you would, I suppose in extreme cases 651 Q. CHAI RMAN: 19 we'll all do something different, but that is in 20 general what you --17:06 21 Generally I wouldn't -- I wouldn't do that. Α. 22 CHAI RMAN: Okay. 23 You were present I think for Ms. Carr's 652 MR. MURPHY: Q. 24 evidence this morning? 25 Α. Yes. 17:06 I think during the course of her evidence that she 26 653 Ο. 27 indicated that in addition to a request that might come

28

29

from HRM, the request might come from an individual

member to ask that his injury be classified as an

1			injury on duty?	
2		Α.	It would still come through HRM, because they have to	
3			apply through HRM because the whole thing about pay and	
4			classification lies with HRM so they still have to	
5			apply through нкм.	17:06
6	654	Q.	But in terms of the initiative to make a complaint,	
7			Ms. Carr I think confirmed this morning that can come	
8			from the person who wants this to be classified	
9			as well?	
10		Α.	Yes, they will have to.	17:06
11	655	Q.	So it is not just a question of a top down assessment,	
12			it can be activated by the member?	
13		Α.	It could, yes, yes.	
14	656	Q.	And in the face of local disagreement with a local	
15			superior it can still go through the HR?	17:06
16		Α.	It can still go through HRM, yes.	
17	657	Q.	Thank you. Just finally in terms of the issues that	
18			arose, and you have been asked questions about Garda	
19			Keogh's disposition in 2016 and 2017, I mean at this	
20			stage I think you're aware that he is not working, is	17:07
21			that correct?	
22		Α.	Yes, I am.	
23	658	Q.	And in terms of the medical reports that Mr. McGuinness	
24			took you through, that indicated there was again	
25			periodic intense consumption of alcohol?	17:07
26		Α.	Yes, that was being reported, yes.	
27	659	Q.	There was still prescription of depressive drugs,	
28			antidepressant drugs?	
29		Α.	well, medication had been prescribed by his doctor who	

Т			was responsible for his clinical management and I was	
2			satisfied that his doctor would be managing that	
3			appropriately. And I was liaising with his doctor	
4			because I wanted it to be a collaborative approach in	
5			terms of supporting his recovery and eventual return to	17:07
6			work.	
7	660	Q.	And would you agree with me that at that stage and	
8			during those years that if, as Garda Keogh claimed,	
9			work was a stressor for him that stressor wasn't	
10			existing at that time in 2016 and 2017, he wasn't at	17:07
11			work?	
12		Α.	In 2016 he wasn't at work but	
13	661	Q.	And in 2017 also?	
14		Α.	Yeah, but if the I'm going to say something here and	
15			I hope I don't his original premise that the whole	17:08
16			circumstance of the thing was still there, it hadn't	
17			gone, even though he was not at work. So there was	
18			nothing per se happening in the workplace but this	
19			historically hadn't gone away.	
20	662	Q.	Yes.	17:08
21		Α.	So that in his own it is likely that in his own	
22			perception it still existed and I don't think that	
23			anybody was kind of	
24	663	Q.	Just coming back to this question, in your direct	
25			evidence you did use this word 'perception', in which	17:08
26			you said his perception, Garda Keogh's perceptions	
27			about management?	
28		Α.	Yeah. That is what would call them, because there has	
29			heen no investigation to kind of validate anything so	

1			they are his perceptions of management.	
2	664	Q.	Yes.	
3		Α.	There was no investigation.	
4	665	Q.	And then finally I think would you agree with me that	
5			throughout the course of 2012 through to 2017 insofar	17:08
6			as there was any clinical assessment and/or treatment	
7			made by you or by his doctor that seemed to relate	
8			towards how best to solve his alcohol addiction	
9			problem?	
10		Α.	Yes.	17:09
11			MR. MURPHY: Thank you very much.	
12				
13			DR. OGHUVBU WAS THEN RE-EXAMINED BY MR. McGUINNESS:	
14	666	Q.	MR. McGUINNESS: Just a couple of matters, doctor. We	
15			have seen obviously, no doubt because you as CMO and	17:09
16			your office you're very busy, you schedule appointments	
17			giving members quite a deal of notice, if possible, and	
18			shorter notice at times and they're required to confirm	
19			their appointment?	
20		Α.	Yes.	17:09
21	667	Q.	And they, as we have seen, have some time to prepare	
22			and certainly Garda Keogh attended on the three	
23			occasions that you fixed appointments for him?	
24		Α.	Yes.	
25	668	Q.	And he seems to have consulted with his doctor I think	17:09
26			in advance of at least two of those. And he appears to	
27			have been intent on sobering up when he was due to come	
28			back to work. And from the point of view of your	
29			examinations, each of the three examinations that you	

Т			carried out, I take it that you round no evidence that	
2			on any of those occasions he was either hallucinating	
3			or psychotic?	
4		Α.	No.	
5	669	Q.	Or was he in any way suffering from any altered states	17:10
6			of perception when you examined him?	
7		Α.	He was very articulate, easy to kind of have a	
8			discussion with. I never had any difficulty with	
9			discussions with him. I think he was always very	
10			articulate about what he was, you know what he wanted	17:10
11			to say and had no difficulty in expressing it. I never	
12			had any	
13			MR. McGUINNESS: Okay, thank you.	
14			CHAIRMAN: Very good. Thank you very much, doctor.	
15			And that's very helpful. It's possible that we may ask	17:10
16			you back but that depends on some further processes	
17			that we will have to go through. But thank you very	
18			much and thank you for being so patient and so	
19			accommodating of us. I know you have been here on a	
20			number of days and so, thank you very much for that.	17:11
21			Very good.	
22				
23			THE WITNESS THEN WITHDREW	
24				
25			MR. McGUINNESS: Chairman, you did announce I think	17:11
26			just at 12:30 or a bit beforehand that our other	
27			witness for this week is not available to us for	
28			reasons that I don't need to go into, he would have	
29			been a substantial witness. So it is intended to	

1	comply with our previously published schedule and	
2	resume hearings on the 10th February.	
3	CHAIRMAN: So Monday week, 10th February.	
4	MR. McGUINNESS: And witnesses will published on the	
5	website on Friday of this week.	17:1
6	CHAIRMAN: Thank you very much. Thanks very much.	
7		
8	THE HEARING THEN ADJOURNED UNTIL MONDAY, 10TH FEBRUARY	
9	2020 AT 10: 30AM	
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