TRI BUNAL OF I NQU RY I NTO PROTECTED DI SCLOSURES MADE UNDER THE PROTECTED DI SCLOSURES ACT 2014 AND CERTAI N OTHER MATTERS FOLLOW NG RESOLUTI ONS PASSED BY DÁl LÉl REANN AND SEANAD Él REANN ON 16 FEBRUARY 2017

ESTABLI SHED BY I NSTRUMENT MADE BY THE M N STER FOR J USTI CE AND EQUALI TY UNDER THE TRI BUNALS OF I NQU RY (EV DENCE) ACT 1921, ON 17 FEBRUARY 2017, AS AMENDED ON 7 DECEMBER 2018

CHAI RMAN OF DI V SI ON (P): MR. J USTI CE SEAN RYAN, FORMER PRESI DENT OF THE COURT OF APPEAL

## HELD I N DUBLI N CASTLE

ON WEDNESDAY, 29TH J ANUARY 2020 - DAY 134

Guen Mal one Stenography Servi ces certify the fol lowing to be a verbatimtranscript of their st enographi c notes in the above- naned action.

GVEN MALONE ${ }^{-}$STENOGRAPRY SERM CES

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THE HEARI NG RESUMED, AS FQLLOVS, ON YEDNESDAY, 29TH

## J ANUARY 2020:

MR. MARRI NAN Good morning, Chairman. The first witness today is Monica Carr.
CHA RMAN Thanks very much. Good morning, Ms. Carr, thank you.

M5. MDN CA CARR, HAV NG BEEN SVDRN, WAS DI RECTLY- EXAM NED BY MR. MARRI NAN AS FOLLOVS:

THE WTNESS: Monica Carr.
CHA RMAN Thanks very much.
MR. MARR NAN Ms. Carr's statement is to be found at page 11720 of the materials, Chairman.
CHA RMAN Thank you.
MR. MARRI NAN This is her first statement that she provided to the Tribunal.
1 Q. I think, Ms. Carr, that you are a civil servant in An Garda Síochána and you hold the rank of principal officer, isn't that right?
A. That's correct, yes.

2 Q. I think that you have responsibility for the $H R$ directorate, is that right?
A. At the time I did, yes, at the time. I have subsequently been assigned to a different role, but at that time I did.
3 Q. I think that the HR directorate processes all transactions in partnership with local management,
including sick leave, is that right?
A. That's correct, yes.

4 Q. I think the responsibility for sick leave transferred to the HR directorate in May of 2012, and at that time you were assistant principal, is that right?
A. That's correct. We would have had responsibility for the sick leave management for civilian staff at that time, and in May 2012 responsibility for the administration of the Garda sick leave transferred to the directorate.
5 Q. I think in July 2015 you were appointed acting principal officer with responsibility for the whole of the HR directorate, is that right?
A. That's correct.

6 Q. Then you were appointed a substantive principal officer in October of 2012. I think at the outset --
A. 1990 .

7 Q. -- if we could just deal with a number of matters. First of all, you had no direct contact with Garda Keogh, is that correct?
A. That's correct.

8 Q. Perhaps we can deal with what you hadn't responsibility for in the first instance, before we go on to deal with what you did have responsibility for. Had you any responsibility at all in relation to the recording of the nature of any illness on the SAMS system?
A. No. That would be done locally in the divisional or district office where the member is serving.
9 Q. Yes. The second thing is: Have you any responsibility
at al1 for the classification of illness?
A. In terms of -- that comes into play when somebody might 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, which means that you have availed of, 1 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 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 pay section at that time. So that would deal with the amendments to the pay.

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 --

10 Q. Yes.
A. -- is the injury on duty category, where the chief
superintendent, that's code 11.37 of the Garda code, and where a member might seek to have his absence classified as injury on duty. That would be done in the first instance by the chief superintendent in the particular division based on the information available to them and reports. There is an option, if the chief superintendent has any doubt, that they would seek advice from us and from the CMO. Also, that would be of particular importance where there may be concerns around a psychological injury or that.

11 Q. We just might briefly just refer to the regulations, since you mentioned them. They're at 8213 of the materials. If they could come up on the screen there. There's no need to go through them because we're familiar now with the content of them. But they're there, the Pub7ic Service Management (Sick Leave) Regulations 2014. There we see the start date for the new Public Service Sick Leave Scheme came into operation on 31st March of 2014, isn't that right?
A. That's correct, yes.

12 Q. We can see under 2.1, paid sick leave, you have already referred to it.
"The new schere provi des for a maxi mum of 92 days sick l eave on full pay in a year, followed by a maxi mum of 91 days sick leave on half pay, subject to a maximum of 183 days paid sick leave in a rolling four year peri od. "

Is that right?
A. That's correct, yes.

13 Q. We have heard I think from Inspector Downey yesterday in relation to the application of this to An Garda Síochána. I think it applied retrospectively effectively, isn't that right?
A. Well, this is a public service sick leave regulation, and it applied to the whole of the public service. Heretofore, civil servants would have had a rolling four year, would have been very familiar with the rolling four year methodology.
A. The introduction of the rolling four year for Garda members only came in on 31st March 2014.

15 Q. I had understood that he perhaps suggested that the rolling four years would take into account previous absences?
A. That would be correct.

16 Q. Yes.
A. Yes.

17 Q. Is that correct?
A. Yes.

18 Q. So in that respect it was retrospective?
A. Yes.

19 Q. Yes. Then under 2.2 you deal with the temporary rehabilitation -- wel1, you don't deal with it, the regulation does, the Temporary Rehabilitation Remuneration, or what is known as TRR, isn't that right?
A. That's correct, yes.
Q. It says:
"If you have exhausted 183 days paid sick leave in a rolling four year period and continue absent or are on absent on si ck leave agai n, you may be granted TRR for a further 548 days."
A. Yeah.
"Temporary rehabilitation remuner ation used to be called the pensi on rate of pay and will be cal cul ated in the same way. Temporary Rehabilitation Remuneration will only be available when there is a realistic prospect that you will be able to return to work
following your ill ness with an ability to provide regul ar and effective service."

So those were the regulations that you were applying throughout your period in the directorate.
A. Yes.
Q. I think, going back to your statement now, if we could have it up again, at page 11720, please. I think you pointed out that you documented all correspondence that issued in relation to Garda Keogh's sick receive from 2012. Initially correspondence issued under cover of the signature of assistant commissioner of HRM, isn't that right?
A. That's correct. And that relates to documents 1 to 16 in a schedule that you prepared. And then from July 2012, correspondence issued under cover of the signature of the director of $H R$ and PD."

That is Human Resources and People Development. They are documents 17 to 28.
A. Correct.
A. Correct. You then prepared a chart of a number of letters and e-mails that have gone back and forth and I don't intend to open most of these. There are some that are of particular interest but I think we can take these as being read. They're provided in the documentation. The first one there that you recorded is 10th February 2012, which is what is known as a 28 day letter:
"Garda Keogh was recorded as being absent from 30th December 2011 and the absence exceeded 28 days and a referral to the Chi ef Medical Officer was now required
in accordance with code 139/10."

Now, we are familiar with that and we have that opened. Is that something that is prompted, as it were, by your department or should it emanate from local management?
A. We would expect local management would notify us of members when they are 28 days absent, with a referral to the Chief Medical Officer to ensure members are fully supported. And when I say members, I mean all the staff of An Garda Síochána. In this instance it
looks like it was one that -- sometimes we would be able to run reports centrally in Navan from the SAMS system, identify people who were absent over 28 days and it's kind of a catchall methodology, to ensure that members were being referred promptly to the Chief Medical Officer.

28 Q. So if somebody exceeded a 28 day period, this is something that would be --
A. Standard.

29 Q. -- in the first instance would be thrown up or high1ighted by local management to notify you.
A. Yes.

30 Q. But in any event, the system would pick it up in your department, is that right?
A. Well, we would run reports periodically to ensure. So
it wasn't something that was done, we'11 say, every 28 days or at the end of every month.
Q. Yes.
A. We would do it periodically to try and capture, make
sure we have caught everybody and that they are supported.
32 Q. Then the next entry is 29/2/2012. This was a report from the chief superintendent in Mullingar to the assistant commissioner in HRM containing a referral form. That is a referral to the CMO, isn't that right?
A. That would be correct, yes.
"Copi es of medical certificates regarding an absence from 30th December 2012, when Garda Keogh reported unfit for duty citing traumatic chest pains."

Then there was a cover letter from chief superintendent Conway stating that a certificate in accordance with 11.37 was attached. Now, in fact, that wasn't attached but that is not the important thing. what is a certificate in relation to $11.37 ?$
A. A certificate code 11.37 is what is completed by the chief superintendent in the divisional officer where the member serves. So where a member has been injured in the course of executing their duty as a Garda
member, they make an application through the chief superintendent for code 11.37, which means that they are paid when they are absent on sick leave, they wouldn't be pay affected in the same terms as if the ordinary sick leave regulations apply.
34 Q. Would their pay be affected at all?
A. Well, if the absence is longer than -- at that time, that was 2012, so if it was longer than six months it would have been pay affected.
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.

36 Q. Yes. Then if we can move on, there are a number of letters that go back and forth in relation to Garda Keogh's fitness for duty and CMO advices. If we could just scroll down to number 10. Sorry, number 9 there. 10:47 This is 19th October of 2012:

## "CMD advi ces were communi cated with the chi ef

 superintendent, Mullingar, on the 19th October, whi ch advi sed 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 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.

37 Q. Does the unit report or the requirement for a unit report kick in only in relation to circumstances where
an 11.37 --
A. No.

38 Q. -- certificate --
A. I understand a unit report is a report that the CMO would ask for from local management, as a sort of follow up as to how a member has re integrated into the workplace following a protracted period of absence or following a period of absence or sick leave.
39 Q. We see there that that a unit report was requested to be available in six weeks time.
A. Mm-hmm.

40 Q. Then if we scroll down then to item number 15. And if we could perhaps have page 9289 up on the screen. This is a letter dated 14th January 2014, in relation to a sick report. We don't need to go into the actual sick report or the details in relation to that, the report and correspondence arising from it are set out in your schedule. But if we could just highlight some aspects of this. If we look at the second paragraph, dated the 14th January, from Assistant Commissioner Fanning:
"In order to assist the Chi ef Medical Officer in the revi ew of the menber, this branch requests an up-to-date report in six to ei ght weeks time and every three mont hs thereafter for at least 12 months, prepared in consultation with the member to including the following:

1. Wbrk performance, to incl ude what duty the menber currently perform;
2. Hi story of attendance at work clarifying periods of ef fect ive/ non- effect $i$ veness;
3. Coping skills and efforts which have been made to assist the menber to improve coping skills where this has been percei ved to be necessary."

That is code 11.32(2) refers.
"Rel ationship with pierce and supervisors;
5. Any ot her information deemed rel evant in this case (incl uding any rel at ed matters of concern fromthe mentber, if any).

It is essential that this unit report is available to the Chi ef Medical Officer in six to ei ght weeks time and every three months thereafter for at least 12 mont hs.

The Chi ef Medical Officer advi sed that no further review is warranted in this case at this time but he will review the file in three months or earlier if ci rcunstances indi cate."

Is that a relatively standard form in circumstances where somebody has gone back to work?
A. Yes. The points 1 to 5 would be what the -- that's really what the CMO has asked, that this would be available to him. And we transcribe it into that letter and send it out to the local management.

41 Q. You're merely a conduit of the request from the CMO?
A. Correct.

But you will follow it up then if these matters aren't --
A. Yes, we would hopefully follow it up, yes.
A. A follow up.
Q. -- a follow up that is specific and deals with those requests. Is there any reason why not?
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 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 looks like it hasn't, it would be administrative --
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 why that wasn't followed up in this instance?
A. No.

46 Q. It's the beginning of 2014. In any event, if we move 10:53 on then. If we could have page 9378 up on the screen, 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
movement in relation to it, if we go to page 9382 , please. This is a unit report in relation to Garda Nicholas Keogh and it is dated 20th February of 2015. So this is effectively 14 months later.
"In rel ation to the above and attached correspondence, I wi sh to report that I am not in recei pt of previ ous correspondence referred to, as I onl y game Garda Keogh's supervi sors I ast December.

In respect of the poi nts rai sed, having spoken to Garda Keogh, I amto reply as follows:

1. Garda Keogh currently perforn® all duties consume mate with his rank, incl uding beat, station and prisoner management duties;
2. A hi story of his effectiveness/ non- effectiveness is available in the district office;
3. There are no copi ng skills or ot her measures deemed necessary at this stage;
4. Garda Keogh states he has a good working
rel ationshi p with his peers and imedi ate supervisors al i ke;
5. Garda Keogh does not wi sh to note any ot her areas of concern."

And that is signed by his then unit sergeant, Sergeant Cormac Moylan. If we go to page 9378 of the material, we see there in the middle, if we could scroll down, we see an e-mail from Mullingar sent 24th February at 2015
at 10:25 to the assistant commissioner, sick Section:
"Wth reference to the above, please see attached report in respect of the menber concerned."

That is sent by local management, isn't that right?
A. That's correct.

47 Q. Yes. We then move on. There are a number of other documents which I don't need to open, they're self explanatory, but if we move to item number 23 on your list of 11722 . This is at page 9407 of the materials please. We see there, it's a letter dated 21st April of 2015, from Superintendent Pat Murray. It concerns the TRR issue. Sorry, I called out the wrong reference. This is 9408 of the material, I beg your pardon. 9408. Thank you, Mr. Kavanagh. This refers to:
"I refer to the above and your correspondence of the 14th April regarding the above menber's Temporary
Rehabilitation Remuneration. The correspondence arrived here on 16th April 2015. The menber reported sick and unfit for duty on 20th April 2015 and remains on sick leave. I have no indication as to when he will return and $I$ have been unable to contact himby phone. I have asked the superintendent in the area where he lives to gi ve hima copy of the correspondence. At this stage l refer to my referral and report of 2nd April 2015 and I can only ask that the menber be seen
by the Chi ef Medical Officer as soon as possible."

Then, if we go to page 9407, we have a letter of the 27th April of 2015, from Chief Superintendent Lorraine wheatley, forwarding a report of Superintendent Murray by way of background information. And there is a request to have the member reviewed by the chief Medical officer as soon as possible; isn't that right?
A. Yes.

48 Q. So again, this request for a review comes through the directorate, is that right?
A. That's correct, yes.

49 Q. You are merely a conduit of that request --
A. we would forward it.

50 Q. -- to the Chief Medical officer, isn't that right?
A. Correct.

51 Q. Now, if we could then move to page 6144 of the material, please. This is correspondence from the directorate to the chief superintendent in Mullingar, stating that as Garda Keogh reported unfit for duty as 11:00 a result of work related stress and reported, the chief superintendent communication dated of the 2nd th April, local management should now interview the member to establish the cause of the member's stress?
A. Yes.

52 Q. So why is that request made?
A. okay. So that is a standard letter that would issue where medical certificates are received in respect of members or staff stating that they are suffering with
stress or work related stress. And we would ask that local management would, I suppose the word investigate, but would establish the cause or the source of that stress. That information would be forwarded then to the Chief Medical officer, in order that he would have all the information available to him to assist in his support for the member or the member of staff.
53 Q. If we could then volume 20 at 6145 up on the screen, please. Just scroll down. This is a letter of the 26th May, from Chief Superintendent wheatley. It's a report to the executive director of HRPD, stating:
> "The cause of the member's stress cannot be i nvestigated as the many is not willing to di scuss the i ssue any further."

Could you just help us in relation to that? Is that unusual or is that something that you had encountered previously?
A. Well, I suppose there's two elements to it. In terms of protected disclosures, this would be the first time that this -- wouldn't be the first time. This was in the very early days, I suppose, of the new protected disclosures legislation and it wasn't familiar to all of us. Members not being in a position to discuss causes of stress or issues like that, that would not be unusual, where they might prefer maybe to discuss it directly with the Chief Medical Officer.

54 Q. Yes.
A. So there's kind of two elements to that, if you like.
. So there's kind of two elements to that, if you tike. But did you envisage or perceive that the requirement that was imposed on local management in those circumstances was predicated on the member agreeing and --
A. Yes, I would understand --
Q. -- being cooperative?
A. -- that I suppose we had asked if they would find out, see if they could establish the source of the stress. And in fairness, they came back to say the member had 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.

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. Again, this refers to the -- this stems from a case conference request that had come from the chief superintendent in Mullingar on the 24th July, isn't that right?
A. Correct.

58 Q. This is you forwarding that on, isn't that right, to the CMO?
A. Yes.

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?
A. Correct.

60 Q. Again, would that be unusual or would you ever attend --
A. No.

61 Q. -- a case conference?
A. At that time the assistant principal generally would have attended the case conferences, but depending on availability of staff, we would also have other members 11:04 of staff at HU and DU level attend the case conferences.

62 Q. I think on the 19th January then there were the CMO advices, which were dated 8th January 2016, indicating that Garda Keogh was temporarily unfit for work:
"...but the member can resume duty on certification of hi s own GP."

Those advices were forwarded by you to the chief superintendent in Mullingar, isn't that right?
A. Yes.

63 Q. Then if we could just move onto the 12th Ju7y, we have case conference notes taken by Claire Egan. who is Claire Egan?
A. She would have been the assistant principal working with me at the time.

64 Q. Yes. She appears to have attended at a conference, is that right?
A. Correct.

65 Q. A case conference in relation to Garda Keogh. what would be her role in relation to that, at the conference?
A. The idea behind the case conference would be that
relevant parties would meet, which would be the Chief Medical officer, HR and the local management divisional officer and district officer. And the idea behind it would be to ensure that the member is getting all the relevant supports and also to see if there is a way back to facilitate the member returning to work.
66 Q. Now, then if we could have just page 9487 up on the screen, please. This is 31st August 2015, it's dated. It's to the chief superintendent in westmeath and it relates to Garda Keogh. It says:
"On midni ght, 9th August of 2015, going into --".

I don't understand that, but it looks like:
"On midni ght 9th August 2015 and 20/8/2015, Garda Keogh exceeded 183 days in a four-year period, due to him reporting non-effective for duty on 10th August 2015 and 20th August 2015 respectively.

As such, Garda Keogh shall recei ve TRR remuneration for a period of time from 10th August 2015 to 13th August 2015, incl udi ng 20th August 2015 to 23rd August 2015, in accordance with the public service management regul ations. Please submit a medical certificate to cover the periods 10th August 2015 and 13th August 2015, incl udi ng 20th August 2015 to 23rd August 2015 incl usi ve, in order that the menber's pay may issue."

At this stage was Garda Keogh on TRR?
A. Yes, it would appear every time that he goes sick at this stage, once he would have reached 183 , so automatically his entitlement would revert back to temporary rehabilitation pay.

67 Q. There are a number of other documents then. On 8th September 2016 --

68 Q. CHA RMAK Sorry, can I ask, Ms. Carr, when did Garda Keogh exceed 183 days in a four year period?
A. I honestly couldn't say that just with my records at the minute. I actually have it probably over in my bag.
69 Q. CHA RMAN Do you understand from this letter on what date he exceeded 183 days?
A. Well, on the date of the 10th, his absence on the 10th August 2015, he had a1ready had exceeded 183 days sick leave at that stage. So all subsequent absences -CHA RMAN You see, I am concerned, to what extent the precise date is relevant is another day's work, but I am just trying to understand, it looks like that at 12 midnight on 9th August 2015, if one went back four years, he had 183 days?
A. That's correct.

71 Q. CHA RMAN Or possibly marginally over 183 days?
A. It would've been at least 183 days.

72 Q. CHA RMAN But I don't understand then why we also have the 20th August?
A. Because that's another absence. So the first absence that we are dealing with here is the 10th to 13th

August.
CHA RMAN Yes.
A. And there is a subsequent absence, the 20 th to the 23 rd August.
74 Q. CHA RMAN Ah!
A. So both absences are being dealt with in the one communication.
Q.

CHA RMAN So what this really means, if I am 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?
A. That's correct.

CHA RMAN 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 years?
A. But I suppose the 12 midnight refers to, I suppose, the technical piece within our own organisation because members work 24/7.
77 Q. CHAN RMAN Right.
A. The issue around the separate instances, at each instance of sick leave the 183 is retrospectively calculated.

78 Q. CHA RMAN I understand.
A. Conceivably on the 20th August he could have been
entitled to a different rate of pay if he had reduced down below the 183 days.
79 Q. CHA RMAN I follow. And the 20th would take into account the absence on the 9th?
A. The 10th, yes.

CHAI RMAK Thank you very much.
MR. MARR NAN If we could then move forward, there's a number of correspondences which are set out. If we could just have your statement back up on the screen at 11724 please of the material. We see there, there are a number of documents set out there at number 42 on 8 th September 2016, there is a request from the chief superintendent HR as to the status of Garda Keogh's pay. This is at volume 34, 9744. I don't need it up on the screen. And then there is a response, indicating that Garda Keogh has been in receipt of TRR since he commenced his absence on 26th December 2016. Does that answer the Chairman's question? It's at page 9742.
A. Well, there was periods in 2015 when the member was absent on sick leave, earlier in 2015.

81 Q. Yes, all right.
A. When he had reached 183 days.

82 Q. Okay, that might be a little bit misleading then, but inadvertently I am sure. Then there are a number of documents. At 44 there, 8th September 2016:

[^0]si ght of the correspondence..."

Etcetera. We needn't go into that. Then if we could have page 9759 up on the screen, please. Yes. This is an e-mail from chief Superintendent Anthony McLough1in. 11:14 It's addressed to Claire Egan but it's copied to you.
"You will be aware from previ ous di scussi ons that Garda Keogh is out of work on sick leave with what I understand to be stress rel ated. I believe he is on reduced or no pay at this stage. I al so understand your department has written to the DPERS for cl arification on this situation. In the meantime, I recommend that this member is restored to full pay as soon as possi ble pending the out come of your report to DPERS.

I would be obliged if l can be informed when this is to happen so that I can contact the menber."

Just tell us about that and how that arose.
A. There was a discussion ongoing at the time in relation to whether or not somebody who had made a protected disclosure and subsequently availed of sick leave, whether or not the sick leave regulations applied to
them. I was of the opinion that they did and we sought clarification from DPER at the time in relation to this. Unfortunately the file has been subsequently -I haven't been able to locate the file subsequently.

But in that, there is no allowance within, I understand, the protected disclosure legislation to specifically state that a person who has made a protected disclosure subsequently avails of sick leave is entitled --

83 Q. CHA RMAN Is in any different position than anybody else?
A. Yes.

84 Q.
MR. MARRI NAN We just might return to that and the discussion that arose in relation to that and we will have a look at that. But at this stage, in any event, it's clear that Chief Superintendent McLough1in, who was then the disclosures manager, was recommending that Garda Keogh be restored to full pay, isn't that right?
A. Yes, correct.
A. That was done following an instruction from the executive director and Chief Superintendent McLoughlin.
86 Q. If we could just perhaps return to a timeframe in 2015. If we could have page 8815 up on the screen, please.
This is a letter that is addressed to the Overpayment Department HRM. You would have been dealing with this at the time. It's from Superintendent Pat Murray, dated the 28th August.
"The above named, Garda Keogh, was absent wi thout I eave fromthe 11th July 2015 to 14th July 2015 incl usi ve (SAMS updated).

Please recoup any over payment of wages fromthis empl oyee for the rel evant dates."

Is there anything unusual about receiving a letter from a superintendent in those circumstances?
A. No. There is, I suppose, a difficulty, it's one of the processes that has to be addressed within our own section, in terms of there was an instruction or there was notification received to us into the sick leave section that the member was absent without leave, i.e. he was neither on annual leave, sick leave or any planned leave. Strictly speaking, the money should have been recouped, but it was not a process that was available to us at the time. So the other side of that coin is that we would always write back and say, has this matter been addressed under the discipline regulations, just to get a full picture of what has happened.
87 Q. If we look at page 8817 of the material, this is your reply, dated 15 th September 2015. It sets out the dates there in the second paragraph.
"I note the menber's expl anation for his absence over this period of time and in this regard 1 amto enquire as to the classification of the entire period of absence. On recei pt of the above clarification, the appropriate instructions, where necessary, may be i ssued to the Garda pay section, Killarney, and any over payment incurred will be advised to the HR for the
appropriate action. "

Then, at page 8818, there is a response from
Superintendent Murray to you, 21st September 2015. And he sets out the period of time where the overpayment 11:19 arose, isn't that right?
A. Correct.

88 Q. Then you responded to that on 28th October 2015, at page 8825 . The second paragraph, if we scroll down, please:
"I amto enquire whether you have informed the member:

1. That he is deemed by to you be absent without for the period;
2. That you have requested that the mentber shall not be paid for the above period of absence;
3. That the menber's service for the above period will not be reckoned for superannuation purposes and his personnel record will reflect same;
4. Under which Garda Code provisions the above actions 1::20 are bei ng carried out."

Then you say:
"I amto enquire al so if consideration has been given
to having this matter dealt with under An Garda Sí ochána di sci pline regul ations. "
why do you enquire in relation to that ?
A. Just to have the full picture, to be honest. In terms of if the member is being disciplined, that it should be recorded on his record. And at that time, where members were being disciplined and we didn't have the facility of then taking them off pay for the same period. CHA RMAN So if he was being disciplined, he wouldn't have his pay recouped?
A. Well, we would have to wait, that was the purpose of this letter, to find out, to have the full picture and to see what actually transpired.
Q. CHA RMAN I thought that's what you just said, I'm obviously mistaken, that if he was being disciplined, then he wouldn't have his pay reduced?
A. We11, that's correct, at that time.

91 Q. CHA RMAN Okay. So if he was being disciplined, that was the end of the matter?
A. Basically, yes.

MR. MARRI NAN So if we could be clear in relation --
92 Q. CHAN RMAN Strictly speaking, if somebody didn't show up for work for no good reason, strictly speaking he shouldn't get paid.
A. Correct.

93 Q. CHA RMAN It may also be a disciplinary matter?
A. Correct.

94 Q. CHA RMAN So, strictly speaking, at least in theory, the person could have reduced pay plus a disciplinary process?
A. Correct.

95

## A. That is correct.

Q. CHA RMAN But in the circumstances that obtained at the time that would not happen?
A. No.
Q. CHA RMAN If there was discipline, whatever it did, it put an end to the recoupment of the pay?
A. Yeah. We had made enquiries at the time and we were told that was --

CHA RMAK That's okay. I am understanding.
Q. MR. MARRI NAN You're highlighting this in your second 1ast sentence of your 1etter there as perhaps --
A. It wouldn't be an unusual process where members were disciplined for noncompliance, well, for non-attendance at work without -- being absent without leave, I think is the term.
A. That would be not unusual. And also where there is noncompliance with the sick leave regulations, so if I am saying that $I$ am out sick but I don't provide the documentary evidence from the GP, that's another issue that can be dealt with under the discipline regulations, noncompliance.
Q. CHA RMAN And you just inferred in those circumstances that it was dealt with under the discipline regulations?
A. At that time, yes.

CHA RMAN Yes.
MR. MARRI NAN How generally known was that? I mean,
would Superintendent Murray have known?
A. No, I don't expect he would as such, because he would have expected notifying us that we had a procedure and a policy around removing somebody from the payroll for that AWOL experience or AWOL time.

102 Q. Yes.
A. But we didn't actually have a process at that time.

103 Q. So would Superintendent Murray have known or not that there was this, as it were, lacuna in the system, whereby where somebody was disciplined, that their pay wouldn't then have been deducted?
A. I suppose I can't answer for him but I would expect he didn't realise it, no.

104 Q. So it wasn't widely known?
A. No.

105 Q. Was it something that you had encountered frequently or infrequently?
A. Infrequently, but we had encountered it prior to this.
Q. Then if we move on to page 8827 , please. This is 22 nd October 2015 and it's from Superintendent Murray, referring to your earlier correspondence. He says:
"I spoke to the member regarding his absence without I eave on 14 th July 2015 . I subsequently sought an expl anation from hi $m$ whi ch was not satisfactory. I reported the matter to the chi ef superintendent West meath recommending di sci plinary action. A superintendent fromoutside the district was appoi nted as deci ding officer. That superintendent found Garda

Keogh in breach of di sci pline in rel ation to his absence without leave bet ween the various dates and the renber was fined $€ 300$.

The member is aware that I am of the view that he was over pai d during the period in question and that any over payment in that regard is ancillary to the di sci pl inary fine imposed. The member is al so aware that as a natural consequence of being absent without l eave, both service and super annuation provi si ons are affected. I trust the above expl anation satisfies your queries at questions 1 to 3 . I am not exactly sure of the point you wi sh deal $t$ with at question 4."

Then your reply to that is at page 8828 of the materia1. You refer to his correspondence:
"Pl ease be advi sed that l will progress this matter with Internal Affairs, Garda Headquarters and will revert to you thereafter."

Now, what had Internal Affairs got to do with it?
A. We11, Internal Affairs are responsible for all disciplinary matters, so we would have clarified with them whether or not we could recoup the money.
107 Q. Can you assist us as to whether or not Garda Keogh's pay was in fact deducted for that period of time?
A. No, it wasn't.

CHA RMAN No.

MR. MARRI NAN It wasn't. Now, you then provided a supplemental statement to the Tribunal, which is dated the 17th October of last year and it's at page 14866 of the material, please. This concerns effectively a discussion in relation to what does or does not arise in work related stress situations and also with people who have made protected disclosures. In some instances it's not case specific to Garda Keogh, isn't that right?
A. That's correct.

109 Q. Perhaps if we can just first of all look at a document that is case specific to Garda Keogh. This is at page 14870 of the material. If we just scroll down. The initial e-mail is from Chief Superintendent Tony McLough1in and it's to the chief superintendent. He says:
"Garda Keogh reports sick with work rel ated stress. Can you confirmif an investigation was carried out in accordance with the regul ations into the work rel ated stress and the outcome of it."

Now, I think that this was then highlighted to you, isn't that right, because you were cc'd it?
A. Mm-hmm.

110 Q. Then, just scroll up, we can see an e-mail from you to Claire Egan, copying the e-mail from Chief Superintendent McLough1in to Chief Superintendent wheatley.
"Can you follow up on this, please?"

So this matter has arisen again, isn't that right?
A. Correct.

111 Q. If we could then move on to page 14876. This is the body of an e-mail, we will go back to the previous page in a moment, but it is dated the 26th September, at 9:50 in the morning. It's addressed to Claire Egan of your department and it's copied to a number of people, including yourself, isn't that right. The subject-matter is "si ck pay". Chief Superintendent McLoughlin says:
"You will be aware fromprevi ous di scussions that Garda 11:30 Ni cky Keogh is out of work on sick leave with what I understand to be stress rel ated. I believe he is on reduced or no pay at this stage. I al so understand your department has written to DEPERS."

I have already opened this.
"In the meantime I recommend that the menber be restored to full pay."

And then if we just go back a page to 1487. This recommendation, was it unusual?
A. Yes.

112 Q. Had you come across it previously?
A. We had, yes.

113 Q. You had?
A. Yes.

114 Q. At that time?
A. Yeah.

115 Q. We see a --
A. This is September 2016, isn't it?

116 Q. Yes.
A. Yeah.

117 Q. And then if we look at the e-mail at page 14878, please. If we scroll down. There is an e-mail from Claire Egan to you on the 26th September. And then we see:
"I note Tony is recommending he is restored to full pay 11:32 as soon as possi ble. Not instructing or directing. The menber is on a continuous period of sick leave si nce 26th December 2015 and i mmedi ately went on to TRR as his cumul at ed si ck leave was such that he was onl y el i gi ble to recei ve TRR. Menber currently sanctioned 11:32 for TRR up to 28th September 2016."

Then it says:
"Shall I revert to Tony enquiring as to the date he should be restored to full pay from- to go back to start of absence is al most ni ne months of full pay amendment."

Then if we just scroll up on the page. This is an e-mail from you on the same day:
" Cl aire, it might be worth asking Tony to confirmthat he is directing the menber to be put on the payroll as we are currently compl yi ng with the si ck leave regul ations. You need a di rection to go outside them"

And that was the position that you were adopting at that stage, is that right?
A. That's correct, yes.

118 Q. If we then move on to page 14880 of the material. This is correspondence, it's on the 6th October, an e-mail on 6th October 2016, from Claire Egan of your department to Chief Superintendent McLough1in:
"W th reference to yours bel ow, I am now advi sed by the Garda pay section of the PSSC that Garda Keogh has been rei nstated to full pay status backdated to the commencement of his absence on 26th Decenber 2015 and that all arrears owing to hi mwill be paid on Thursday, 13th October (this day week). I have been in cont act with Mck Qui nn to advi se hi mof same."

And I think that that brought that matter to conclusion 11:34 and I think Garda Keogh remains on full pay, is that right?
A. Correct.

119 Q. If we could then move on to page 14884 of the material.

Now, I think this is a response by you, it's dated 7th June 2016, to John Barrett, to Inspector Downey, to Brian Broderick, Fiona Collins, and then it's copied to a number of other people, isn't that right?
A. Correct.

120 Q. This is, I think, in response from superintendent Margaret Nugent, a request to you that the matter be reviewed and some process should be agreed in the short-term to deal with sensitive cases on a case-by-case basis, isn't that right? If we can just look at your response then, it's to John Barrett, I think, is that right:
"Good after noon J ohn. "
A. Correct.

121 Q. And then there's a discussion there in the first chapter, $I$ will just read from it and then you can expand on it in relation to your views in relation to it.
"Further to Brian's e-mail, absences as a result of work rel at ed stress was di scussed through the working groups del i berations on amending 11. 37."

We heard about this working group, from Inspector Downey, we heard about it from Inspector Downey yesterday. Can you just tell us more in relation to it?
A. A working group was set up under the chairmanship of
the previous Chief Medical Officer, Dr. Donal Collins. On his retirement, it was handed to me. We were going through the whole process of code 11.37, and the idea is that An Garda Síochána has no occupational injury scheme per se for Garda members, so for slips, trips 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 occupational scheme.
122 Q. Yes.
A. With the introduction of the public service sick leave regulations in 2014, it was felt that this is something that needs to be addressed in respect of Garda members. Because not all -- slips, trips and falls shouldn't be properly categorised under code 11.37. 11.37 is where you are injured in the course of executing your duty as a Garda member. It's very specific and it's very important that it is there available to Garda members who are injured in the course of their duties. So there is a requirement that we would look at our policy 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.
123 Q. There is a concentration here on work related stress?
A. Yes.

124 Q. Within is that scheme, is that right?
A. No. That is not quite true.
Q. Yes.
A. I suppose the purpose of the discussion around the work related stress, I suppose what we would say is that work related stress of itself is not an injury, it may cause an injury, so therefore that would be part of the 11:38 CMO's consideration about whether or not -- if I am reporting with work related stress and I develop an il1ness or an injury subsequent to that, it will be the Chief Medical Officer who will advise us as to whether or not there is a causality or if there is a relationship or if the injury or the illness that $I$ suffer is directly related to work related stress.

126 Q. We will just look at this paragraph. I will come back to that.
A. Yes.

127 Q. You go on to say:
"I am of the opi ni on that all sick absences should be categorised as ordinary ill ness pending compl etion of what ever investigations are conducted."

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 recategorised to injury on duty.

128 Q. You say:
"As l understand it GPs issue medi cal certs stating that the menber suffers from work rel ated stress based on the consultation bet ween the GP and the patient. Si milarly, the CMD will only have the member's version of events available to himwen meeting the menber. He 11:39 may al so have a report fromthe menber's treating $G P$ and/ or specialist, but agai $n$ these reports will be subj ective and gi ve just the member's account or version of events leading to thei $r$ perception of work rel ated stress."

So you're pointing out what you regard as a deficiency in the assessment of what is or is not work related stress, is that right?
A. Well, the assessment of the work related stress would include any investigation and that investigation, I suppose, refers back to where somebody reports that they are suffering with stress or work related stress, that we would ask the line manager to do an investigation into the cause of that stress.
129 Q. Yes. Well, in the first instance there's the issue of whether or not somebody is suffering from stress, in the first instance?
A. Yeah.

130 Q. Isn't that right?
A. Yes.

131 Q. And what you appear to be high1ighting in that paragraph is that the CMO is merely relying on a report that he has received from the member's GP or
specialist, is that right?
A. That's right. I suppose $I$ am stating that it's a one-sided --
Q. Yes.
A. Yes. CMO.
Q. That's a medical issue, yes. Is that a function that the CMO would undertake by reference to the certificates or after consultation with the member's GP 11:41 or specialist?
A. We11, the CMO would be aware of the reasons for the member's absence and the discussions that occur then, and I suppose you're going to have to talk to the Chief Medical officer on this piece, discussions between
members and the CMO have the doctor patient confidentiality and we don't have access to that. what the CMO will do is, he will advise us on whether or not the member is fit for duty and he will also, when we ask, advise on whether or not the injury suffered by the member is causally and directly related to the injury reported.

135 Q. Yes. Now, that kicks into whether it is work related stress or not?
A. Yes.

136 Q. It's just that paragraph is suggesting perhaps in your view that they seemed to be rather one-sided in relation to the assessment by CMO that there was stress?
A. But there is only one side of the -- I suppose perhaps what I was trying to say there, is that there is one side of the story provided at that stage, where the patient consults with their general practitioner and he writes down that it is work related stress. The CMO will have that report and whatever else the member would be able to tell him. So, there needs for the investigations done locally, if there is further information to augment what is stated by the individual or perhaps be able to challenge what is being said by the individual.

137 Q. And that refers to the requests that we have seen earlier on, for local management as to whether or not they have assessed the --
A. Yeah.

138 Q. You then go on:
"However, not all work rel ated stress absences can be attributed to An Garda Sí ochána. A lot of the time it is down to the indi vidual's perception of events.
Take, for example, a case being investigated under the bullying and harassment policy. As the person making a compl ai nt may be absent from work as a result of work rel ated stress, however the investigation when
compl et ed may under the policy determine that the person compl ai ned of has no case to answer. If An Garda Sí ochána accepted fromthe outset that my work rel at ed stress was an occupational inj ury, then the organisation is leaving itself open to litigation into 11:44 the future for the personal injuries l may have suffered. Foll owing through on this theme, where the person accused of bullying and harassment is absent on work rel ated stress, the issue arises as to how to manage that absence - again if it is recorded as an occupational injury we may expose An Garda Sí ochána to personal injury clains frompersons found to have breached the bullying and harassment policy."

That was the view that you were expressing at that time, is that right?
A. That's correct.

139 Q. And is it a view that you still hold?
A. It is.

140 Q. It is, yes. And then you go on to say:

[^1]And that is something that you highlighted at that time, isn't that right?
A. Correct.

141 Q. You then go on to say:
"It may be that it is necessary to look at absence as a result of work rel ated stress where a member/staff have brought an issue under the protected disclosures legislation. This is more difficult due to the confidential nature of the di scl osure. However, this difficulty is applicable across the whole of the public sect or."

Then you ask:
"Has DEPERS a position on it?"

Then in the concluding paragraph you say:
"Wile it is not ideal to reduce a member's sal ary when they are absent on si ck leave, An Garda Sí ochána should continue to implement the current sick leave
regul ations. Where sick absences following appropriate i nvesti gations are determined to be either an injury on duty or an occupational injury (once the amendment to code 11. 37 has been approved) or i ndeed covered by the critical illness protocol, any moni es due to the member will be ref unded. This will al so benefit An Garda

Sí ochána in the management of overpayment of sal ary to menbers absent sick on leave."

That was your stated position in relation to this.
A. Correct.
would it be fair to say that you think that the system that had you in operation at the time was the appropriate system?
A. Yes.

143 Q. And the reason for that was the reasons that you have thrown up in your discussion there about it. But in essence you believe that there shouldn't be a recategorisation until there has been an inquiry?
A. Correct. The sick leave regulations apply when you are absent on sick leave and outside of that then, what other policy should apply. So if you are looking for a code 11.37 there has to be the relevant investigations into it.
144 Q. Now, I suppose in some sense, if we can just look at -yes, there were a number of contrary views and I don't see necessarily that you were copied with them all. But in the first instance, if we could look at page 14885 of the material. This is one that you were copied. It's from Inspector Downey, it's dated 6th June 2016. It's to you and to John Barrett and Mr. Collins. Who is Mr. Collins?
A. Dr. Donal Collins, was the Chief Medical officer at the time.

145 Q. Sorry, yes. If we just scroll down there, yes. He
says:
"Having di scussed this with Chi ef Superintendent MELoughl in, there is an opportunity to categorise work rel ated stress under the proposed occupational injury scheme. This will provide the medical staff time to assess the causal nat ure of the work rel ated stress without the prospect of culling pay after three months in line with the sickness absence regul ations. By categorising all work rel ated stress as occupational i nj ury, the pay remai ns unaffected for six mont hs followed by half pay for six months and paid pensi on rate after that. This will give the organi sation breathing space to ensure that a full inquiry into the cause of the stress takes place."

So that is a contrary view to yours, isn't that right?
A. Correct.

146 Q. That's leaning in favour of automatically putting work related stress into occupational injury so there is no deduction in pay and then you have an inquiry, isn't that right?
A. That's what is suggested there, yeah.

147 Q. what do you see that's wrong with that?
A. The public service sick leave regulations are very
clear. We cannot -- I suppose at the end of the day we are dealing with public funds and public monies. We have to be careful on how that is applied. work related stress in and of itself $I$ understand is not an
illness. As I said, it may cause an illness and the Chief Medical officer will probably advise better than I. But we cannot -- I suppose I felt we were looking at this from the wrong angle. We were looking at this as a means of ensuring someone stays on the payrol1, when in actual fact we have regulations, sick leave regulations that apply and I didn't feel this was in supported of that.
A. We11, not really, I suppose, other than the sick leave regulations apply. where somebody is out on sick leave, we have decided where somebody is out on sick leave the sick leave regulations apply.

149 Q. CHAI RMAN The situation remains as stated?
A. Yes.

150 Q. CHA RMAN Notwithstanding the fact that as a result of Chief Superintendent McLough1in's intervention, Garda Keogh is on, so to speak, a special regime?
A. Yes. And I understand that that was done in conjunction with the executive director.

151 Q. CHA RMAN Absolutely.
A. Yeah.

152 Q. CHA RMAN No, no, no, and there is no suggestion there is anything wrong. He is in a particular situation, but the overall regime remains the same?
A. Yeah.

153 Q. CHAN RMAN A7though there is some debate about changing it, or there has been some discussion?
A. The debate ongoing is in relation to the code 11.37.

CHA RMAN And we heard from Inspector Downey about it. okay.
A. Yeah.

MR. MARR NAN 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 disclosure. If we could look at page 14889. Again, this is, as it were, a similar debate that arose in relation to protected disclosures and the impact that somebody --
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.

158 Q. CHA RMAN Yes.
A. You know, there's a lot of consideration that needs to
be done, there's a lot of legal considerations on it. CHA RMAN Yes.

159 Q. MR. MARRINAN Yes. This is the 10th June, it's from Claire Egan. It was sent to you and you had requested her to put this together and that this was to become part of your submission, as it were, in relation to management of absences from work due to protected disclosures, is that right?
A. Well, we had been asked for an opinion on it. I suppose I've clearly voiced my opinion on it, that if you are out on sick leave -- but if somebody was to be facilitated where they made a protected disclosure, with not returning to work with a form of administrative leave, then we needed to have, I suppose that would be, for want of a better word, a discussion document around how that might happen.
160 Q. CHA RMAN There needs to be a regime of regulation about how that's going to work?
A. Yeah, if you are bringing it in, we'd need a policy.

MR. MARRI NAN And we can see there the number of the bullet points are --
CHA RNAN Are we concerned with that much, Mr. Marrinan? Does it matter?
MR. MARR NAN No, I am not going to go through it, Chairman.

CHA RMAN That's all right.
162 Q. MR. MARI NAN 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:
"Not all work rel ated stress absences can be attributed to An Garda Sí ochána or the actions taken by the or gani sation in carrying out its functions, and indeed some instances may be attributable to the actions of the empl oyees thensel ves. The accept ance of responsi bility fromthe outset by granting access to pai d admi ni strative leave in the absence of evi dence from a concl uded investi gation may expose the organi sation to additional cl ai nゅ, e. g. personal i nj ury, and may al so serve to encour age di scl osures on a more wi despread scale."

So again, this came from a proposal that was being put forward that somebody who had made a protected disclosure would go on administrative leave, effectively, isn't that right?
A. Well --

CHA RMAN No, sorry, the person might feel that having made a protected disclosure it was unsuitable for them to continue at work and in those circumstances -MR. MARRI NAN Yes.

163 Q. CHAN RMAN -- what should happen. So you're discussing it.
A. It is really -- I suppose the best way to say it, it's a discussion document around a time when there was concern that we didn't have a policy. I suppose there's no policy to permit persons or to support persons who make a protected disclosure and then are
availing of sick leave and the sick leave regulation apply to sick leave. So if we wanted to go outside of that, there really should be a policy, a clear and unambiguous policy that sets out --
A. Yes, what would apply in those circumstances. I suppose the best you could say about this document is it's a discussion document.
CHA RMAN Yes, I understand.
MR. MARRI NAN If I can very briefly just complete the circle in relation to it, just for the sake of completeness?
CHA RMAN But it doesn't affect Garda Keogh, that's the big point.
A. No.

CHAI RMAN Okay. Thanks, Mr. Marrinan.
166 Q. MR. MARRI NAN At page 14911, this is from superintendent Nugent, it says:
"I have read the attached and it is a very good
document, my onl y concern rel ates to having to consult with local management regarding the pay."
14911. Scroll down. 14911. Thank you, Mr. Kavanagh. This is an e-mail to you from Superintendent Margaret Nugent. It says:
"I have read the attached."

That is a reference to the document that $I$ just referred to.
"It is a very good document, my only concern rel ates to having to consult with local management regarding the pay, that may pose problens, particul arly where l egal ity practices may be the source of the compl ai nt rel evant to the disclosure. Furthermore, the di scl osure has to be kept confidential. Can an arrangement be made whereby pay issues are sorted out i n Navan, i ncl udi ng admi ni strati ve l eave, based on a communi cation with the protected di scl osure manager?"

Then if we go on to page 15912, she had a further observation.
"One query, it takes a very long time to have someone put back on the payroll, as in this case, 24th June 2016, whi ch i mpacts very si gnificantly on people. Can we arrange a human sol ution in the interimwhereby there is a manual process put in place to ensure there is a work around (e.g. the issuing of a cheque) while wai ting for the aut omated sol ution to ki ck in."

So those were the issues. The debate was there. And that's where matters stand. Would you answer any questions, please.
A. Yes.

## END OF EXAM NATI ON

## ME. MDN CA CARR MAS CROSS- EXAM NED BY MS. MLLI GAN, AS <br> FOLLOVG:

MS. MLLI GAN Good morning, Ms. Carr, I have a very little for you. Just a couple of practical questions. So in terms of $H R$, how many staff, I suppose, do you have that are going through your HR --
A. Well, the HR directorate is what you are talking about specifically, are you talking about specifically people dealing with pay, there would have been I think four to six people dealing with the pay issue.

168 Q. No, sorry, my apologies. The opposite question. So how many people are in An Garda Síochána who are run through your system?
A. Oh. We11 --

169 Q. Is it thousands, is it or more?
A. So we would have over 13,000 Garda members and we have almost 3,000 Garda staff. That's today's figures.

170 Q. Give or take?
A. About 13,000.

171 Q. So is it fair to say then you run a systems and procedural process to manage HR?
A. Yes. It's the transactional element of $H R$.

172 Q. So the individual one-on-one piece is done by local management, is that fair?
A. Yes, that would be correct.

173 Q. 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 divisional officer, through the chief superintendent's office for all the members within that division. I suppose we would require that they would deal directly with the individual. From 139/2010 they're obligated, or we're obligated to keep in contact with staff when they are absent on sick leave and we would devolve that 12:02 function to the divisional officer or to the superintendent to ensure members are kept -- or there is contact with members at all times. All of that goes down there.
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 management are the first line of enquiry for the member if they have questions around HR?
A. Yes, but we also are available to members to contact us ${ }_{12: 02}$ directly.
Q. Yes.
A. So if they have any queries or questions, we would take them at all times.
176 Q. Which would be more common; for someone to go to -- for 12:02 a guard to go to their sergeant or for them to go directly to $H R$ ?
A. They do both.

177 Q. They do both, okay.
A. It would depend on the individual themselves. We have regular contact with Garda members and Garda staff. okay. And again, you said that you had about six members of staff who deal with that; is that right?
A. Well, dealing with that specific piece of Garda sick leave, Garda pay.
A. 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
sections and some information --
183 Q. A transfer, for example, that would be on the HR file?
A. That would be an entry on it. It would also have commendations and records of personal births of children, marriages and stuff like that.
Q. Anything that might relate to pensions and that kind of things that might happen?
A. It wouldn't be the pension file per se -- well, I suppose it becomes the pension file at the end but then all files would be collated together. There would discipline files. There would be various different files in various sections in respect of members.
Q. So is it fair to say that file doesn't identify that someone is a whistleblower?
A. Oh gosh, no. No, no. There would be no record on a file within the directorate in that regard and the directorate would have responsibility for records, but the protected disclosure piece, there's protected disclosure managers, they're not situated in the directorate, so we wouldn't have any --
186 Q. When Mr. Mulligan is writing down to the chief superintendent, any chain of processing, if he knows that Garda Keogh is a whistleblower it's not through a systems process, it's not -- there's no way of identifying that individual, is that fair?
A. No.

187 Q. No.
A. Not from, we'11 say, correspondence emanating from the HR directorate. But Mr. Mulligan, Alan was the -- is
one of the confidential recipients, so he might have communications under another fora, but not anything to do with the HR directorate. Nothing under cover of his signature from the HR directorate.
okay. So, we're not entirely clear if he was aware. But as a general rule people wouldn't be aware. Mr. Mulligan may have in his own particular circumstances have been aware, would that be fair?
A. I will leave that for him to answer, but from the directorate point of view there would be no records within the directorate.

189 Q. Very wel1, that's fine. So can I just ask you in terms of there is a process for off sick reports that go up through Mr. Mulligan between the 2nd April and the 22nd May. They have been opened extensively to everyone?
A. Yeah.

190 Q. So I will try and keep my questions genera1. If you need to look at a document, that is fine. And what seems to have occurred is an initial report goes up to Mr. Mulligan in around the 7th April and it comes back identifying, yes, I will now need a full investigation to occur because the member is citing work related stress. Do you recall seeing that document?
A. I do.

191 Q. Yes. And then a report comes back in or around the 22nd May, essentially identifying that no work related stress investigation is going to occur in this scenario. In those circumstances, I think you gave 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.
A. From Navan we would ask the local chief superintendent, the local managers to do that investigation and that investigation is not prescriptive, it doesn't mean that we would interrogate an individual. The idea behind it 12:07 is that the local manager would know their staff or know of them or would know their line managers and they would sit with the member and find and establish the source or the cause of that. I suppose in this particular instance that had already been advised to us 12:07 in advance. That letter sent out seeking to have an investigated is an standard letter that goes out in all cases. Once we see stress or work related stress, that 1etter 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?
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
mean that we have seen the correspondence per se.
194 Q. Yes.
A. But the process is.

195
Exactly. So he is responsible for the process as oppose to necessarily the content, is that fair?
A. Yeah, but we would be aware of it.
Q. Yes, and obviously there is oversight and that kind of thing?
A. Yeah.

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?
A. No.

198 Q. No.
A. We would provide that information then to the Chief Medical Officer.
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 , Mr. Kavanagh. And it is an e-mail from Claire Egan to HR. I just want to ask at the end, just on the second page.
"Thi s branch is not in recei pt or aware of any application for this si ckness absence to be treated as anything ot her than ordi nary ill ness as recorded and accordingly under the provi si ons of the publ ic sick
regul ations the menber accumul at ed sick leave in the usual way."

Do you see that, at the end of the page? Just the second half of that page?
"This branch is not in recei pt of nor aware..."
A. Sorry.

200 Q. Yes, sorry. I will give you a moment to read that?
A. Yeah.

201 Q. Can I just ask you very briefly, in terms of this question of an application, is there such an application or is that just a turn of phrase, I just wanted to be clear about that?
A. Under code 11.37 there is no actual -- it's not prescribed as to who should make the application. But I suppose it's my experience that the chief superintendent is required to issue a code and it's my understanding and my experience that the member would
liaise with the chief superintendent in getting that code issued. I suppose in fairness, the local management were writing up to us in relation to this particular case, but as claire has stated there, there isn't actually -- when you go through everything, there 12:11 isn't actually an application for that code 11.37.
202 Q. I just wanted to clarify that in terms of how that worked. Thank you very much. I have nothing further. Oh sorry, I do have one further thing, my apologies.

Just in relation to the AWOL aspect, so the member having been disciplined, if you had have been aware that a member had been disciplined, am I correct in saying that your understanding is that you wouldn't then at the time have sought to recoup monies, is that right?
A. Well, at the time we made enquiries about recouping monies, because I would see there's two separate issues in relation to that, there's one, the AWOL piece, and there's also the discipline piece, which would be two separate issues. But from my recollection at the time we were advised against recouping the money for the AWOL piece. There was a fine imposed on the discipline side and that money, as I understand, would have been recouped.
203 Q. Just on the facts of this case, the fine imposed took into account the wages aspect, would that have solidified your position?
A. No, that had nothing to do with my position.

204 Q. Very good. No further questions.

## END OF EXAM NATI ON

CHAN RMAN Very good. Anybody else? Yes, Mr. McGuinness.

MR. DONAL MEGU NNESS: Thank you, Chairman.
CHA RMAN while we're here, I see the Chief Medical Officer here and $I$ know that he has a commitment, isn't that right, Mr. McGuinness. So we won't take you up
before 2:30 or as soon as you can get back, we understand. So be at ease, don't be under too much pressure, and we will take your evidence at 2:30 and if possible we will proceed to try to finish you this afternoon. If that is convenient all round.

MR. MRPHY: Thank you, Chairman.
CHA RMAN Is that right.
MR. MRPHY: Chairman, just in terms of the timeline, I understand that if you could give us latitude to three o'clock, it may be necessary.

CHA RMAN So be it.
MR. MRPHY: Thank you.
CHA RMAN I was assuming that 2:30 might be a little optimistic. We will resume then at three o'clock.
Sorry that you are being sort of inconvenienced, having to hang around, I know you have been here on other days as wel1. Yeah, we will take it up at three o'clock. We will certainly see how far we will get and we will endeavour to finish the evidence this afternoon. MR. MRPHY: Thank you, Chairman.
CHAN RMAN Thanks very much. Okay. Yes, Mr. McGuinness.

MS. MDN CA CARR WAS EXAM NED BY MR. DONAL MEGU NNESS, AS FOLLOVG:
in that regard, please?
A. Well, I am a career civil servant with 34 years service across a number of departments. I worked in the Department of Defence, Revenue Commissioners, Department of Education, Department of Justice and now An Garda Síochána. I have been through all the grades from clerical officer through to principal officer. I am currently working in the HR in An Garda Síochána since August 2010.
CHA RMAN Okay. Thank you very much.
206 Q. MR. DONLL MEGU NESS: And that career extends from 1986 until now and you are a principal officer at the moment?
A. Correct.

207 Q. Could I just ask briefly to refer to document 6189?
This is the circular by AC Fanning of the 29th May '14, immediately after the regulations came in to effect, the sick leave regulations came into effect. It refers, paragraph 1 there, that the regulations came into effect on 31st March 2014. Do you agree with that?
A. Correct.

208 Q. If I just take up a point that the chairman mentioned earlier in relation to exactly when Garda Keogh's sick leave exceeded the 183 days, if we could ask for document 9331, please. This is a fax message to Sick Section, is that to your section?
A. Yeah.

209 Q. There's a note there of 1st April 2015:
"Pl ease see attached SR1 for Garda Ni chol as Keogh, who has exceeded his 183 si ck days."

Is that the first to your knowledge notification of a rolling period?
A. I actually can't say. Because it's a rolling four year period, you actually can, you know, today be outside of the sick leave limits and two weeks later be back within the sick leave limits.

210 Q. I understand.
A. So it is actually calculated on each day of the absence.

211 Q. CHA RMAN So any particular day --
A. Yeah.

212 Q. CHA RMAN -- you could be in and it doesn't follow that two weeks later or a month later it would also be in, you could have --
A. You could be out and two or three months later you could be in.

213 Q. CHAN RMAN Yes.
A. With the passage of time you come back into it. CHA RMAN of course. I see the point, yes, thank you.
214 Q. MR. DONAL MEGU NESS: I understand the sickness regime that came in on 31st March '14 was 92 days sick leave full pay, 91 day sick leave on half pay, isn't that correct?
A. Correct.

215 Q. And after that, once you reach the 183 days you go onto
the temporary rehabilitation remuneration?
A. Provided there is a reasonable probability of you returning to work.
Q. Yes. And I take it that is not a penalisation in any way?
A. No.
A. It is an accommodation. I suppose under this regulation there is probably what you could say four years of support under the sick leave regulations, a maximum of four years.
Q. Yes. Just in terms of the reduction in pay or an approximation of the pay, is it tied into the pension entitlement if you are pensioned off sick at that time, in terms of the amounts that you receive?
A. Okay. So your full pay, half pay is straightforward. Your Temporary Rehabilitation Remuneration pay and this is probably going to -- as it stands at the moment, is basically what you would receive if you were retired in the morning.
219 Q. CHAN RMN Yes.
A. There's also the benefit of the -- if you are ill health retired within the public service, you get added years. So if you are on Temporary Rehabilitation Remuneration pay, you also get the benefit of those added years. So your remuneration takes account of that.

220 Q. CHA RMAN But that period that you are on TRR doesn't count for your pension?
A. Yes.

221 Q. CHA RMAN Assuming you come back to work.
A. Correct.

222 Q. CHA RMAN okay.
A. All periods of Temporary Rehabilitation Remuneration 12:17 are non-reckonable for pension purposes.
Q. Now, just in relation to your chronology, Mr. Marrinan went through quite a few of the documents there and I wil1 try and not trespass on the ground that he went over, but if I could just ask for page 2191, please, Volume 8. This is from Superintendent Pat Murray, it's dated 2nd April 2015, it's to the chief superintendent westmeath. Just before we go there, if you go to the second page, please, and it's: four years."

If you recall the facts that I just brought up in relation to 183 days, was dated 1st April.
" 48 of those occurred si nce J anuary 2014, with 52\% occurring on early tours. The member has availed of 34 days annual leave from 1st March 2014 to 31st March 2015.

I bel ieve both the member and the organi sation would benefit by referring himto the Occupational Health Service at this time."

Now, if I could ask Mr. Kavanagh to go back to the first page of that document, please. And the relevance here is, if I can ask you to note the second paragraph:
"While Garda Keogh was reticent to di scuss any issues he may with me, l nonethel ess felt it prudent to put an arrangement in place in Athl one to support himin the work envi ronment as he is indi cating work rel ated
stress as the source of his absences. Wth that in mind, I have allocated a femal e sergeant who is new to the di strict to act as a district poi nt of contact for the menber to di scuss."

Now, the important line there that I want to draw your attention to is:

[^2]hi s absences."

2


> Do you see that?
A. Yeah.

226 Q. And although you don't have the complaint from Mr. Keogh before you, if we could call up page 136. 136, sorry, Mr. Kavanagh. And scroll down to number 15 , and about two-thirds of the way down:
"At no time did work rel ated stress appear to have been 12:21 the subj ect-matter of this case conference about my si ckness records of this case conference should be obt ai ned. The police appear to wi sh to deny know edge of $m y$ work rel ated stress while on the ot her hand deal ing punitively with my condition interms of reduction of pay, monitoring, di sci plining et cetera. "

Now, in the context of the allegation, so to speak, Superintendent Murray arrives in Athlone in March 2015 and almost one of his very first communications to the chief superintendent is indicating that Garda Keogh is indicating work related stress as a source of his absence, is that correct?
A. Yes.

227 Q. The matter progresses then to the document Mr. Marrinan 12:21 opened, which is page 9048. Is that 9048? Sorry, 9408, please. Here again we have Pat Murray and he is in direct contact with you. He is indicating:
"The menber reported sick and unfit for duty on the 12th April and remai ns on sick. I have no indi cation as to when he will return and I have been unable to contact hi mby phone. I have asked the superintendent in the area where he lives to hima copy of the correspondence. I can only ask the menber be seen by the Chi ef Medical Officer as soon as possible."

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?
A. 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
work related stress and that would have gone over to the Chief Medical officer, that correspondence. I see. Now, just in relation to the membership in relation to occupational injury, or sorry injury on duty, in your experience, to what extent do the members 12:24 concerned actively get involved in ensuring that the classification of their injury, we will just leave it at physical injuries for now, is associated with their job?
A. In terms of code 11.37s, we would generally receive $\quad$ 12:25 them from the divisional office, from the divisional officer, from the chief superintendent and that happens, I suppose you could say, seamlessly in a lot of the cases. But there is -- where the chief superintendent might ask for advices from HRM or advices from the Chief Medical officer, we would get correspondence on that and we would work around that. Then there are cases where a chief may decide that they're not in a position to issue a code 11.37 and there can be discussions ongoing between the member and 12:25 the superintendent and the chief and stuff like that and then they make enquiries with our office and they can be kind of protracted, ongoing.

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 go ahead without too much interference, but, as I say, the chief might look for information and advice from the СМО about causality, about whether or not the injury arises can be directly related to the incident as reported, and we would facilitate that and those discussions. And then there are times when the member themselves would be in contact with our office trying to progress their position.
I would imagine because the matter relates to pay, the members would be quite enthusiastic about ensuring that the issue is dealt with as expeditiously as possible, ordinarily.
A. I suppose in fairness to them, yes, and we would try to assist where we can.
But when there is a dispute in relation to the issue of the 11.37 between the management and the member, presumably the CMO's position is going to be very critical in resolution of that issue?
A. well, yes. It depends on what the dispute centres around, because there is an element under code 11.37 where the chief superintendent has to certify that there is no willful default or negligence on behalf of the member, so there is that element to it. And then when it comes to causality and whether or not the injury arising can be associated with the incidents, then that's where the advices of the CMO and he may seek independent medical specialists as well to assist in that determination.

231 Q. Yes. In relation to causality, work related stress is something probably a lot of people suffer from. For example, today you're working, you might be under some stress, would you agree with that?
A. I would. CHA RMAN I think you set it out in your memo. You set it out in your e-mail, I thought, very extensively, your views on it.
MR. DONAL MEGU NESS: Very good. Thank you, Chairman.
234 Q. In relation to the recommendation to restore full pay, you mention in your evidence that you had come across that issue previously?
A. Yes.
Q. Was it very proximate to the resolution of the issue with Garda Keogh?
A. In this particular case, yes.
Q. Within a matter of months?
A. Yes.

237 Q. And before that, had you come across the issue previous7y?
A. No.

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 $X$ the other person that you mentioned?
A. Yes.
Q. And Garda $Y$ we now know is Garda Keogh?
A. I understand, yes.

But that wouldn't necessarily have been known to you at the time the discussions took place?
A. I can't say for definite no, if that makes sense. was that Garda Keogh was eventually treated as an exceptional case, along with the other case that you mentioned, Garda X?
A. Yes.

243 Q. Thank you.

## END OF EXAM NATI ON

CHA RMAN A11 right. Very good. No questions,

Mr. Marrinan.
MR. MARRI NAN No further questions.
CHA RMAN Thank you very much, Ms. Carr, you are free to go.
THE WTNESS: Thank you.
CHA RMAN Thank you very much for your assistance. Very good.

## THE WTNESS THEN WTHDREW

CHA RMAN So now, Mr. McGuinness, the CMO -MR MEGU NNESS: Yes.

CHA RMAN -- is going to be back at three.
MR MEGUNESS: Hopefully in time for a three o'clock start. If people perhaps came at 2:45, just in case. 12:30 CHA RMAN Let's say we will try to be ready at 2:30 but we're not expecting him back -- how long is he going to take? Is it sensible to leave him over until tomorrow?
MR. MEGI NESS: No, no, he is not available tomorrow,
Chairman, unfortunately.
CHA RMAN Very good.
MR. MEGU NESS: So we are hoping to finish him.
CHA RMAN That's very good reason. So then we will propose to sit on. We hope he comes back as soon as he 12:31 can, but we will have to live with his availability. The CMO is not available tomorrow, Mr. Kelly, therefore that option doesn't arise.

MR. KELLY: Yes, I am quite happy to sit on to deal
with him.
CHA RMAN Thank you very much. It is obviously more convenient. That will be the end of our witnesses. We would have had further sessions but circumstances beyond our control concerning a particular witness have 12:31 prevented us. He's indisposed and therefore we are not in a position to do that. Just while I have the opportunity let me say that we will resume on, what is the date.

MS. MLGRATH The 10th February.
CHA RMAN We will resume on the 10th February. The schedule of witnesses will be available certainly by Friday and will be on the website. It just needs to be finalised before we can say that. okay. So we will resume, if I can get this closed, we will resume at three o'clock or as soon before that as we can. okay, thank you very much.

## THE HEARI NG THEN AD OURNED FOR LUNCH AND RESUMED AS

 FOLLOVE:MR. MEGU NNESS: Chairman, we're ready for the next witness, Dr. Oghuvbu.
CHA RMAN Just two seconds, doctor. Just for a moment. The order, 23rd January. okay. Just before
the Chief Medical Officer gives evidence, I want to mention a request that we have received from Garda Keogh's team, who refer to another case that has 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 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 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 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 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.

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. Ke11y, in due course. So

I am just alerting you, that's the way it is going to be. Because there will be time constraints, 1 'm assuming that a week will be sufficient to do that. If it's disastrously insufficient, let us know. We will do our best to facilitate that. But obviously there's a limit. If in the end of all that it turns out that the matter is relevant, then it would be necessary to ask the Chief Medical Officer to return to deal with that aspect. But as of today, we're dealing with Garda Kelly's case and only Garda Kelly's case.

Now, that doesn't stop anybody asking in general terms but not with any reference to the particular case that we all know about. Are you happy with that, Mr. McGuinness?

MR. MEGI NNESS: Yes.
CHA RMAN Okay. Mr. Kelly?
MR. KELLY: Yes, Chairman. That seems sensible to me. Just one thing I may have missed --
CHA RMAN It doesn't stop you asking questions or your side, it doesn't stop you asking questions that might be asked in any case that are general, if you know what I mean, but it's just that any comparison with this particular case obviously won't arise until a much later stage.

MR. KELLY: I understand that entirely, Chairman. I am in agreement with what you are saying. There's just one thing for clarity, you probably dealt with it and I have missed it. But, assuming all these hurdles arise
and the objection, then we move on to decide it and so on, presumably before we would be invited to make submissions on such material that was given to us, we would actually see the material.
CHA RMAN Oh of course, absolutely.
MR. KELLY: I thought that.
CHA RMAN If I didn't say it, I should have said it. of course.

MR. KELLY: That is absolutely --
CHA RMAN Yes. You have to see, as I said, in 15:04 redacted form and on a confidential, a highly confidential basis. I don't emphasise that for any ironic purpose or any ulterior purpose, just to be safe that I have mentioned it sufficiently often. A11 right, thank you very much. So we will proceed then with the Chief Medical Officer. Thanks very much. MR. MEGU NNESS: Dr. Oghuvbu, thank you.

## DR. OGENOVO ( OVO) OGHVBU, HAM NG BEEN SKDRN, WAS

 DI RECTLY- EXAM NED BY MR. MEGU NNESS, AS FOLOVS:THE WTNESS: Dr. Oghuvbu.
CHA RMAN Doctor, sit down, please. May I ask you to do me a favour? Could you tell me how to pronounce your name.
THE WTNESS: which one?
CHA RMAN I presume you have a first name and a second name and I would like to call you doctor by your second name.
A. Dr. Oghuvbu, the $V$ is silent.

CHA RMAN Thank you very much. Dr. Oghuvbu, forgive me for being -- well, it's actually more polite. So, thanks Dr. Oghuvbu. Yes.
MR. MEGI NESS: Doctor, I think qualified with a bachelor of medicine, bachelor of surgery from the College of Medicine, University of Lagos, Nigeria in 1991?
A. Yes, I did.

245 Q. Thereafter, I think you did a number of pre-specialist medical training in Ireland as senior house officer in medical registrar posts, isn't that correct?
A. Yes.
Q. You then went on to do an advanced diploma in occupational medicine in the University of Manchester in 2001, isn't that correct?
A. Yes.
Q. And then you were back in Ireland, where you qualified as a member of the Royal College of Physicians of Ireland?
A. Yes.
Q. I think that probably entitled to become a specialist registrar in occupational medicine in Ireland, is that correct?
A. No, I entered into a training programme as a result of that.
Q. Okay. Al1 right. I think you took a diploma in tropical medicine in the Royal College of Surgeons in Ireland in 2004. You became a member of the faculty of
occupational medicine in the Royal College of Physicians in Ireland in 2005. Then you I think practiced as a specialist occupational physician at that point in time?
A. That was in 2006.

250 Q. In 2006, yes. I think you've done specialist training in occupational medicine in the Royal College of Physicians in Ireland and the Irish Committee of Higher Medical Training. You have been since I think 2010, or before that you were a specialist occupational physician in HSE west in Ireland in 2009 ?
A. Yes, I was.
Q. And then in 2010 you became a specialist occupational physician in An Garda Síochána?
A. Yes.

252 Q. You have remained working with An Garda Síochána since that date?
A. Yes, I have.

253 Q. Also, I think you're member of the faculty board, the board faculty of occupational medicine, you're a member
of the emergency management of injuries and post exposure prophylaxis, the subcommittee of Scientific Advisory Committee, the health protection surveillance centre, is that correct?
A. Yes, I am.
Q. You're a fellow of the faculty of occupational medicine of the Royal College of Physicians and in 2015 you were a member of the Scientific Steering Committee for National Post-Exposure Prophylaxis Conference?
A. Yes.
Q. Have I left anything out of relevance there?
A. No.

256 Q. I think in your capacity as an occupational physician, you had occasion to review Garda Keogh in this case?
A. Yes, I had.

257 Q. I should have said, Chairman, for the benefit of my colleagues, that Dr. Oghuvbu's statement of evidence is in volume 13, at page 3643 and associated papers. And doctor, $I$ will be referring you to a number of different documents throughout the course of your evidence?
A. Okay.
Q. You will have the opportunity to see them on screen or paper, a hard copy version, whichever is convenient to you?
A. Okay.

259 Q. I think in the second paragraph of your statement at 3643, you say:
"I first encountered Garda Keogh as one of the specialist occupational physicians empl oyed in GOHS on the 18th April following absence rel ated referral to GOHS from Gar da Human Resources."

I think there's a record of that. If we look at page 3680 of the papers. That's your reporting back upon your review of Garda Keogh on the 18th April 2012 ?
A. Yes, that is right.

260 Q. And I think he had suffered a physical injury. He had some traumatic chest pains. He had been absent on medical grounds for approximately seven weeks?
A. Yes.

I did.
Q. I think you next reviewed him slightly later in the same year on foot of an Occupational Health Service referral form. Perhaps we will just look at front page of that, at 3674. That was a referral form completed by Inspector Minnock at that stage. It was dated 27 th Ju7y 2012. It was based upon an absence that had occurred when Garda Keogh was not fit for duty from 25th May 2012 to 8th Ju7y 2012?
A. That's correct.
Q. We see at the bottom of that page, just to note, it's written down there that he had 107 days of absence inclusive of this period above. In any event, you reviewed him, we don't need to look at the rest of those referral papers but you reviewed him on the 9th October?
A. Yes.

265 Q. If we look at page 3661, I think that is your report, written again to the Eastern Region Commissioner -- or sorry, the Human Resource Management Commissioner, Super Fanning at that time. At paragraph 2 you note:
"The member's absence is attributed to a new clini cal condition for which he recei ved appropriate clinical management."

I think you recommend that he is medically fit to attend and resume normal duty, policing duties at that point in time?
A. Yes. Yes, I did.
Q. There was a further referral as a result of a report from Inspector Farre11, at page 3701 of the papers. That's a referral of 22nd October 2013. In the second paragraph, it refers to the previous issue where he had been receiving treatment.
"May/J une 2012 Garda Keogh attended a residential
treat ment course in Dublin for al cohol addiction."

And he returned to full duty then. Then there is a report:
"In the recent past he has conmenced drinking again, despite continui ng to work full-time. Concerns have been rai sed as regards his welfare management and colleagues close to Garda Keogh have tried to assist hi min seeking treatment, however he remai ns rel uctant to avail of same."

And it refers to one particular incident there. I think an early referral date was provided to him and I
think Superintendent McBrien completed the formal referral form, which is at page 3702 and 3 . She gives details of the reason there at the top of 3703 . If we look at the next page. That's signed by her then on the bottom, dated the 21st October. You were in a position to review Garda Keogh on 7th November 2013, if we look at page 3705.
A. Yes, that's correct.
Q. Is that correct?
A. Yes.

268 Q. In the second paragraph there, you say:
"Based on the information available to me, the member is recomended medically fit for normal policing duties with standard safeguards in place. I have reiterated the necessity for the member to comply with the rel evant clinical interventions and follow up arrangements. "

You make reference to:
"The mentber should avail of confidential organi sational sports."

Etcetera. You recommended that unit report should be provided in six to eight weeks time and every three months thereafter for a period of at least 12 months.
A. That's correct.

269 Q. You state that no further review was warranted. why
did you consider a unit report would be of help there at that point in time?
A. When a member presents with a condition that we find them -- we find it satisfactory that he can return to work but we want to just have an idea of how they are settling back at work, if there are any problems arising.
Q. Yes.
A. We would write to their management and say we want a unit report and they would come back to us. If there is no issues raised in the unit report, we just allow them to continue to work as they would have been before this occurs.
271 Q. Yes. You may not have known it, but Assistant Commissioner Fanning and his office at that stage had to write a number of reminders looking for a unit report, until one was ultimately provided by Sergeant Moylan. I think you received that report?
A. Yes.

272 Q. which was dated the 20th February. That's at page
3729. You obviously gave consideration to that on receipt, isn't that correct?
A. Yes, I did. in your file relating to Garda Keogh, as it were, dated 15:16 5th March 2005 [sic]. That is:

$$
\begin{aligned}
& \text { "HRPD Absence Section e- nail of 24/ 2/ } 2015 \text {. Not ed } \\
& \text { with...." }
\end{aligned}
$$

Is that "noted with unit report of 20th"?
A. That's correct, yes.

274 Q. "20/2/2015. Menber reported as performing..."
A. Performing all duties required.
Q. And not requiring any extra supports?
A. Yes.

277 Q. "Member reported as not indi cating any areas of concern. "
A. In the course of his duties.

278 Q. "In the course of his duties. Nil further warranted. Mai nt ai $n$ previ ous OHS monitoring arrangements."

Is that right?
A. Yes.

279 Q. That's signed by you?
A. Yes.

280 Q. Now, your note goes on then to 17th April 2015?

281 Q. But in the interim you have received the report which is referred to there, which is dated 2nd April 2015, isn't that correct?
A. Yes, correct.

282 Q. Perhaps we will just look at that first, because that obviously came in before you made your notes. But that's at page 3721. This is a report which went from Superintendent Murray to the chief superintendent, it
is dated the 2nd Apri1. In the first paragraph he refers to the revelation in the Dái 1 by Deputy Flanagan. Then he refers in the second paragraph to the following:
"I was transferred to Athl one as di strict officer on 9th March 2015. I first med Garda Keogh on Thursday, 26th March 2015. One of the issues that arose in my di scussi on with hi mas his sick absences, whi ch appeared to be occurring frequently and in a haphazard fashi on. While Garda Keogh was reticent to di scuss any issues he may have with me, I nonethel ess felt it prudent to put an arrangements: CHA RMAN I think that means -- I'm sorry.
"He was rel uctant to di scuss any issues he may have with re."

MR. MEGU NESS: Yes.
CHA RMAN It wasn't that he had issues with
Superintendent Murray at the time. He was reluctant to discuss any issues with Superintendent Murray.
MR. MEGU NESS: Yes.
CHA RMAN He might have put the with me at an earlier point. He was reluctant to discuss with me any
issues -- at least that is the way $I$ am reading that.
MR. MEGU NESS: You must be right, Chairman.
CHAN RMAN Because it's on7y April.
MR. MEGU NESS: Yes.
"I nonethel ess felt it prudent to put an arrangement in pl ace in Athl one to support himin the work envi ronment as he is indi cating work rel ated stress as a source of his absences. With that in mind, I have allocated a female sergeant who is new to the di strict to act as a di strict point of contact for the member to discuss and if possible sol ve any workplace issues he may have in Athl one in order to allow himattend work more frequently.

As an additional measure, I wi sh to have an appoi nt ment with the Chi ef Medical Officer arranged for Garda Keogh in order that professional medical expertise can advise of other workplace supports whi ch may assist the menber. The menber indi cated he had not attended the CMD previ ously.

The nember 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 I eave from1st March 2014 to 31st March 2015, with $92 \%$ of leave taken on early tours al one.

I believe both the member and the organi sation would benefit by referring himto the Occupational Health Service at this time.

Pl ease forward. "

Chairman, that's obviously the document that Superintendent Murray gave evidence about and about which Garda Keogh gave evidence. That was the first period in which he was tipped over into TRR.
CHAI RMAN The 183, yes.
MR. MGGU NESS: Yes.
283 Q. You have made notes then on the clinical sheets. If we just go back to page 3788. And it says:
"HRPD minute by e- mail of 20/4/2015. Noted with I ocal menagement document and OHS referral. New di strict officer concerned about menber's high absence levels since January 2014 ( 48 days) absences falling mostly with early tours and record of 34 days."

Is that all from --
A. Annual leave, sorry.

284 Q. "Annual leave March 2014 taken on early tours.
District officer has provi ded support in the workpl ace. "
A. Workplace.

285 Q. "But we are referring to OHS because 'the menber i ndi cated that he had not attended the CMD previ ousl y' 15:21 and that the mentber would benefit from OHS input or additional support if required. In the context of paragraph 1 and paragraph 2..."

What is the next word there?
A. Sentence three.
Q. "Sentence three of di strict officer's report of the 2/4, a holistic approach invol ving seni or local management."

## Is that right?

A. Yes, local management.
Q. "Seni or HRPD."

Is that input?
A. Management.
Q. Management, sorry. And then the next words are?
A. "Garda empl oyee assi stance management."

289 Q. Yes. "Is indicated in this case. Offer appointment 15:22 for consultation and OHP. "

Now, Superintendent Murray's report, it refers there to Garda Keogh indicating work related stress as a source of his absences.
A. Yes.
Q. Had you considered that to be an area that you ought to explore with him at that point?
A. It mentioned that, but generally when members say work related stress, what I -- the approach we have, I have, I tend to have is to kind of meet with them to explore what is it that is generating the stress in the workplace with them and if that stress is actually presenting itself as a medical illness or not, because
work related stress itself is not -- or stress itself is not an illness, it is just saying that $I$ am responding abnormally to maybe a situation that I am confronted with outside of work or inside of work. So I would explore that, what it means, and to establish whether there is actually any illness present or not. Yes. In a simplistic way, you wouldn't, or would you ever diagnose somebody as suffering from work related stress in the sense of that being an illness? You're not regarding it as an illness in those terms?
A. No.

292 Q. And you're not regarding stress as an illness, simply in those terms either?
A. No, I am not regarding it as an illness.

293 Q. The referral form is there at page 3723. It's in contrast perhaps to some of the other ones we have seen. There's a box ticked in there.
"Management concerned re ment al heal th of empl oyee."
A. Yes.

294 Q. Would that have caused you any particular concern?
A. Yes, it would, because I would explore, I would want to explore what it is that management are concerned about. They may not provide details in the referral but when I see the individual, I would kind of say that management 15:24 have expressed a concern in relation to your mental health and I would explore that with them.

295 Q. Yes. Now, there don't appear to be any of the member's 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, except that medical certificate has medical details; in other words, that the individual's doctor has written in a report. And normally we would not expect that to 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. 296 Q. Yes. So that didn't raise any red flags or alarms in that sense?
A. No, it wouldn't. No.

297 Q. We will come to it in more detail later, but you don't have any responsibility for recording periods of absence on SAMS or the reasons?
A. No, I don't.
Q. But you do and you did consult it I think in relation to Garda Keogh?
A. We would, if there is a -- like in his case, where there was a concern about frequent absences.
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.
300 Q. Yes. In any event, you were able to offer an appointment for the 19th May at 1:00pm. If we just
look at page 3719, you send that to Mr. Barrett. That's in the normal terms?
A. Yes.

301 Q. "The local management shoul d expl ain to the menber that the purpose of the revi ew is for assessment and further 15:26 advi ce on medi cal fitness."

We have the evidence of Sergeant Moylan that he met with Garda Keogh on the 4th May and he furnished a report in relation to that. I would just like to draw the form of the report to your attention, from the transcript, it's perhaps easiest. Day 133. You will be handed a copy of the transcript there. At page 97. Sergeant Moylan gave evidence of making this report. It starts at the top there, at line 3:
"Garda Keogh was aware that it was referred to the CMD to determine his medical fitness for policing duty. Garda Keogh has been advi sed to forward all rel evant medi cal reports on or prior to the review date. He indi cates that he may have a report with himon the day as he is due to see his GP this week. He was al so made aware of these reports will be treated in the strictest confidence. In rel ation to ot her non-medical issues, Garda Keogh states that he may wi sh to di scuss this with the Chi ef Medical Officer in person."

So that would be a standard enough instruction to a member coming to see you, would that be accurate?
A. Yes, more or less.

302 Q. We know that that's correct, what he was telling Sergeant Moylan, because he did go to Dr. Bartlett and consult with him and mentioned you in that capacity. Could we perhaps just look at Dr. Bartlett's notes, which will come up on screen, at page 10639. If we just scroll down to this period there, the 31st March, we see that. There's various sick notes referred to for different periods. The first one there is the 2nd April, sick note. That is the one that tipped him over 15:29 into TRR for that period. There's one there covering the 31st March to the 3rd Apri1. There's a prescription referred to there, Xanax then. Then 1st May:
"Main surgery, met with Nick, further time off work, not coping with investigation at present. Above entered by Dr. David Bartlett. 1st May '15, sick note. Wbrk rel ated stress. Unfit for work. 20-25 April 2015. 18th May ' 15, mai $n$ surgery, met with Nick. Has 15:29 meeting with Garda doctor tonorrow, May 19th, at 1:00pm work cert 12/5-16/5 incl usi ve, work rel at ed stress, above entered by Dr. Bartlett. 11th June, main surgery. Met with Nick. Further time of f work. Struggling with work rel ated stress and ongoing i nvestigation. He has met police doctor. Acknow edges he is under duress but can conti nue to work according to Ni ck. Di scussed ? Requesting transfer as he continues to work daily with other staff members under
i nvesti gation. He is being to feel threatened by these colleagues. I have advi sed himtoliaise with his seni or officers/Garda doctor about this."

So that covers the period immediately before and after, 15:30 when you saw him, as you did see him on the 19th May; isn't that correct?
A. Yes, that's correct.
Q. I have noted in the papers that were provided with your statement, at page 3651, that there is a SAMS report 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?
A. Yes.

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?
A. No, that would have been sent to me.

305 Q. That would have been sent to you?
A. Because I have no way of pulling this out.

306 Q. A11 right, perhaps I misunderstood you. You are reliant on it being sent to you?
A. Yes.

307 Q. But can you confirm that you did in fact have it on the day then?
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.

308 Q. You were adding up the days there?
A. Yes. .

309 Q
A. And there are processes within HR absence section which when they receive this they put the classification down. And I understand, I know that where there is a reporting of work related stress, their policy at that time was that they kept it as "ordi nary illness" until they were able to prove that there were work related factors that were the cause of the individual's illness. So that is the procedure that $I$ knew that they adopted. So I never worried myself too much about the classification, because I could still do my consultation without knowing what the classification was.
312 Q. Yes. I mean, that doesn't in any way affect how you're viewing the patient or interacting with the patient on the day; is that right?
A. No, it wouldn't.

313 Q. Is that right?
A. The classification of absence as it is recorded on the SAMS doesn't affect my consultation.
314 Q. Okay. Your notes then in relation to the consultation on the day are at page 3790 ?
A. Yes.
Q. It commences with a consent statement which is signed by Garda Keogh. He has, I think, filled in the first few lines there relating to his recent absences, is that right?
A. No, I would have written that.

316 Q. You would have filled in those?
A. Yes.

317 Q. Okay. Can you recollect, he was issued by Dr. Bartlett 15:34 with a certificate on the 18th relating to work related stress, did he bring that with you, or do you remember seeing that?
A. I can't recall.

318 Q. You can't recal1. Okay. It records then, as I read it:
"Was referred origi nally on account of management concerns about hi gh level of short absences. 48 days in a 12 month period."

If we could go to page 3790. It says:
"If currently absence date absence commenced. Was
referred originally on account of management concerns about hi gh level of short absences ( 48 days in 12 months period fromJanuary 2014) with more than half concerning early tours. Al so hi gh number of annual leave in early tours.

Basis for review. As above."

So, do I understand it that even though Superintendent Murray had referred to the work related stress, you weren't assessing him for that?
A. No, I was assessing him in relation to what was driving the frequent absences, trying to kind of explore if there were any -- all the factors, whether it was work related or not work related, what were the factors that ${ }_{\text {15:35 }}$ were contributing.
Q. okay. You seem have noted then under a number of star points there.
"New superi intendent si nce March 2015."

I am not sure what the next word is.
A. "Affirns meeting with superintendent towards the end of March 2015 and concerns about absences and attendance patterns."
320 Q. "Di scussed absences."

CHAN RMAN I'm sorry. "New superintendent si nce March 2016", and, doctor, what's the next one?
A. Affirms.

CHA RMAN "Affirms meeting with..."

MR. MEGI NESS: It then goes on:
"Di scussed absences in the context of frequent short-termabsences between J anuary 2014 and January 2015. "

Do you recollect any more detail about that?
A. I can't recall specifically. We would have spoken about different things, as to each of the absences, like why were you absent there? what was the -- you know, what was the thing behind that absence? That is what I would have been kind of going over.

326 Q. Yes. It then goes on:
"In the context of well being support."
A. "Says tries to attend AA regul ar and is in touch with Garda empl oyee assi stance of ficer."
327 Q. Yes. what does it go on to say?
A. "Says no al cohol si nce April, though woul d have drank excessivel y over St. Patrick's hol iday and bet ween J anuary and February, usually about or more than 12 pi nts of al cohol."

Sorry, units of alcohol
CHA RMAN 12 pints or more.
A. Or more, yeah, sorry.
Q. MR. MEGU NESS: Is that 12 pints binge or 12 units binge?
A. Units.

CHAL RMAN Oh sorry, 12 units.
A. Yeah.

329 Q. MR. MEGINESS: "Saw GP in respect of recent absence and prior to return to work. GP has referred for new support interventions and awaits to commence same."
A. Yeah.
Q. That was something the GP was organising?
A. Was organising.

331 Q. Yes, okay. "OHP reiter ated implication of continued mi suse of al cohol on his expected effectiveness and..."
A. Importance".

332 Q. "...importance of engaging positivel y with supports to mai nt ai $n$ well bei $n g$ and ef fectiveness. Engages appropriat el y."

Is that right?
A. Yeah.

333
Q. "Not dyst hymic."

Is that:
"Logi cal content and flow for di scussion."
A. Yes.

CHA RMAN what is dysthymic?
A. It's a mood, an alteration in the mood or mood depression, dysthymic.
Q. MR. MEGU NESS: He was presenting normally?
A. Yes.
Q. CHAN RMAN So there wasn't abnormality in the mood.
A. There wasn't.

CHA RMAN okay, thank you.
Q. MR. MtGU NESS: Is that "agree fit to attend at present and fit for duties as assi gned."
A. Yes.

337 Q. "Conti nued to avail of organi sational and GP support."
A. Yes.

338 Q. Now, was that something -- you say, you have written it down there "agree", was that agreed between the two of you?
A. Yes, that would have. Because I would have said -generally, by the time I come to the conclusion and I am saying, okay, this is the plan, $I$ tend to kind of discuss that with the individual, to kind of say, okay, 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.
339 Q. Yes. Could you give the Chairman a view as accurately as you can do so, what would you say was his condition and what was your diagnosis of his problem at that point in time that had led to these issues of absence?
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 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 attendance and that there was a need for him to engage with his supports that his GP was putting in place.
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 his he GP?
A. Yes.

341 Q. Taking his advice.
A. Yes.

342 Q. And trying to follow it, is that right?
A. Yes, yes.

343 Q. You concluded that he was fit to resume work?
A. He was actually already at work.

344 Q. He was already at work, yes.
A. Yes. Yes. It's just in the context of neither Superintendent Murray or Chief Superintendent wheatley believe that they received any outcome in terms of a document --
A. No, sorry.

347 Q. -- relating to that.
A. Sorry about this. I just need to see which direction this --

348 Q. Perhaps we will come back to it.
A. Yeah. Go ahead, sorry, I will find it.

349 Q. We will move to another issue.
350 Q. CHA RMAN In the normal way, would you send a report?
A. I would have sent a report, yeah.

351 Q. CHA RMAN To whom would you send it, doctor?
A. It would be addressed to the executive director of HRPD at that point in time.

352 Q. CHAN RMAN okay.
A. Yes.

MR. MEGI NESS: I would like you to look at some documents, just to see whether you can help us as to whether you ever received these ones.
A. Okay.
Q. Now, you saw Garda Keogh on the 19th. We know that Superintendent Murray wrote, and the chief superintendent wrote again almost immediately after that period, in a series of documents that were sent up to headquarters. Could I ask you to look at page 6145? It's in volume 20. This is a report of the chief superintendent dated the 26th May. It's going up to headquarters in response to correspondence from Human Resources executive director, looking for the required information. It sends on the report, this further report of Superintendent Murray, which commences on the next page. If you go to 6146, that is Superintendent Murray's report, written on the 20th May. It's giving an answer primarily to the question about whether he can or cannot explore further the claim of the member that he is suffering from work related stress. He attaches, if we see on that, at page 6147, he attaches the chief's request of the 12th May, the original request from $H Q$ of the 7 th May, the report that you saw of the 2nd April, the referral form that you saw and then the member's medical certificates. These are the member's medical certificates that are referred to in Dr. Bartlett's note that we have seen. I am just wondering, would it be help you in any way to look at those. They are from 6153, 6154, 6155, 6156, 6157, 6158, 6159?
A. I wouldn't have seen any of this.

355 Q. Pardon?
A. I wouldn't have even any of this.

356 Q. No. Okay. Obviously these were sent to the chief superintendent and she sent them up after the 20th May, but we have seen from Ms. Carr's evidence this morning that she said all documentation was sent to the CMO, but you don't recall seeing these documents?
A. I don't have -- I didn't see these. okay. In any event, matters arose in July of 2015, as a result of which there was a request for a case conference to be held with the CMO and I think ultimately you attended the case conference on the 9th December?
A. Yes, I did.
Q. 2015?
A. Yes.
Q. There are minutes of that at 3646. I think you have seen those minutes, have you?
A. Yes.
Q. Did you yourself take any notes at the meeting?
A. No, I don't take notes at meetings.
Q. Okay. There's a number of observations there, obviously there is HRPD, which talk about the volume of sickness absence and the consequence. There's
Occupational Health observations and actions. would that represent your contribution, in the middle column there?
A. Yes.
Q. So it commences:
"Mentber's condition appears to have taken a turn for
the worst. It was not apparent at the time of CMO s I ast revi ew of hi mon 19th May 2015.

Necessary that the member will engage with the support services offered to him The menber should be booked into a treatment facility to hel p hi mrehabilitate."

Do you recalling suggesting that?
A. I can't recall what $I$ said other than to say if it's recorded that I said that, that was the recommendations 15:47 that I made or the advices that I gave at that time, then that's what I recollect, yeah.
363 Q. Yes. I suppose my question is: There was nobody else from occupational health there?
A. Ms. Fiona O'Brien is a clerical officer.
Q. We're told she was to take the notes?
A. Yes.
Q. Wold that be accurate?
A. Yes.
Q. okay. "An early appoi nt ment for revi ew at the OHS to be arranged and commini cated. "

You fixed I think the 18th December, isn't that correct?
A. That's correct, yes.

367 Q. "Management to inform Garda Keogh of early appoi nt ment for revi ew at the OHS. I mpress the importance to the member of keeping this revi ew appoi nt ment and fully engaging with the necessary processes to prioritise his
recovery with the ai mof retaining his empl oyment."

Garda Quinn, who was present there, who was the EAS officer, he said there was some discussion at the meeting as to how the sick absences were recorded and mentioned the issue of work related stress being discussed. Do you have any recollection of that?
A. I wouldn't have.
Q. Pardon?
A. I wouldn't have a recollection.

369 Q. One of the other attendees was Superintendent Declan Mulcahy. I don't know whether you knew this at the time, but he was a detective superintendent investigating allegations that Garda Keogh had made about some aspects of policing in Athlone and he had been liaising with him regularly about different issues. Did you know that at the time?
A. No, I wouldn't know.
Q. Do you recall whether he made any contribution?
A. I wouldn't know what individuals said or didn't say at the meeting. The meetings generally tend to kind of -the notes that are taken tend to be -- there's no transcript of verbatim recording of the discussion that I'm going on, it's really about what are we coming to -- how are we going to go forward? what are we going to do to support the member?
371 Q. Yes.
A. What recommendations or what things that either management need to do or ourselves need to do to help
to support the member's wellbeing, recovery and eventual return to work.
372 Q. Yes. It may or may not assist your memory, but both Superintendent Mulcahy and Garda Mick Quinn, they had received phone calls at different periods of time from Garda Keogh, from which it appears that he was apparently drunk on a couple of occasions, would that help your memory as to whether they brought that to your attention?
A. It may have been discussed at the meeting, but by this time we're all pretty clear that alcohol was playing a significant issue, I would say a significant role in what was going on here. The focus would have been on how do we support, you know, support him in order to be able to kind of overcome this particular circumstance. That would have been the focus at that time.
Q. Garda Quinn is apparently recorded there in the third column, in the middle there:
"EAS officer's observation is that the menber needs to deci de for himelf that he needs hel p and make a concerted effort to access services to address the i ssue. "

Then there was some discussion, it would appear, about the question of a transfer. Do you recall that at all?
A. I think there was a discussion about whether continuing in Athlone was actually beneficial in the long-term for him. And I think there had been previously a comment
about -- not at the case conference, about the consideration for transfer out of Athlone. But I think this was just management's view that maybe Athlone was not really very conducive for him.
Yes. In the context of Superintendent Murray's
original report and referral, which had referred to work related stress and the Garda not being open to discussing his concerns, does that ring a bell as to whether there was any discussion of work related stress at this case conference??
A. No, I wouldn't -- I wouldn't know about that. Because a case conference don't to tend to -- I'm just speaking now in general here. The case conferences don't tend to kind of allow for much discussion around the things that the individual might have disclosed confidentially ${ }_{15: 52}$ to ourselves.
Q. Yes. It is correct to point out that Superintendent Murray and Chief Superintendent Wheatley's memos of July did refer to the drinking rather than work related stress but he was still being certified by his doctor for his absences for work related stress. You wouldn't be aware of that at the time?
A. I wouldn't know what was being certified.
Q. Yes.
A. Because I don't deal with certification.
A. What was important was, if he was being certified as unfit for work, it was to explore why he was unfit for work and if there was any illness or, you know, condition that we could address. The factuals in terms of those, it was work related stress, usually it's management's role to kind of explore what the work related stress concerns were and then to kind of 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 GP was certifying him for, the GP -- and any doctor is free to kind of make a decision as to what is 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.

380 Q. Yes.
A. The general -- where there is a question that 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 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
causing you stress. But from our own point of view, what we would be looking at is whether there is any illness that is, you know, developing or presenting as a result of the stress that the member is saying the factors, whatever the factors are, and discuss them.

381 Q. We will come to your view obviously after we deal with the consultation. You had the consultation with Garda Keogh on 18th December 2015?
A. Yes.

382 Q.
You have notes there at page 3791 and 2. Just if we go ${ }_{15: 54}$ slightly back up the page, we will see, it says:
"Level of current duties if at work: N/A but prior to absence normal policing duties as station orderly at
station. "

Is that right?
A. Yes.

383 Q. And then:
"Basis for this revi ew or consultation: New absence concerns and concerns about member's well being following I ast OHS revi ew and follow on from case conference of the 9/12/2015."
A. Yes.

384 Q. Now, again you have a number of starred points, if we could go through them one-by-one. I think the first one is:
"Si nce Iast seen further periods of short-term absences, some of concern hi ghl ighted. "
A. Four days.
Q. "Four days in July. Had forgotten he was."
A. "Rost er ed".
Q. "Rostered after calling in off sick on the 10th July. Attributes this to drinking while off and taki ng Xanax with al cohol on the 9/7. In Novenber he went off after bei ng di rected to do Haddi ngt on Road hours, whi ch he says he had done in October (was off 4/7)."
A. Four days as well.

387 Q. Four days. Yes. The next starred point is --
A. "Says stressed by".

388 Q. "Says stressed by difficulties with his seni or management. Extra supervision issues with his car tax, 15:56 issues surroundi ng the know edge that he is a whi stlebl ower, working in the same station with a coll eague who is the subject of his complaint, and describes himself as stressed on a daily basis by it all."

Now, just in the context of your having dealt with him thus far, both in '12, '13 and early in '15 and your knowledge of his difficulty with his alcohol, were you seeing this as a review of whether he was suffering from work related stress in any form or fashion or whether he was suffering from an illness related to his alcohol addiction?
A. It would have been both of them.
Q. Both of them.
A. Yes.

390 Q. The next starred one is:
"Admits started drinking agai $n$ in Jul y 2015."
A. And wasn't, particularly after assigned to a station orderly role.
391 Q. "After assi gned to a station orderly role. Says he took a Xanax previ ously prescribed by a GP with al cohol whi ch affected him"

And then:
"Says concerned and. .."
A. Affects him as he has to work with a friend.

392 Q. Yes. "Affects himas he has to work with a friend of the member who was the subject of his compl ai nt. Not happy that local management di dn't take or have not taken this into cogni sance. "
A. Yeah, cognisance.

393 Q. "Says situation fraught and they don't speak with each ot her .

In respect of drinking and being under the influence, says no driving si nce July 2015, if he has been
A. "Says he gets rid of his keys."
Q. "Says he gets rid of his keys."
A. Yeah.

Yes. "Di scussed how we progress from here and agreed must engage with treat ment interventions as referred by GP and Iinking interactively with GP. Continues to engage with EAS supports. Ret urn to work will be supported depending on GP certification. I mportance of 16:00 compl i ance reiterated. Agreed temporarily unfit to attend and work pending re-eval uation with GP."

And then there is a phrase:
"Cl assification on absence basis. Report to HRPD absence section OHP to hi ghl ight. OHP is to commini cate with GP in order to progress."
A. "Clinical management issues."
Q. "Clinical management issues. Follow up revi ew with rel evant updates."

Now, did you convey to Garda Keogh on this date that he was unfit to work and shouldn't return to duty on this date?
A. Yes, I did.
Q. The reference to "classification on absence basis, report to HRPD', can you help us with what that was?
A. No, because the whole thing -- I think part of the discussion we would have had, wouldn't go into detail, it was about the classification of his absence. Because it came up again that his absences were still being classified as ordinary illness and there hadn't been any movement on that. So I said I was going to highlight it in my report or make a reference to it. Just to kind of say that, management had not sought my opinion in relation to whether his absences could be classified or whether it could be classified as work related stress or not.
A. And where management do not request that, we do not as a routine make or provide any specific opinion in relation to that, because the issue of classification
Q. Yes.
A. But we could flag it to them in a way to make them understand that, you know, this is -- so that we can make -- you know, we can follow that up in terms of exploring it, both HR and local management.
Q. Yes.
A. But if they ask us specifically about that, we will then trigger our own process, which is about providing 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.
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.

409 Q. okay.
A. Yeah.

410 Q. Can I just draw your attention to Garda Keogh's account of this meeting at different parts of our papers?
A. Okay.

411 Q. At page 78 of our papers, this is Garda Keogh's statement made to our investigators. And he says:
"I met with the CMD, Dr. Oghuvbu, and through di scussions with hi me established that I was not bei ng recorded as bei ng out with work rel ated stress but instead was being recorded as being out with viral flu. "

Do you agree with that?
A. It's possible, because that would have been the SAMS report that I had.

412 Q. Yes. He goes on to say:
"The CMD showed me a sheet of paper with me recorded out of work with viral flu throughout."

Is that correct?
A. That would be reflective of the SAMS report that I had.

413 Q. Yes. "He asked me whet her my sick certificates had work rel at ed stress on them as the reason I was out sick. I told himthat they did."

Do you recollect that?
A. Probably.
Q. Pardon.
A. I would have asked him the question. If I had the SAMS certificate there and he was saying that and I was showing him that, we would have had a discussion back, you know, about that, but I wouldn't know the details of the discussion. But he would have asked and I would have said, well, the information $I$ have is this, and he would have been saying that this reflects that. And I would have asked specifically that, because again, I am not involved in certification, $I$ just had the SAMS sheet with me and a11 I can do is reference that.

415 Q. Yes. Anyway, he says he told you that they did. He then says:
"The CMD went to look for a folder and took a fol der froma cabi net. He then said he was going to talk to someone hi gh up about this."

Do you recollect that occurring?
A. I wouldn't recollect that.

416 Q. Pardon.
A. I can't recal1 it.

417 Q. You don't recollect?
A. No.

418 Q. okay. At page 136 of our documents, in an origina1 down there he said:
"Thi s anomal y was advi sed to me by the Chi ef Medical

Of ficer on 18th December 2015 and he appeared to be as baffled as I."

I don't know, does that help you remember? Do you remember being baffled?
A. I wouldn't be baffled about that. I can't recall being baffled. But I wouldn't be baffled because there is a discrepancies between the member's account of the reasons of his absence and what is recorded on the SAMS thing. I wouldn't be, because that does happen and I wouldn't -- again, like I said, the classification of absence is not my --
419 Q. CHA RMAN You understood the classification.
A. Yeah.

420 Q. CHA RMAN And that it would be down as flu/viral?
A. Yes.

421 Q. CHA RMAN Or as ordinary illness?
A. Illness, yeah.

422 Q. CHA RMAN Un1ess and until it was determined that it was work related stress?
A. Yes.

423 Q. CHA RMAN So therefore, you wouldn't be surprised or baffled?
A. No. That wouldn't be an accurate description of how I would respond to that.
424 Q. CHA RMAN But it may well have come as a shock to Garda Keogh because his doctor's certificates were saying work related stress?
A. Work related stress, yes.

425 Q
CHA RMAN And now he is discovering that it is being recorded as flu/viral?
A. Yes.

426 Q
A. Yes.

CHA RMAN okay.
MR. MEGU NESS: In a subsequent letter to the Minister for Justice in May of 2016, it's said on behalf of Garda Keogh that:
"On 18/ 12/ 2015 I was sent to the Chi ef Medical Officer in Garda HQ, Phoeni x Park, where I had a conversation with Dr. Oghuvbu and I outlined 15 types of harassment from being subjected to internal investigations to every aspect of my work being scrutinised."

He then specifies them. Now, you obviously have recorded in your notes instances of what he described to you there --
A. Yes.

428 Q. -- on the first page of your notes, isn't that correct?
A. Yeah, there are two particular high1ighted things that came out in the course of that conversation.
429 Q. Pardon?
A. There were two things that came out, high1ight things, because of our conversation, which I made a note of.
Q. Yes. He doesn't refer to giving you a document there, nor does he -- he seems to refer to a conversation about them. You don't appear to record receiving a
document from him at that point.
A. He did present a document, a script where he had written a list of -- as a memoire for himself.
Q. Yes.
A. An aide memoire for himself, I presume, of different things that he was concerned about.
Q. Yes.
A. He went through them and I took -- I acknowledged them as part of the -- but I didn't record them into my notes.

433 Q. Yes.
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 kept it.

434 Q. Yes.
A. I think that was a11, that was the end of it.
Q. We will come obviously to the later consultation you had with him.
A. Yeah.
Q. Where your notes do refer to a script as such. I am
wondering, did you get them on the occasion of your second meeting with him?
A. I think it was -- I may be mixing up the dates there. But I think the one where I make reference to that script is the one where he gave me the script.

437 Q. Okay. We11, we will come to that in due course. But after this consultation, it appears that you tried to phone his own doctor on the day, on the 18th September. If we look at page 3793. The date at the side, it's

7/1/2016, 12:48.
"Tel ephone call with GP on foot of unsuccessful attempt on 18/12/2015. Menber attended GP on the $22 / 12 / 2015$.
GP agrees or indicates currently not fit to return to work. Referral tolocal source outpatient."
A. "Local service".
Q. "Local service outpatient but preference is for i npati ent treat ment."
A. Yes.
A. "To be fed back".
Q. "To be fed back". okay. "HRPD update report."

Then you have signed that. Dr. Bartlett has a note recorded, if we perhaps just look at that, 10643. It's on that date, if we just scroll down.
"7th J anuary '16, tel ephone call. Doctor, Phoenix
Park. Di scussi on re Ni chol as. I have advi sed that Iocal CAD referral has been made."
A. Yes.

442 Q. "I will revi ew Ni chol as prn."

That is entered by Dr. Bartlett?
A. Yes.

443 Q. I am just wondering, it was later on that day, in fact, on the 8 th when you formally wrote to the executive director?
A. Yes.

444 Q. Giving your view. Were you holding off on your view as to whether he was unfit for work until you had spoken to his GP?
A. No, no. I think I had already made that decision, if I am not mistaken. I had already said I agreed temporarily unfit to attend at work pending reevaluation with GP. So I wanted him to be seen by his GP. So I had already made that decision that he was unfit. But the reason why I was contacting his GP was, I was concerned about his clinical management. That I felt that that needed that to be intensified. So I wanted to talk to the GP so that we were on the same page in terms of getting him access to the right clinical management.

445 Q. Okay. We heard from Garda Quinn yesterday, who gave evidence and produced his notes. He had a note of a phone conversation with you on the same day as the examination, the 18th?
A. Yes.
Q. Perhaps if we could look at that note. It's on Volume 37, 10619. This would appear perhaps most likely to have been a conversation that took place after your
consultation with Garda Keogh but on the same day.
A. Yes.

447 Q. But you might just read it there.
"Dr. Oghuvbu rang me to di scuss and clarify and get my opi ni on about some of the difficulties that the menber was encountering with his superintendent."
A. Yes.

448 Q. "I spoke with the nenber after his visit to the CMD."
A. Yes.

449 Q. That's he, Garda Ryan.
"I suggested that he document fully any inci dent where he felt he was being treated unfairly or
i nappropriatel y by his superintendent."

Do you recollect ringing Garda Quinn?
A. I would have spoken with him as an employee assistance officer, supporting him, and said, look, I was concerned about that. It appeared there were issues
between himself and the superintendent, it could have been a misunderstanding between them, I don't know what it was, and I said I want to ask -- because of the role of the employee assistance officer is a welfare support to the individual, so if there is an issue where the
individual was having difficulty with either their supervisor or their management, I would usually bring it to their attention, to say that, look, maybe we need to kind of explore this with the individual and see
what can be done in relation to it. But it's not a medical advisory or anything.
450 Q. Yes.
A. Yes.

451 Q. Garda Quinn in evidence yesterday said he gave it as opinion, that he thought Garda Keogh was being treated perhaps harshly by the superintendent, do you recall any --
A. I wouldn't recall it. I think that came out -- sorry, if I go back to my notes, the clinical notes on the 18th December, I said:
"He felt stressed by difficulties with his seni or management in terns of extra supervision."

So those would have been the things I would have discussed with him, to say that, look, this is what he is saying. I have no way of validating or anything.
452 Q. Yes.
A. I am bringing it to your attention as a support.

453 Q. Yes.
A. To see whether you can do anything, you know, in terms of supporting him from that perspective.
454 Q. Yes. So you were linking in with his support officer and his GP then?
A. Yes.
Q. You did report then to Mr. Barrett on the 8th January, if we look at page 3750. That's dated the 8 th January. In second paragraph he says:
"The nember has been absent since 8/12/2015, certified on medi cal grounds for a reactive loss of well being set agai nst a background of reported issues in the workpl ace or associ at ed with hi s work, and complicated by i nappropriate use of al cohol. A case conference was hel d on 9/12/2015 and local management are conversing with the issues in this case."

That description in the second line there, was that intended to reflect what Garda Keogh had said to you about the issues?
A. Yes. Without going into details about what was said.

456 Q. Yes.
A. But just to flag that these were his concerns.

457 Q. Then he said:
"Based on the inf ormation available to me, my opi ni on and recommendations in respect of the member are as follows: Medical fitness recommendations:

1. Foll owing consultation on the 18/12 and update now recei ved fromthe member's doctor, the member is deemed temporarily unfit to attend regul arly at work and for pol icing duties. Rel evant treat ment interventions have been initiated by his doctor and updates are expected.
2. The member has been advi sed to avail of the confidential support services afforded menbers as requi red.
3. Further revi ew - further advi ces shall be offered
as antici pated updates become available.
4. In the event that the member's doctor certifies him fit to ret urn to work prior to further advi ces from this service, this service should be notified on a priority basis so that the rel evant gui dance on workpl ace accommodations/ adj ust ments can be of fered."
A. Yes.
Q. You I think next saw him on the 19th May, is that correct, 2016?
A. Yes, 19th May 2016. recording there. If we look at page 3692. There is an up-to-date copy of it there. It's dated 19/5?
A. 3692?

460 Q. 3652.
A. Oh, I'm very sorry.

461 Q. I beg your pardon. Your report of the 8th January that we have looked at doesn't seem to raise the issue of classification one way or another for the HR department?
A. I highlighted there were work related concerns being reported by the member, but that was just all I said I was going to do, I was going to high1ight it but I wasn't going to dwell on it.
462 Q. okay. In any event, you saw him on the 19th?
A. Yeah, on the 19th of...

463 Q. Your notes are on page 3795. The level of current duties not applicable, he's not at work.
"Basis for this review or consultation: Revi ew of clini cal progress and of fitness to ret urn to work and for policing duties."

Then you have got a starred set of comments or a record 16:18 of it.
"Situation has not improved for himpersonally and at this time the..."

Is that the background circumstances?
A. "And at this time the background circumstances and publ icity about the whi stlebl ower aspect is wei ghing very negat $i$ vel $y$ on the member."
464 Q. Okay. You then have recorded bringing?
A. No bingeing.

465 Q. Sorry:
"Bi ngei ng on additional al cohol still three to four days epi sode, anxi et y and feel ing I ow have al so crept in."
A. Yeah.

466 Q. "Sees GP and tries to keep up with CADs follow up but patchy. Open to further intervention but engagement will depend on hi m"

The next one is:
"Quite situated, the i mpact of work and how he has been
treated as being responsi ble for everything. Has script detailing events as he sees themsince 2014."
A. That's his script, sorry.

467 Q. Is that when he produced the script; is that correct?
A. Yes.

468 Q. You took a copy of that, you said, at the time, is that right?
A. Yes.
Q. "Open to OHP di scussing clinical intervention options at this stage and to optimise treatment. Agreed to continue to avail of organi sational supports. Has found EAS officer very supportive in the circumstances. Agree temporarily unfit."

470 Q. CHA RMAN what were the clinical intervention options?
A. In terms of -- because he was attending this service locally, which his GP had arranged, it was a voluntary service. I began to feel that it wasn't intensive enough and would not achieve the goals that we wanted.
471 Q. CHAL RMAN Being?
A. In terms of helping him to get over the difficulties he was experiencing with alcohol. That the service he was attending --
472 Q. CHA RMAN He had to give up drink?
A. Pardon.

473 Q. CHAl RMAN He had to give up alcohol?
A. He had to give up drinking and he needed to be in a service that would facilitate that. So I discussed, you know, in terms of inpatient treatment, which $I$
thought would be the preferable thing. And I mentioned that to his GP before.
474 Q. CHA RMAN was there any option to treat stress?
A. The thing with -- I would just say this about stress. In terms of stress, the approach to stress is, if you identify what the stressor is, you remove the stressor. And in his case it was obvious to him -- to me, listening to him then, that his perceptions about the 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 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 difficulties with alcohol --
475 Q. CHAD RMAN How would that be driving the alcohol? what would be the connection?
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 not eating at all. Some people, they might become obsessed with maybe like exercise and they over smoke, they find themselves smoking more. They just kind of find something to help to kind of diffuse that tension that they feel inside. For some people
unfortunately they may recourse to alcohol. We would, from the medical perspective, generally say that alcohol is not a very useful means of dealing with that, because in itself alcohol is a depressant. So it is not going to actually make you feel better in any shape or form, so we would generally say people shouldn't use alcohol as a coping mechanism when they are faced with stress.

476 Q. CHAN RMAN He has been having this problem since 2012?
A. Yes.

477 Q. CHA RMAN And he hasn't got over it?
A. We11, that does happen because --

478 Q. CHA RMAN No, no, no, this isn't a moral --
A. Yeah.

479 Q. CHA RMAN This isn't a moral question here?
A. Yeah.

480 Q. CHAN RMAN We're talking practicalities here and treatment options.
A. He had been having treatment options. Okay, in --

481 Q. CHAN RMAN C1inical options?
A. Yeah, clinical options.

482 Q. CHA RMAN This has been going on since long before the publicity?
A. Yeah. And I mean like --

483 Q. CHA RMAN And it's obviously a very intractable, 16:23 difficult problem?
A. Yes, it is, but it can be addressed. Because between 2012, when he was admitted to St. John of God, most of the management he had was really about attending his GP
and trying to go to AA and the service, the local service. whether those were sufficient, because they were mainly voluntary, so it all depended on how much he wanted to --

CHA RMAN Does it not have to be voluntary in the end for it to work?
A. At the end of the day it has to be voluntary.
Q. CHAI RMAN It's not going to work.
A. No.

486 Q. CHA RMAN There's no point in shoving him in and locking the door.
A. No. And that was where we came to in May 2016, that I felt that he was a little bit more open now about having a more intensive type treatment. And that's what the discussion was about.
487 Q. CHA RMAN But from whenever it was, whenever the problem was, and however long it continues?
A. Yes.
Q. CHAN RMAN He has to decide?
A. He has to make the decision that I am going to get the treatment, yes.

489 Q. CHA RMAN And keep to it. I mean it's difficult?
A. It is difficult.
Q. CHAL RMAN Nobody is making a moral judgment or anything else.
A. No, it is difficult.

491 Q. CHA RMAN Anybody who knows anything about addiction or illness, physical or psychological, knows that these are big questions.
A. It is difficult.
Q. CHA RMAN And difficult questions.
A. It's difficult and you have to make the choice to engage with the treatment that is being offered. For some people the level of treatment he was given, he was 16:25 receiving would have been sufficient, but, you know, for some people and in his case it probably wasn't. But he had to come to the place where he decided that, 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 CHA RMAN Okay. And stress features.
A. Yes.
Q. CHA RMAN I know what you say about stress and it's not an illness and everybody feels stressed at some time. But stress or severe stress is going to put extra pressure on somebody who is already vulnerable --
A. Yes.
Q. CHA RMAN -- because of alcohol addiction.
A. Yes, it will. It will.

CHA RMAN okay, thanks.
Q. MR. MEG NNESS: 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.
A. Yes, it looks like that is his handwriting.

Yes, and there has been a redaction there. And there is a second page then on the next one?
A. Yes.
Q. Garda Keogh kept the original then; is that right?
A. Yes, he did.

499 Q. A11 right. You didn't see it obviously as your function to enquire into those matters?
A. No.

500 Q. I think within a week or two or perhaps a slightly longer, period, you spoke with his GP on the 7th June; isn't that correct?
A. It would be correct I think.
Q. Could we look at Dr. Bartlett's notes first, at 10644. I'm sorry, I don't see a reference there to a phone ca11, but you have in your own notes a reference to a phone call.
A. Yes.

502 Q. Perhaps we will just leave that page up. Sorry, we will go back to page 3796. You've recorded there:
"Tel ephone call with GP in response to OHP message of 20/5/2015. Menber attended GP on Friday past. Still bi nges and reactive loss of well being with..."

What is that word
A. "Anxi ety".

503 Q. "Anxi ety + and stressed out by same. Finding the situation difficult to handle. Open to..."
A. "Expl oring ot her treatment options."

504 Q. "...either locally or.."
A. "Away".

505 Q. "I ncl udi ng"
A. "Private psychi atry input".

506 Q. "Vi ew is currently unfit."

507 Q. okay. I think following that phone call you wrote a report on the 10th June. If we look at page 3741 of the papers. This is a report back to the executive director. The last paragraph is as follows:
"In the context of ongoing background issues reportedly associ ated with the member's work, whi ch appear to be having a si gnificant negative impact on the member's sense of well being and maintenance of same, I recommend 16:30 a priority case conference invol ving your office and the member's seni or di vi si onal management. Thi s would facilitate el uci dation of reasonable and practicable supportive workpl ace consi der ations to foster his sustai ned well being and effectiveness when a ret urn to 16:30 work becores feasi ble."

Was it your intention there to try and build upon his willingness to engage in inpatient treatment particularly?
A. Yes, it was.

508 Q. okay. I think you did have a further telephone contact with the doctor in advance of the conference on the 12th June, is that correct?
A. I might have, I am not --

509 Q. We will go back to your note there, at 3796.
" 12/ 7/ 2016. 12: 53. Tel ephone call with GP. Use conf er ence today to see how best AGS can support member's treat ment and recovery of well bei ng. Advi sed GP that AGS will facilitate."
A. "Access to residential care."
"Access to residential care in the light of member as willingness to access."
A. "Access same now.

511 Q. "GP due to meet member today and will."

Is that discuss?
A. "Cl arify further".

512 Q. "Cl arify further on residential care. Reiterated that AGS will support member's treatment and rehabilitation without prejudi ce to background circumstances."

When you are referring to background circumstances, what do you mean there?
A. That, you know, with everything that was going on, that the decision to support his wellbeing and to support his treatment now, was on the basis that he was willing to engage and there were going to be significant
financial costs associated. So without prejudice to any of that, $I$ was pushing that, look, let's do this really. And there was a general consensus that this is probably the right thing to do. So that was what that
513 Q. And then:
"Agree to feedback to OHP if any rel evant devel opment."
I think there is a note in Dr. Bartlett's note of that phone call, if we go back to 10644. There is a reference to psychiatric issue of assessment there. And then 17th June.
A. 17th.

514 Q. If we go down there. Reference to Lexapro. And then there's a phone call there towards the end, if you scroll down a tiny bit?
A. Yes.

515 Q. "Main surgery, phone call. Has been informed that Nick is going to admit himself for a resi dential stay for al cohol. TX. He has expl ai ned that following a case conference today he has been advi sed Garda service to support Nick in all ways possi ble re financial support."

If we go down there.
"Met with Nick he is self referring to... cancelled. Repeat Lexapro."
what is Lexapro?
A. It is an antidepressant medication.

516 Q. There are notes of the case conference then on the 12 th

July, at page 3647. Your contribution appears to be recorded there in the middle column, is that correct?
A. That's right.

517 Q. There appears to have been unanimity in the sense of everyone agreeing that this was the way forward, isn't that right?
A. Yes.

518 Q. There was then arrangements made for the funding of it too, isn't that correct?
A. Yes.

519 Q. There is no reference to any local management observations there. Do you remember Chief Superintendent wheatley saying anything? or do you remember whether Superintendent Murray was there?
A. I wouldn't remember who was at the case conference other than the recording of who the attendees were. And in terms of individual comments, I wouldn't know what anybody said individually.
520 Q. Yes. You appear to have phoned Garda Quinn on the 18th July to inform him about the position regarding the funding for it, do you recall doing that?
A. I probably did that, yeah. Because being his support officer, I would have probably linked up with him to say that I had been approved or something.
521 Q. Yes. I think you received an update after Garda Keogh 16:35 had gone in to treatment and you reported on that, I think, as you said you would, back to OHP. Is that your report of 21st July 2016, at page 3740?
A. Yes. .

522

527 Q. Yes.
A. Okay, sorry. Sorry about that.

528 Q. That is okay.
A. Just the dates, because it was May, I mixed up the dates.

529 Q. We have seen from Ms. Carr's statement that there were a number of subsequent requests to you to schedule an appointment for Garda Keogh?
A. Yes.
Q. And I think none of those went ahead, isn't that correct?
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 management were aware of that. And where they were
asking me to come and assess about his fitness, I didn't think that it was appropriate in the context of what was very much in the public domain at that point in time to do that.
531 Q. Yes.
A. So that is the reason why I didn't.
A. Yeah, I do.
Q. So, I mean, it seems to remain the position that you were never formally asked to assess Garda Keogh on the basis of suffering from an injury arising out of work related stress, is that accurate?
A. Yeah. There was no -- well, he was absent, he was being certified by his doctor as absent, he was referred on that basis. But if it's an issue about the classification of his absence, I was never asked for an opinion in relation to the classification of his absence.
Q. Yes. okay.
A. To give a view or an opinion on it. And I think on two occasions $I$ flagged that there were work related issues, you know, but I have never been asked to formally give an opinion, which suggests that --
Q. CHA RMAN Nobody has ever said to you --
A. Yeah.

537 Q. CHA RMAN -- is this correct?
A. Is this correct.

538 Q. CHA RMAN Or do you agree that this is -- nobody has ever asked you that?
A. No, they haven't.

539 Q. MR. MEGU NESS: Yes. I think you were here for Ms. Carr's evidence this morning?
A. Yes.

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 from the workplace?
A. Provided there has been a -- there is a query, a question, in the mind of either HR or local management.
541 Q. CHA RMAN If somebody writes to you.
A. Yes.

542 Q. CHA RMAN If HR writes to you --
A. Yes.

543 Q. CHA RMAN -- 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 related stress?
A. Yes.

544 Q. CHA RMAN i.e. is it an injury on duty?
A. Yes.

545 Q. CHA RMAN If you are asked that, you say you'd give an opinion.
A. Yes.

CHA RMAN okay.
546 Q. MR. MEGUNESS: Perhaps we will just look at the management of sick absences directive 139/10, at volume 28, page 8202. I am bearing in mind obviously that you don't have responsibility for recording the periods of absence?
A. No.
$16: 40$
"The Chi ef Medical Of ficer (CMD) advising the Garda Commissioner on member's medical fitness for policing duties. In forming a medi cal opi ni on, the CMD takes into account all medical information available at the time. Where the CMD advi ses that a member is fit for full/slight/restricted police duties, the member will resume duty imedi ately on being notified of same by the member's district officer/superintendent."

Is there any comment you would like to make on that?
A. No, that is kind of pretty standard, that we would advise on fitness. So if a member is out and has been referred to ourselves and there is an opinion being -when they are referred to us, they usually would say
that, okay, we want medical advice as to whether this person is fit to be at work or not, if they are fit to be at work, what are they fit to do. We would provide that opinion. But that is a very basic part of what we do.
"Where there is any doubt that an injury on duty occurred, a di visional officer should refer the matter to assistant commi ssi oner HRM who will seek advi ces of the CMD. The CMD will take into account all rel evant information in arriving at his/her advice.

A decision regarding injury on duty will be based on a compl ete investigation file into the incident. Management vi ews and recommendations, the assessment and opi ni on of the CMD.

Ordinary illness/injury on duty: Where there is a doubt as to whether the menber's sick absence is due to or di nary illness or an inj ury on duty, the menber's absence will be treated as ordinary illness pending a decision on the classification of the inj ury and in particular the CMD s advice."

Then it goes on about pay and retrospection. It
appears, does it not, that your function is one of offering advice and offering opinion, it's not making decisions then, isn't that right?
A. As far as those matters are concerned, in terms of fitness for work, I have to make a decision.

550 Q. CHA RMAN That's a decision, fitness or non-fitness, classically your decision and nobody else's?
A. Yes. But classifications such as this, and I think it is important to note that it says that "where there is a doubt", so management, local or HR have a doubt and they feel that they need clarification on it, then they would seek that clarification and that's where I would give advice and then they would have go and make a decision based on the advice that I have given.
551 Q. MR. MEGUNESS: And they would have to make it clear what matter they were seeking your advice on, isn't that right?
A. Yes.

552 Q. If we just look at the next paragraph on the top of the next page, it refers expressly to work related stress.
"Where members report non-effective for duty as a result of injury on duty or work rel ated stress, a thor ough investigation shall be carried out immedi at el y and the out come reported to the assistant commi ssi oner HRM for the attention of the CMD. "

So that's not an investigation you carried out?
A. No.

553 Q. No. And it should be carried out, it would seem, in advance of the matter being referred to you in normal circumstances?
A. Yes, it should.

554 Q. Thank you, doctor. There may be other counsel who wish 16:44 to ask you some questions?
A. okay.

## END OF EXAM NATI ON

CHA RMAN Now, yes.
MR. KELLY: Chairman, we have no questions of this witness.
CHA RMAN Thanks very much. Thanks very much. We11, Mr. Murphy.
MR. MRPHY: Chairman, thank you. Doctor, I wonder if you could be shown please document 3721 please.
MR. KELLY: Chairman, in this pause, I was a little -we have four quick questions.
CHA RMAN No problem. Mr. Murphy, we will forget this 16:45 one for the moment. Not a problem. Homer nods Mr. Kelly. Mr. O'Brien, have you got the four questions.
MR. O BRI EN May it please you, Chairman.
CHA RMAN Not a problem.

## DR. OGENOVO ( OVO) OGHUVBU MAS THEN CROSS- EXAM NED BY MR. O BRI EN, AS FOLLOMS:

Q.

MR. OBRIEN Just on an issue separate to what you have just discussed with Mr. McGuinness, Dr. Oghuvbu, can I ask you, were you aware that Garda Keogh had made a bullying and harassment complaint within An Garda Síochána?
A. Not until somewhere around 2018, when one of the assistant commissioners who had been assigned to investigate --

556 Q. Were you aware that Assistant Commissioner Finn was appointed to investigate this?
A. Not until he contacted me.

557 Q. I wonder could we have page 4111 for a moment, please, Mr. Kavanagh. This is the statement of Assistant Commissioner Finn. You see there, Dr. Oghuvbu, that in the fourth paragraph down?
A. Yes.

558 Q. Assistant Commissioner Finn identifies you, if you just 16:46 scroll back up, Mr. Kavanagh, just a slight bit please. You will see there he identifies you as a person to whom he wrote on 3rd January 2018?
A. That would be correct, yes.

559 Q. Can I just ask you, just in relation to that, did you meet subsequently with Assistant Commissioner Finn in relation to Garda Keogh's bullying and harassment complaint?
A. I met with him to clarify, because they had written a
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 kind of find out what --
560 Q. Can you recollect where that meeting was? was it in Garda Headquarters, was it elsewhere?
A. No, it would have been in Garda Headquarters.

561 Q. Can you recollect?
A. I can't recall specifically but I think it would have been Garda Headquarters. That is the most likely place.
562 Q. Do you recollect what you discussed with him?
A. No. Just about the context of why -- my being called in, what my involvement was, what was my -- why I was being -- my role, what was expected of me, because I didn't know anything about him.
563 Q. CHA RMAN And what was expected of you.
A. What was expected of me.

564 Q. CHA RMAN well then you wanted to know.
A. Yes.

565 Q. CHA RMAN why are you writing to me?
A. Yeah, why are you writing to me.

566 Q. CHA RMAN And what did he tell you?
A. He said that he had been appointed, because I wouldn't know about any of this thing, but he had been appointed - sorry Chairman - he had been appointed to carry out an investigation and that I was one of a number of people that he was required to.

567 Q. CHAI RMAN Consult?
A. Consult. And that was about it.

MR. O BRI EN Did he ask you any specific question.
A. No.

MR. OBRI EN I have no further questions, Chairman.
568 Q. CHAI RMAN Thanks you very much. Did you give him something?
A. No, because he provided me an excerpt --

569 Q. CHA RMAN He said I want to consult you?
A. Yes.

570 Q. CHA RMAN okay. Then he consults you?
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.
571 Q. CHA RMAN Don't worry about what page.
A. So they wanted a response from me. So essentially what he explained to me is that -- and I was required to provide a response to comments where I had been specifically --
572 Q. CHAl RMAN Sorry, which forms?
A. Pardon?

573 Q. CHA RNAN which forms?
A. I was required to provide a response.

MR. OBRIEN A response.
CHAI RMAN Oh, I'm sorry. Sorry.
A. A response.

574 Q. CHA RMAN It's late in the afternoon, at least it's 16:49 late for me. Sorry, I am just being stupid. He wanted a response, yes.
A. Yeah, where I had been specifically mentioned as part of what had been provided.

575 Q CHA RMAN So if I am understanding, that is all a pretty neutral affair?
A. It's a neutral thing, because $I$ didn't even know that there was a bullying and harassment --

CHA RMAN Are you happy with that, Mr. O'Brien.
MR. O BRI EN Yes.
CHAl RMAN Thanks, Mr. O'Brien.

## END OF EXAM NATI ON

CHA RMAN Now, Mr. Murphy.
MR. MRPHY: Thank you, Chairman.

DR. OGENOVO ( OVO) OGHNBU MAS EXAM NED BY MR. MRPHY,
AS FOLLOVG:

MR. MRPHY: I wonder if Dr. Oghuvbu could be shown page 9722, please.

576 Q. CHA RMAN You're forgetting 3721 for the moment?
MR. MRPHY: I am going to pass.
CHA RMAN That's all right. Thank you. Now you want 9722.

577 Q. MR. MRPHY: Please. 9722. Doctor, I think you have seen this document a few moments ago, can I just draw your attention to paragraph 1. Do1 you have a hard
A. Yes.

578 Q. Can I ask you just to confirm that on the date you wrote that letter, you said:
"The nember."

That is Garda Keogh
"Has now accessed and commenced appropriate i npatient care for a long standi ng and establ i shed clini cal condition, whi ch has been the clinical basis of his current absence."
A. Yes.

579 Q. Can you just confirm to the Chairman, that was your clinical assessment?
A. That was my clinical assessment.

580 Q. Yes. And that was your clinical assessment in December of 2015?
A. Yes, it was.

581 Q. And that was your clinical assessment in May of 2015, that there were issues in relation to alcohol?
A. Yes.

582 Q. In terms of your clinical assessment, was that informed 16:50 by the pre 2015 medical record going back to 2012, where Garda Keogh had difficulties with alcohol?
A. Yes.

583 Q. I think you were also aware of Garda Keogh's previous residential treatment in 2012?
A. Yes, I was.

584 Q. So would all of that information contained in the file have formed that clinical assessment that you made and that you recorded here?
A. Yes.

585 Q. Insofar as the issue of the decisions that you took in December 2015, if I understood your evidence, you said that you had decided in December 2015 that Garda Keogh was unfit to return to work?
A. Yes, I did.

586 Q. And that was your decision?
A. Yes.

587 Q. And insofar as you may have consulted with Dr. Bartlett after, that was purely consultative?
A. It was consultative.

588 Q. Insofar as Garda Keogh maintains that he walked away voluntarily from work in 2015, that isn't correct?
A. I'm not -- I cannot recall it how he went away from work in 2015, December, but definitely when I saw him, I made a medical opinion in relation to his fitness or otherwise for being at work.
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 work?
A. It is my clinical decision, yes.

590 Q. I think the entire system which is operated in which you work indicates that that is a decision that is referred to you for your expert assessment?
CHA RMAN The decision fit or unfit for work is the doctor's. As I understand it, that's a decision.

MR. MRPHY: Yes.
CHA RMAN Something else is an opinion.

MR. MRPHY: Yes.
CHA RMAN And for another person to decide.
MR. MRPHY: Yes.
CHAN RMAN okay.
591 Q. MR. MRPHY: And in this case, as the Chairman has suggested, doctor, that was a decision you made in December 2015?
A. The medical decision about being unfit for work, that was a medical decision, yeah.
592 Q.
In the course of the documentation that has been shown, can I ask you to be shown 10639 please? These are Dr. Bartlett's notes.
A. Yes.

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 relates to the drug Xanax --
A. Yes.

594 Q. -- which features throughout the course of the prescription from Dr. Bartlett.
A. Yes. Xanax do?
A. It is a member of the -- it is an anxiolytic, if I want to use that word.

596 Q. And again, excuse me, but could you put that in layman's terms please?
A. An anxiolytic is a medication that has a calming effect in terms of --

CHA RMAN An anxiolytic?
A. An anxiolytic, yes. It is used in anxiety. CHA RMAN Oh yes, I thought so. It's not a benzodiazepine, is it?
A. It is in the same family, yes, benzodiazepine.

597 Q. CHA RMAN And its effect is to reduce anxiety?
A. Anxiety, yes.

598 Q. MR. MRPHY: And then, the Lexapro which is referred to throughout the documents, what does that drug do?
A. It is an antidepressant.

599 Q. And in relation to the mixing of Xanax and alcohol, would you agree with me --
CHA RMAN That they are not a good idea.
600 Q. MR. MRPH: -- yes, that it is medically not a recommended thing to do.
A. Not recommended, no.
Q. And isn't that because it is the case, in medical terms, mixing Xanax with alcohol increases the potential that a person could experience delusions or hallucinations or seizures compared to just using the drug on its own?
A. They act synergistically, in the sense that the cumulative effect of the two of them is worse than the effect of each one of them.

602 Q. CHA RMAN Does it take you longer then to come down or 16:54 come up after you stop taking them?
A. Because at the end of the day they would produce a significant depressive effect on you that is multiple of what each one of them is capable of being on their
own. So generally, because alcohol will produce a depressive effect at the end of the day, so generally we say if you are taking Xanax don't drink alcohol, would be the advice from the medical practitioner.
603 Q. CHAN RMAN But people do mix them. They shouldn't, but 16:55 they do.
A. They mix them, sorry, initially it causes a buzz, a feeling of a buzz, that's what it is called. So there is a big problem, for instance, among college students in America where they were mixing that in social, when they went out for social outings. But the down the road impact of this was this synergistic effect, which was more severe depression and hallucinations and all types of things happening. So generally it is not recommended. You wouldn't recommend it.
604 Q. CHAN RMN 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.
605 Q. MR. MRPHY: 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
your speech, just different things, yeah.
606 Q. And can it affect the person's perception of things that are happening around them?
A. Yes, it would.

607 Q. Can it give them an exaggerated perception of events or 16:56 an altered perception of events?
A. It would give an altered perception of events.
Q. Thank you. Can I just move forward to your meeting with Garda Keogh in May and I think that should be, and I hope I have the right document here, 3790 please.
A. 3790 .

609 Q. These are your notes of your meeting in May --
A. May 2015.

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 with his superiors at work?
A. No, I don't recall. If he did, I would have recorded it. And there wasn't anything. I can't recollect him saying that.
611 Q. So, for example, he didn't refer you to any events which may have occurred in 2014 or in the early part of 2015 where he mentioned difficulties with his employers in these main notes?
A. No.

612 Q. And insofar as there seems to be some indication that Garda Keogh may have indicated later on that he had not met you before, he had in fact met you before, is that
right?
A. He had.

613 Q. Yes.
A. Yeah.

614 Q. And in terms of that particular meeting I think is it the case, as a matter of system, that if a guard comes to see you he is free to talk to you in confidence and to tell you anything he wants?
A. They are free do, but they don't always do.

615 Q. of course. But it is freedom; there is nobody with him --
A. No.

616 Q. -- there is no superior officer present --
A. No.

617 Q. -- there is no sense of anybody spying in on this meeting?
A. No.

618 Q. It is a private meeting between the two of you?
A. Yes.

619 Q. And therefore can we take it that at that time Garda Keogh made no complaints to you about any of his superiors?
A. I don't think -- I mean, going by my notes, I don't think it featured much in the conversation we had that day because it would have been more -- he was at work, it was more or less in terms of trying to explore what was going on. And just to kind of point out that if you go to the referral letter by Superintendent Murray on the 2nd April 2015 --
Q. CHAN RMAN Yes?
A. -- he talks about supports they had already, that he said, from his perspective, I have put supports to address the issues that he had raised.
Q. CHA RMAN Yes?
A. So from my -- I would have viewed it at that point in time, that's what I would expect management to do.
Q. CHAL RMAN Yes?
A. That if somebody has flagged something to you, put in measures to address that.
MR. MRPHY: Yes.
A. So unless those were presenting as a continuing problem it wouldn't really kind of feature big, unless you tell me something that has not been disclosed to me before or you had not disclosed to anybody before.
A. Yes, based on what $I$ had read in the report, yeah.

And then moving forward to December when you looked

627 Q. Can you confirm to the Chairman that the focus of all of those people was on the welfare of Garda Keogh?
A. I would say so.

628 Q. And insofar as that meeting was concerned, again if we move into 2016, all of the notes that have been put to you by Mr. McGuinness would you agree with me that they confirm that any discussions in 2016, the focus of An Garda Síochána was to towards Garda Keogh's welfare?
A. This is at the case conference in July?

Yes.
A. Yes, it was.

630 Q. I wonder if you can be shown please document 150, in particular page 149. Just to put this in context, this is not a document you will have seen before, this is a documented 14th June 2016 written to the Minister for Justice and it is written by Garda Keogh. Can I draw your attention please to page 149? Could you move down please about ten lines from the top of the page, and you wil1 see:
"I was event ually forced out with work rel ated stress certified sick leave si nce 26th December 2015."

Do you see that is the complaint that is being made by Garda Keogh to the Minister at that time? would you agree with me --
A. I don't know about forced out --

631 Q. Sorry, just the question is this: would you agree with me --
A. Yes.

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 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 December 2015.

633 Q. CHA RMAN Yes?
A. So, 8th December 2015.
Q. CHAL RMAN Yes?
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 2015.
Q. CHAL RMAN okay.
A. I wanted to speak with his GP, which is why I didn't sign the letter off until January 2016. But when I -I'm not sure what the 26th December 2015 is about. Because my recollection was --

636 Q. CHA RMAN Garda Keogh says that on the 26th that notwithstanding what the record -- if I recall.
A. Yes.

637 Q. CHA RMAN Notwithstanding what the record says that he decided on the 26th December --
A. Yes.

CHA RMAN -- 2015 enough is enough, I can't take any more of this, I am on long-term sick leave. I think words to that effect. I hope I am not doing anybody an injustice. But it was his decision on the 26th that it had al1 got too much, that was just it.

MR. KELLY: That is absolutely correct, Chairman, from our perspective. And I would point out that at no point has Garda Keogh ever said that this witness forced him out of work.

CHA RMAK No.
MR. KELLY: Most certainly not. He has never said that.

CHA RMAN But Mr. Murphy is saying, look, here's what you said on another occasion and he is saying and there it is, and we have some differences as to the chronology of the thing but the doctor is saying, Dr. Oghuvbu is saying, look, I decided that he wasn't fit for work as a garda and I so decided.
A. Yes. Yeah, that's it.

CHA RMAN So however it worked out, that is what happened. He says. Okay.

639 Q. MR. MRPHY: In terms of your assessment, therefore, I think you have given evidence about that care related approach by An Garda Síochána of which you were a part from 2015 and 2016 and into 2017. And I presume, doctor, that if at some stage you formed an opinion in any case or in this case that a guard had injured caused by work related stress that presumably that is something that you would be reporting immediately?
640 Q. CHAL RMAN If asked.
A. If asked because I can't --

641 Q. CHAL RMAN I'm sorry.
A. In terms of injury on duty --

642 Q. CHA RMAN At least it shows I'm paying attention. I
am sorry, doctor, don't just agree with me because I said it.
A. No.

643 Q. CHA RMAN But I know the answer and I'm sorry, I will try not to give the answer in future.
A. In terms of injury on duty, a decision can be made on injury on duty without consulting me.

MR. MRPHY: Yes.
A. So it is not that every decision on injury on duty the CMO's office has to be consulted. It can be made and the person who is entitled to make that decision is the chief superintendent.

644 Q. Yes?
A. Where the chief superintendent has a doubt they wil1 then write to the executive director of HR and say I need advice or $I$ need assistance in relation to this and then they will be required to present facts. So if the question is a clinical question where I'm not exactly sure whether there is clinical plausibility here, then it is brought to -- then the executive director of HR will then write to the CMO's office and say can you provide us advice on this. But in terms of injury on duty, I mean I would only, I would -- if there is no doubt about it I would just simply affirm it by saying that this has happened based on this to use the word 'reported', you know. So this is what it is. So I am not involving myself in the decision unless I am asked for an advice to assist the decision that is being made. But I would not ordinarily -645 Q. CHAD RMAN You don't generally volunteer opinions or decisions?
A. In relation to injury on duty, no, unless I am asked.

646 Q. CHA RMAN You tend to do what you are asked to do?
A. Yes.

647 Q. CHA RMAN I am understanding that you say I have a careful -- I draw a distinction between decision, fit or not fit?
A. Yes.

648 Q. CHA RMAN That is my call?
A. Yeah. And the supporting arrangements for that.

649 Q. CHA RMAN of course.
A. Yeah.

650 Q. CHA RMAN And opinion, that depends on what I am asked?
A. What I am asked, yes.

651 Q. CHAL RMAN And you would, I suppose in extreme cases we'11 all do something different, but that is in general what you --
A. Generally I wouldn't -- I wouldn't do that. CHA RMAN okay.
652 Q. MR. MRPFH: You were present I think for Ms. Carr's evidence this morning?
A. Yes.

653 Q. I think during the course of her evidence that she indicated that in addition to a request that might come from HRM, the request might come from an individual member to ask that his injury be classified as an
injury on duty?
A. It would still come through HRM, because they have to apply through HRM because the whole thing about pay and classification lies with HRM so they still have to apply through HRM.

654 Q. But in terms of the initiative to make a complaint, Ms. Carr I think confirmed this morning that can come from the person who wants this to be classified as well?
A. Yes, they will have to.
Q. So it is not just a question of a top down assessment, it can be activated by the member?
A. It could, yes, yes.
Q. And in the face of local disagreement with a local superior it can still go through the HR?
A. It can still go through HRM, yes.

657 Q. Thank you. Just finally in terms of the issues that arose, and you have been asked questions about Garda Keogh's disposition in 2016 and 2017, I mean at this stage I think you're aware that he is not working, is that correct?
A. Yes, I am.

658 Q. And in terms of the medical reports that Mr. McGuinness took you through, that indicated there was again periodic intense consumption of alcohol?
A. Yes, that was being reported, yes.
Q. There was still prescription of depressive drugs, antidepressant drugs?
A. well, medication had been prescribed by his doctor who
was responsible for his clinical management and I was satisfied that his doctor would be managing that appropriately. And I was liaising with his doctor because I wanted it to be a collaborative approach in terms of supporting his recovery and eventual return to 17:07 work.

660 Q. And would you agree with me that at that stage and during those years that if, as Garda Keogh claimed, work was a stressor for him that stressor wasn't existing at that time in 2016 and 2017, he wasn't at 17:07 work?
A. In 2016 he wasn't at work but --

661 Q. And in 2017 also?
A. Yeah, but if the -- I'm going to say something here and I hope I don't -- his original premise that the whole 17:08 circumstance of the thing was still there, it hadn't gone, even though he was not at work. So there was nothing per se happening in the workplace but this historically hadn't gone away.
662 Q. Yes.
A. So that in his own -- it is likely that in his own perception it still existed and I don't think that anybody was kind of --

663 Q. Just coming back to this question, in your direct evidence you did use this word 'perception', in which you said his perception, Garda Keogh's perceptions about management?
A. Yeah. That is what would call them, because there has been no investigation to kind of validate anything so
they are his perceptions of management.
664 Q. Yes.
A. There was no investigation.

665 Q. And then finally I think would you agree with me that throughout the course of 2012 through to 2017 insofar as there was any clinical assessment and/or treatment made by you or by his doctor that seemed to relate towards how best to solve his alcohol addiction problem?
A. Yes.

MR. MRPH: Thank you very much.

DR. OGHNBU MAS THEN RE-EXAM NED BY MR. MGGU NESS:
A. Yes.

And they, as we have seen, have some time to prepare and certainly Garda keogh attended on the three occasions that you fixed appointments for him?
A. Yes.
Q. And he seems to have consulted with his doctor I think in advance of at least two of those. And he appears to have been intent on sobering up when he was due to come back to work. And from the point of view of your examinations, each of the three examinations that you
carried out, I take it that you found no evidence that on any of those occasions he was either hallucinating or psychotic?
A. No.

669 Q. Or was he in any way suffering from any altered states of perception when you examined him?
A. He was very articulate, easy to kind of have a discussion with. I never had any difficulty with discussions with him. I think he was always very articulate about what he was, you know what he wanted to say and had no difficulty in expressing it. I never had any --

MR MEGU NESS: okay, thank you.
CHAN RMN very good. Thank you very much, doctor. And that's very helpful. It's possible that we may ask 17:10 you back but that depends on some further processes that we will have to go through. But thank you very much and thank you for being so patient and so accommodating of us. I know you have been here on a number of days and so, thank you very much for that. very good.

## THE WTNESS THEN W THDREW

MR. MEGU NESS: Chairman, you did announce I think just at 12:30 or a bit beforehand that our other witness for this week is not available to us for reasons that I don't need to go into, he would have been a substantial witness. So it is intended to
comply with our previously published schedule and resume hearings on the 10th February.
CHA RMAN So Monday week, 10th February.
MR. MEGI NESS: And witnesses will published on the website on Friday of this week.

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[^1]:    "Si milarly, froma sick leave perspective, we come across members suffering from work rel ated stress as a result of a disciplinary investigation. Again, l would urge caution accepting this absence as an occupational i nj ury, as we are exposing An Garda Sí ochána to possible litigation in circumstances where a member's own actions or indeed inaction has preci pitated the instigation of a di sci plinary investi gation. "

[^2]:    "He is indi cating work rel ated stress as the source of

