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 L ÉI REANN AND SEANAD Él REANN ON 16 FEBRUARY 2017

ESTABLI SHED BY I NSTRUMENT MADE BY THE M N STER FOR JUSTI 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

CHA RMAN OF DI V SI ON (P): MR. JUSTI CE SEAN RYAN, FORMER PRESI DENT OF THE COURT OF APPEAL_

HEARI NG HELD I N DUBLI N CASTLE ON TUESDAY, 1ST MARCH 2022-DAY 172

Guen Mal one Stenography Servi ces certify the following to be a verbatimtranscript of their stenographic notes in the above-naned

## 172

 action.GVEN MALONE ${ }^{-}$STENOGRAPFY SERM CES

## APPEARANCES

| SOLE MEMBER: | MR JUSTI CE SEAN RYAN <br> FORMER PRESI DENT OF THE COURT OF APPEAL |
| :---: | :---: |
| REG STRAR: | MR. PETER KAVANAGH |
| FOR THE TRI BUNAL: | MR. DI ARMAI D MEGU NNESS SC <br> MR. PATRI CK MARRI NAN SC <br> ME. SI NEAD MEGRATH BL |
| I NSTRUCTED BY: | Mb. CI ARA MALSH <br> SOLI CI TOR FOR THE TRI BUNAL |

FOR SERGEANT W LLI AM HUGES: MR. M CHAEL LYNN SC
M. COLM O DVYER SC

MS. NORA N LO NSI GH BL MR. FINN KEYES BL

I NSTRUCTED BY:
MR. DARA ROBI NSON
MS. AO FE KAVANAGH SHEEHAN \& PARTNERS 130 CUNN NGHAM HOUSE FRANCI S STREET THE LI BERTI ES DUBLI $N 8$

FOR THE COMM SSI ONER OF AN GARDA SI OCHANA:

I NSTRUCTED BY:

MR. SHANE MURPHY SC
MR. MCFEÁL P. O H GG NS SC
MR. DONAL MEGU NNESS BL
MS. SHELLEY HORAN BL
MS. KATE EGAN BL
MR. CORMAC FORR STAL
ME. MA READ BURKE
CH EF STATE SOLI CI TOR' S OFFI CE OSMDN HOUSE LITTLE SH P STREET
DUBLI ${ }^{2} 8$

## TAKE NOTI CE - PURSUANT TO ORDER DATED THE 1ST DAY OF FEBRUARY 2022 OF MR. J USTI CE RYAN OF THE DI SCLOSURES TRI BUNAL

IT IS HEREBY ORDERED THAT the identification by name of Mr. 'A' or of any other suspect whether directly or indirectly in connection with investigations undertaken by An Garda Síochána is hereby prohibited;

AND IT IS FURTHER ORDERED THAT any interested party in this matter be at liberty to apply on the giving of 2 days notice in writing to the tribunal.

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THE HEARI NG RESUMED, AS FOLLOVS, ON TUESDAY, 1ST MARCH 2022:

CHA RMAN Take your time, Mr. McGuinness. Just so people know the situation, as far as I am concerned people are free to choose to wear masks if they are comfortable with that and they are equally free not to wear masks if they are comfortable with that. We have our screens and so on, so we are pretty highly protected, it seems to me. And some people will be, like myself, find it awkward, especially if you have glasses, to take notes and concentrate during the thing. But it is a matter -- I believe that is in conformity with all rules and regulations as to the protection of people, okay. Thank you very much. MR. MEGU NESS: Good morning, Chairman. The next witness is Dr. Richard Quigley.
CHA RMAN Thanks very much, Dr. Quigley, if you can come around here.
MR. MEGU NESS: For the convenience of parties,
Dr. Quigley's statement and appendices commences at page 1331 of our papers.

DR. RI CHARD QU GLEY, HAM NG BEEN SUDRN, WAS DI RECTLY EXAM NED BY MR. MEGU NESS, AS FOLLOVS:
CHA RMAN Thank you.
Q. MR. MEGU NESS: I think you are a specialist occupational physician and you have worked at the Occupational Health Service of An Garda Síochána as

Assistant Chief Medical Officer since December of 2006?
A. Correct.

1 Q. I think you qualified from UCD in medicine in 1982. You have an MSc in sports medicine, a higher diploma in occupational health, a membership of the faculty of
occupational medicine, and you've completed higher professional training in occupational medicine over a four year period between 2001 and 2005, and you served as a council member of the Irish Society of Occupational Medicine for an extended period: you were 10:31 secretary 2010 to 2011; president in 2013 and treasurer 2017 to '18.

Now I think you've described the role of the Garda Occupational Health Service in your statement. How do you approach your task when a member is referred to you? Presumably it depends upon the circumstances of the referral, would that be fair to say?
A. Yeah. The doctors will look at the referral, consider whether an appointment is appropriate, in most cases that is so, and we give an appointment for review by the occupational health physician.

2 Q. Yes. Now, the Tribunal has been dealing with the issues relating to Sergeant Hughes where he had been certified by his own GP at different times, and solicitor were, on different occasions, writing, making a case on his behalf that he was entitled to be classified as having been injured on duty and therefore
entitled to both pay -- full pay and allowances. And presumably you have reviewed members who have been injured on duty in the past?
A. Yeah.

3 Q. And I know we're going back quite a long time; your period of dealing with Sergeant Hughes stretches from September 2007 directly to up until the time you recommended his discharge on medical grounds in November of 2012, a period of slightly over five years, isn't that correct?
A. My final appointment was 7th September '12.

4 Q. The 7th September '12?
A. Yes.

5 Q. A11 right. And I am going to ask you just to look at two reports from Dr. Fernandez, which I think you
didn't receive them at the time but you subsequently did receive them when you were dealing with Sergeant Hughes in his first year, and if we could just open page 1355 on the screen. This is a report from Dr. Fernandez to Sergeant Hughes's GP?
CHAN RMAN Dr. Fernandez is his consultant psychiatrist?

MR. MEGI NESS: Yes, he was a consultant psychiatrist. CHA RMAN Referred to by Dr. Reilly, isn't that right? MR. MEGU NESS: Yes.
6 Q. And the Tribunal has heard that Sergeant Hughes was referred to Dr. Fernandez by Dr. Reilly, and this is a report back. And I think you saw this at a later stage that year, isn't that correct?
A. Yes.

7 Q. And if we just turn to the next page, which is the top of page 1356, this was Dr. Fernandez's view:
"Gi ven hi s presentation, I advised Mr. Hughes was not fit to return to work pending further revi ew. He was not on any psychotropic medi cation when revi ewed and he was rel uctant to consi der this prospect unl ess absol utel y necessary. Under these circunstances, I felt that supportive psychotherapy would be the most appropriate intervention until l familiarise myself with further aspects of Mr. Hughes's presenting compl ai nts, incl udi ng thei r ant ecedents."

And he expected to review Mr. Hughes then around the end of March.

There was a report of a review then -- if we look at page 1357 -- again from Dr. Fernandez to Dr. Reilly. If we scroll down the screen, he says:
"Further to my earlier letter regarding Mr. Hughes, I had occasi on to revi ew hi m on the 5th April 2007 and was surprised to note that he had returned to work on his own initiative on March 3, 2007. Wile Mr. Hughes remai ned as di ssatisfied as bef ore at the manner in whi ch he was being i gnored by his superiors, he did not compl ai $n$ of those symptons and si gns of aut onomic over-activity and avoi dance that had emerged in the
wake of hi s ret urn to work earlier this year. Symptons and si gns of adj ustment di sorder were still in evi dence, although his presentation did not warrant the prescription of any medication.

Gi ven the ongoing i mpasse, I expect to provi de Mr. Hughes with the support he needs, pending further devel opments whi ch could easily go down a medi co-legal pat hway depending on the ci rcunstances.

I expect to revi ew Mr. Hughes in approxi mately six to ei ght weeks after I study pertinent documentation that he has agreed to provi de."

I think you became aware that Sergeant Hughes had informed Dr. Fernandez that he had prepared a lengthy submission relating to his position which he had given to his solicitor, and he -- Dr. Fernandez -- was expecting it to be given to him, isn't that correct?
A. Yeah.

8 Q. Now I think Sergeant Hughes remained at work until a period after he was served with a notice of discipline, and he reported 111 with work-related stress in June of 2007, and I think he was referred to you for an appointment --
A. Yes.

9 Q. -- isn't that correct? And we will look at, perhaps, one of the usual letters that goes out in these circumstances. If we look at page 3902 , and we won't
have to look at other versions of this subsequently, but this is a letter from the Assistant Commissioner in HRM, which would be an instruction to local management, about the appointment having been fixed -- if we go to 3902 -- and it would be an instruction to allow the member to prepare for such an appointment, isn't that correct?
A. Yes.

10 Q. And local management are meant to do a number of matters there, isn't that correct, in the bullet points?
A. Yes.

11 Q. The reason the member is being referred to the Chief Medical officer is:
"To determine the menber's medi cal fitness grade for policing duty.

To advi se the menber to forward all rel evant medi cal reports fromtreating/certifying doctors incl uding specialists to the Garda Medi cal Department on or prior to the revi ew date.

The nenber should be assured that these medi cal reports will be treated in the strictest medical confidence by the Chi ef Medical Officer in consultations with the menber's treating/ certifying doctors.

Any other non-medical issues whi ch may have a bearing
on the member's medical fitness for duty."

We will come back to that concept later, but you recognise that as a standard form referral?
A. Yes.

10:38
12 Q. It would appear -- if we turn to page 3905 -- that Sergeant Hughes was met -- 3905 -- Sergeant Hughes was met by Inspector Cryan.
"... he undertook to bring all medical reports with
him He informed me that his doctor is refusing to
certify himfit for duty at present time."
That'd be standard practice --
A. Yeah.

13 Q. -- on the part of local management.
Now when it came to you, in fact, seeing him then on
this date, would you have had access to the SAMS reports or the original certifying certificates from the doctor?
A. I'm not clear on that point.

14 Q. Yes.
A. I can certain7y go back through the occupational health file. Sorry 2007, I beg your pardon.

15 Q. I am not sure SAMS would have been computerised at that point in time, but perhaps it was.
A. I don't think I had access to that.

All right.
A. I had little information made available to me prior to the appointment.
17 Q. Yes...
A. And I commented on that in my statement.

18 Q. Yes. In any event, you saw him and you reported to the Assistant Commissioner HRM on the 19th September. Perhaps we will look at page 3908. You describe this in your statement, on page 1331, but if we look at your 10:41 report to the Assistant Commissioner -- and scroll down, please.
You refer to the periods of sickness there. I'd infer that you had the B5 referred to in the first paragraph. And you were aware of earlier periods.

In the second paragraph you attribute -- you record:
"He attributes his current si ckness absence as being due to a condition associ ated with work-rel ated stress. Having tal ked to Sergeant Hughes in detail, I am unable 10:41 to identify issues outside of work contributing to his stress. He continues to be certified by his GP as unfit for work due to stress at this time.

In line of usual procedure l will write to his treating 10:41 and certifying doctors to obtain a confidential redal report."

You refer to Dr. Tobin there, and I think you did write a letter to Dr. Tobin, which we have at page 6841. Unfortunately he couldn't, in the end --
A. Yeah.

19 Q. -- of the day review him. You do go on to say:
"I note Sergeant Hughes is particularly anxi ous that this current sickness absence be regarded as injury on duty. I pointed out to Sergeant Hughes that this is a matter for management to decide but l will advise on the medical component rel ating to this when the rel evant medi cal reports are to hand."
A. Yes.
Q. If I could just pause there. In terms of what you stated there, were you drawing a distinction between the formal final certification of an injury on duty resting with management?
A. Yes. I suppose the injury in execution of duty would generally be for management to determine.
21 Q. Yes...
A. Now I was later asked to give advice on that issue.

Yes. But can I just ask you to, as it were, break down the components of what could lead you to express a view on that, in principle, and maybe it's difficult in
principle, but work-related stress, how would you assess it then as to whether it constituted an injury on duty, from a medical point of view?
A. Well I think if management -- today's practice would be that if management were -- had I accepted that an injury had occurred during the course of work, a psychological injury --

24 Q. Yes...
A. -- then the medical component is an assessment of the
medical condition of the person and as to whether that medical condition and the extent of that condition has been, on balance of probability, caused by those work circumstances.
25 Q. Yes...
A. Yeah.

So from a medical point of view, you would, in
principle, look for the causes of the injury, if you have classified it as an injury?
A. Yes.
would that be fair?
A. Yes.

28 Q. Okay. You did point out then that there was an issue about no follow-up contacts with management, and I think Assistant Commissioner Clancy claim back to you on that at a later stage?
A. Yeah.

29 Q. But in any event, we have seen from the papers, on the same day -- and this is appears to have been your practice -- you wrote three letters on generally every day that you saw Sergeant Hughes: one to Assistant Commissioner Clancy; one back to his GP; and then one to a specialist?
A. Yeah.
Q. And initially you wrote to Dr. Tobin -- we needn't look 10:44 at that letter, it's 6841. You wrote back to Dr. Reilly, if we look at 6842. If we go down the page there, this was copied to Dr. Fernandez?
A. Yeah.
Q. Sergeant Hughes had told you he was under Dr. Fernandez's care, isn't that correct?
A. Yes.

32 Q. And you had nothing to do with the referral to Dr. Fernandez at an earlier stage, or the obtaining of the reports --
A. No.
Q. -- which you hadn't at this stage seen, is that right?
A. Yeah.

So, you're explaining to Dr. Reilly what you're proposing. You're looking for a medical report from him covering the areas of diagnosis and management; this is in the third paragraph.
A. Yeah.
Q. And you're informing him of a proposal to arrange a
A. Yeah.
Q. -- Dr. Tobin. Is this -- did the Occupational Health Service maintain a pane 1 of independent
psychiatrists --
A. Yeah.
Q. -- that it could refer members to?
A. Yeah.
Q. And Dr. Tobin was one of those at that stage?
A. Yes.
Q. I think he became unavailable?
A. Yeah.
Q. You subsequently wrote to Dr. Anthony Clare the
following month?
A. Yes.

41 Q. And agreed a time for him to review him, and unfortunately Dr. Clare died then shortly afterwards, isn't that correct?
A. Yes.

And you then wrote to Dr. Griffin?
A. Yes.

43 Q. If we could look at your letter of the 8th November 2007. That is 6846. And if we scroll down the page there. what you are telling Dr. Griffin is in the first paragraph, second sentence:
"He reports si gni ficant issues in rel ation to reported threats to his own life by a criminal and in rel ation to di sci plinary matters and in rel ation to his i nvol vement in the investigation of child abduction i nvesti gation case invol ving the same person and the subsequent murder of the mother of these children. The abduction case had been in court less than a week
bef ore this murder and he and a colleague were one of the last poi nts of cont act bet ween the Gardai and the vi ctim

He reports that he had di sci plinary papers served on himin June 2007 in rel ation to this matter. He conti nues to report that through his GP, Dr. Reilly, he is unfit for work due to stress. I have written to his GP, Dr. James Reilly, and his psychi atrist has seen him
on one occasi on - Dr. J oe Fernandez - but have not recei ved reports to date. I would be much obliged for your medical report on Sergeant Hughes to cover his present medical heal th, including di agnosis, likely future mental health. This will assist me on advi sing Garda management on fitness for duty, and for di sci pl i nary procedures and occupational rehabilitation. "

Now, can I just ask you, is that in line with the standard procedure of the Occupational Health Service?
A. Yes.

44 Q. And is the practice unaffected by the fact that the person, the member concerned, is already under the care of one psychiatrist, or may have seen, indeed, a seek psychiatrist?
A. Yeah. An independent psychiatrist is not seeing the person in a treating role.

45 Q. Yes...
A. But should they form an opinion that a particular treatment should be considered, that position would be advised to the treating team.

46 Q. Yes...
A. The report will be given insight and I would probably emphasise the part of the report that references a particular treatment if a practising psychiatrist has said, you know, an increase in this medical might be considered in this case, or this approach might be considered here.

47 Q. Yes. You did receive a report back from Dr. Reilly I think early in January of '08. If we could look at page 6847. It's dated 3rd January, and he recites the position there. And if we go down to the last
paragraph, just at the bottom there he says:
"He was seen agai $n$ on the $14 / 9$ at whi ch time his pay had been stopped and William was feel ing quite di sturbed by the manner in whi ch the Garda authorities were deal ing with this situation that he found himself in. He felt in particul ar his life was placed in danger and that of his partner as a threat had been issued agai nst himthat he was not aware of. He feels that his life was put at risk unnecessarily. He is very keen to have the matter cleared up for himto ret urn to work. He al so feels that Garda authorities compl et el y mishandl ed all aspects in rel ation to his case. He feels that fromthe outset he had been subj ect to serious bullying and har assment by Garda management. Williambel ieves that the serious issues have not been properly addressed by Garda management regarding the murder of the woman referred to. It is my opi ni on that Williamwill be unable to return to work until these matters are addressed by the Garda authorities and settled one way or the other."

I am not in any way criticising Dr. Reilly, he is not, as it were, giving a diagnosis to you, but he is making it clear what Sergeant Hughes's complaints are.
A. Yes.

48 Q. And, on one interpretation, perhaps, they might seem to relate to non-medical matters. Were you -- did you take it that way or how did you see it from the point of view of having read this letter?
A. Em, I suppose... looking at it today, I think he's raising the -- Sergeant Hughes's perceptions of his work context.

Yes. In any event, I think within a couple of days you got Dr. Griffin's report -- should we refer to him as Mr. Griffin? Dr. Griffin?
A. Dr. John Griffin yes.

50 Q. Dr. John Griffin. Page 1343. This is dated 7th January. And he sets out sort of history there. In the last paragraph he says:
"He has effectivel y been of $f$ duty now since late June ' 07 and not bei ng able to return to work. He says he feel s constantly stressed when he thi nks of returning to work. He even says if a patrol car passes himon the street it all comes back to himas he put it. As you know, he has been served with di sci plinary papers and feels very let down by the system overal."

And it continues then on the next page:
"When I pressed Sergeant Hughes on continuing in the police force, even on light duties, he feel s he can't foresee any way of returning as an effective police
officer. Certai nl y having read his detailed file, whi ch I don't have a copy of, but have had full si ght of, l don't think this man is in a position now or will be in a position in the future to gi ve full and effective service as police officer. I don't thi nk he now has the mental robustness, or will in the future have the mental robustness to continue in the Garda force. Thus my recommendation would be that he be consi dered for retirement on medical grounds."
A. Yes.

10:53
51 Q. And he expresses the wish that he hopes the report is successful. I think you considered that and you wrote back to Dr. Griffin, I think, on the 18th January?
A. Yes.

52 Q. If we look at page 6849. Four lines down there you say:
"In order for me to progress the case further I would need a formal di agnosis in rel ation to Sergeant Hughes within the parameters of formal psychi atric definition. "
A. Yeah.

53 Q. "Ther ef ore I would be much obliged for your hel pin this matter. I al so encl ose the report of Dr. Reilly recei ved I ast week. His report would seemto lay out that it is Dr. Reilly's opi ni on would seemingly foresee a possible return to policing work and that he states Sergeant Hughes would be unable to return to work until
matters bet ween Ser geant Hughes and management have been appropriatel y addressed. "
A. Yeah.

54 Q. So, were you, sort of, pointing to a possible difference of view there --
A. Yeah.

55 Q. -- between the GP and the specialist --
A. Yeah.

56 Q. -- about the future prospects?
A. Yes.

57 Q. And in terms of looking for a concrete diagnosis, as it were, had Dr. Griffin's report come as a surprise to you, or would you expect to get such a firm recommendation at that point in time?
A. Em --

58 Q. Or is it difficult?
A. -- certainly I would emphasise, I suppose, when I first saw Sergeant Hughes, that I'd about nine months service in the department, so I -- it was certainly the most complex of cases that $I$ had come across at that point.
In retrospect, I certainly think I was -- I would be somewhat surprised that I came to that conclusion at first appointment.
59 Q. Yes. But in any event --
A. Yeah.

60 Q. -- you saw that you needed a formal diagnosis?
A. Yeah.

61 Q. And you wanted to get one. And you got one shortly thereafter?
A. Yeah.

62 Q. I think by 1etter of the 12th February 2008?
A. Yeah.

63 Q. If we look at page 6851. And in the second line it says:
"I thi nk the most accurate di agnosis in this case would be one of post traumatic stress di sorder. I note

Dr. Reilly's comments that Garda Hughes would be unable to ret urn to work until matters he referred to in this
letter addressed by the authorities are settled one way or another. However, in my opi ni on, on the 7th January I ast that even when, and if this is achi eved, I don't thi nk Sergeant Hughes, due to the nature of his condition and di agnosis, would be in the position in the future to continue as an efficient policeman."

So you received that. Then you wrote to Dr. Corry, apparently, on the 18th February, if you may recall. If we look at page 6852. Now, can you recollect how

Dr. Corry came into it at that point?
A. Em, I'm not absolutely clear as to who referred him to Dr. Corry.
64 Q. Yes...
A. Em, I --

CHA RMAN Mr. Costello referred him to Dr. Corry. His solicitor referred him to Dr. Corry, and Dr. Corry would have been well known in the courts as a person who gave -- this is not in any way to criticise the

1ate Dr. Corry, but he would have been well known as a -- in the forensic world.

MR. MEGU NNESS: Yes.
CHA RMAN But anyway, the fact is Sergeant Hughes's evidence is that his solicitor referred him to Dr. Corry.

MR. MEGU NNESS: Yes.
65 Q. I think he wrote back, I think, indicating an issue about receiving Sergeant Hughes's consent and his solicitor being involved. You also wrote to Dr. Fernandez though -- if we look at 6853. And in the last line of that, you stated:
"Your advi ce regar di ng predi sposing, initiating, aggravating and sustai ning factors, particularly if they rel ate to work, would be most wel come. "

And you enclose a copy of a signed consent that you had earlier got from Sergeant Hughes, isn't that correct?
A. Yeah.

66 Q. You then, also on the same day, wrote back to Dr. Griffin, if we look at the other letter of the 19th -- 6854 -- and you note his diagnosis in the first paragraph. You tell him about the High Court action, which you must have obviously heard about from somewhere else presumably, and "In rel ation to the di agnosis of post traumatic stress di sorder, l would be obl iged if you would outline what was the initiating traumatic event, as to whether it is the event of

ME. Saulite's death or the reported threat to his own life, or whether there is another component to the i nduction of this illness."
A. Yeah.

67 Q. So you were probing the cause --
A. Yeah.

68 Q. -- of the initiation of the stress disorder?
A. Yeah.

69 Q. okay. At this point do you recall having received a phone call from Inspector Dwyer, who gave evidence and produced a note of a phone call to you? If we could look at page 1925 of our papers. This is just two days after the letter we referred to. The context is, Inspector Dwyer was assisting Chief Superintendent Feehan with the disciplinary inquiry and an issue arose 11:00 about attempting to interview Sergeant Hughes, and this is a phone call that Inspector Dwyer made a note of, having spoken to you. It says:
"Di scussed the fitness of Sergeant Li am Hughes.
Enquired if he was fit to be intervi ewed in respect of di sci pl i nary matter. Dr. Qui gl ey responded. He stated that Sergeant Hughes currently has a case in the Hi gh Court regarding his pay and that if he gave evi dence in the case in court he may be capable of being intervi ewed in respect of a di sci plinary matter. Undertook to conduct further enquiries and revert to me I ater on the question of the member's fitness to be i nt er vi ewed. "

Do you recall that conversation?
A. No, I don't.

70 Q. Okay. Does it sound like something would you have said and was consistent with what was written in the letter about the knowledge of the case?
A. I suppose the second point in particular, yes.

71 Q. Yes. Okay. Well in any event, Dr. Griffin wrote back to you about the triggering events, as it were. If we look at page 1346, this is a letter of the 26 th February 2008. He says there:
"Once agai $n$ having revi ewed Sergeant Hughes's notes I thi nk there is dual effect here, that is the trauma of Mb. Saulite's death affected himgreatly, al so the reported threats to his own life played a maj or part. Thus l think these two factors would provi de the genesis for his post traumatic stress di sorder."

So you were grateful to get that, no doubt.
A. Yeah.

72 Q. And Dr. Fernandez also, I think, then replied to you by letter of the 4th March -- if we look at page 1358. He refers in the second paragraph to the fact that he felt that Mr. Hughes's presentation in February 2009 was precipitated by the assassination, which is referred to there. At the end of that paragraph he states:
"Mr. Hughes stated that he felt threatened personally
by the af orementioned events and resentful he had been left out in the cold by his superiors with no communi cation or no formal acknow edgment of his predi cament. The I atter predi cament had antecedents going back over the previ ous three and a hal f years during whi ch Mr. Hughes felt he was the victim of bullying and harassment at work."

Had he complained about that to you when you saw him in September, can you recall? Previous bullying?
A. I think there -- I'11 look at the original of my note from September '07. Yeah, there's a note in my clinical notes on the second page of his file and the note of 19th September 2007, and the relevant lines read:
"Background history of reporting member of
D/ Ser geant rank about three or four years ago in Swords station - affected at mosphere in work - tendency to be i sol at ed. "

73 Q. A11 right. Okay. Thank you.
If we can go over the next page of this, he goes into some details in a general way about this. And then if we go down the page to the concluding two paragraphs, he says:
"I next revi ewed Mr. Hughes on the 5th April 2007. Regrettably he had not brought al ong with hima copy of the submission I had previ ously requested. I have
encl osed her ewi th a copy of my letter to Dr. Reilly dated 15th April 2007..."
which we saw earlier.
"... summarising the observation during the latter revi ew re-emphasi sing my need to study pertinent documentation that I had yet agai $n$ requested Mr. Hughes to provide."

And he goes on, really, to record that he didn't have any -- he didn't get the submission and didn't have any further contact, et cetera. And I think there was no further involvement of Dr. Fernandez from that point onwards, isn't that correct?
A. I think... yeah, I think that's correct.

74 Q. It would appear then that at the time you came to report to Assistant Commissioner Clancy on the 6th March, you had Dr. Griffin's three to-ing and fro-ing with you, you had Dr. Fernandez and Dr. Reilly's responses to your requests?
A. Yeah.
Q. And effectively you had all medical information that was made available to you at the time, isn't that correct?
A. Yes.

76 Q. You wrote then, on the 6th March, to Assistant Commissioner Clancy. If you look at page 8102. You summarise this 1 etter at page 1332 of your statement on
to page 1333, but this is obviously the text as sent there. You also seem to have received a report -- just having regard to the second paragraph -- in relation to the threats issue. Do you recall receiving that? You say:
"Havi ng revi ewed the report..."
A. Yes.

77 Q. "... of Chi ef Superintendent Phillips, Superintendent Mark Curran and Detective Inspector O Sullivan..." you summarise what they said about the issue of threats there, isn't that correct?
A. Yes.

78 Q. The third paragraph says:
"At interview on the 6th March 2008 Inspector Matt
Nyland of Humm Resource Management Legal Section specifically pressed me on the issue as to whether an injury on duty had occurred in the circunstances described. My best sense of what has happened is that the events described constitute in fact normal policing work. I did not see evi dence of injury bei ng perpetrated upon Sergeant Hughes. Ther ef ore, though the independent psychiatric adviser Dr. Griffin has associated Sergeant Hughes's current illness with work-rel ated events, I cannot concl ude that these

Now, can I just ask you there: You had earlier, as it were, assigned the function to management of deciding
what was injury on duty.
A. Yeah.

And was this a decision made by yourself and Inspector Nyland, or was it simply your own view, as the medical component, that you didn't think it related to an injury?
A. I suppose injury on duty is very straightforward where a guard, perhaps, has sustained a specific assault.
80 Q. Yes...
A. And, for example, he's broken a bone and the period of absence relates to the recovery from injury. I suppose in this case there was the unfortunate and terrible murder of a mother of two children, and there were associated events. I suppose it was difficult policing circumstances, but I couldn't identify a single event that could be considered injury on duty in that sense.

81 Q. All right. We saw earlier that you had written to Dr. Corry, and I think he wrote back to you the day after you had furnished this report to Assistant Commissioner Clancy. If we look at page 1360.
нe raised the issue of consent here. And I think you must have sent him the signed consent that you'd earlier received because he furnished you, I think, with his report of the 17th April after he had been asked to review sergeant Hughes by his solicitor. If we look at page 1361, you have Dr. Corry's report; that's a four-page report. At the bottom of page 1363, he gives his opinion there:
"Sergeant Hughes is suffering froma cl uster of symptons consi stent with the di agnosis of post traumatic stress di sorder secondary to a hi story of prol onged duress in keeping with bullying, harassment and intimidation in the workplace. The di agnosis of post traumatic stress fulfills the criteria set out bel ow. "

And he sets out the DSM-IV criteria there, and states then at the last two paragraphs, if we scroll down, in fact in the final paragraph he concludes:
"To concl ude, Sergeant Hughes is in great suffering and requi res ongoing supportive psychotherapy. I regard himto be at risk for a further deterioration in his ment al well bei ng. "

Do you recall receiving that at the time?
A. This is 14 years ago, but yes, I am satisfied that I did receive it around that time, yes.
82 Q. In any event, Dr. Griffin made an enquiry of you in May --
A. Yeah.

83 Q. -- whether any decision had been taken re retirement on medical grounds. If we look at his letter of the 14th 11:11 May, at page 1347, he's asking you that question and it would appear then, according to your statement, that you reviewed Sergeant Hughes on the 5th June of 2008, is that correct?
A. Yes.

84 Q. And that was in person with you --
A. Yes.

85 Q. -- in the Occupational Health Service?
A. Yeah.

11:12
86 Q. I think you reported on that to Assistant Commissioner Clancy in the first instance on the 9th June?
A. Yeah.

87 Q. Essentially reporting that you had recommended that he be retired on medical grounds?
A. Yes.
Q. Isn't that correct? And if we look at page 398 -3978. You state in the first paragraph there:
"Sergeant Hughes attended the Occupational Heal th
Service 5th June 2008 to revi ew si ckness absence of over 12 months duration. Based on the reports of the i ndependent mental heal th advi ser, I concl ude that Sergeant Hughes no longer possesses the necessary health to performthe demanding of a police officer. I 11:13 have advi sed Sergeant Hughes of this position. I informed hi maccordingly that he has now 28 days in whi ch to consi der matters and to lodge an appeal if he so wi shed. I note on 6th March 2008 I had gi ven earlier advices that my best sense of what has happened 11:13 is that the work events described contributing to his ill health did not constitute an injury on duty. I note that this case is a particularly complex one with the following aspects..."

And you set out those four matters.
"Accordingly l consi der you must deci de upon the issue of injury on duty based on the medi cal advi ces gi ven but al so based on the out come of all these other issues whi ch must be reported upon to you by the rel evant parts of the organi sati on of An Garda Sí ochána. I note that Sergeant Hughes indi cates that he has been served with di sci pl i nary papers approxi mat el y a year ago. He states he has not been intervi ewed or been informed of when this di sci plinary matter will be dealt with. Accordingly, it is recommended that if it is possible that these di sci plinary issues be dealt with at as early a date as possi ble and as speedily, effectively and fairly brought to closure, I see this as being of benefit to Sergeant Hughes and to the organi sation."

Now, just a couple of matters in relation to that consultation.

You obviously explained the position, as you saw it, to Sergeant Hughes at the time, is that right?
A. Yes.

89 Q. And can you say how he reacted? Can you recall how he reacted to the proposal at that time?
A. Gosh, at this distance, that detail --
Q. Al1 right...
A. -- I'm not certain of. I recall the consultation as
being a long consultation --

91 Q. Yeah...
A. -- where he ventilated the concerns of which the Tribunal would be familiar.
92 Q. Yes...
A. And, I suppose, as referenced in my letter of 9 June '08.

93 Q. Yes...
A. Em...

94 Q. In any event, I think you also wrote immediately to Dr. Reilly on the same date --
A. Yeah.

95 Q. -- on the 9th June. If we look at page 6856. And you enclosed Dr. Griffin's report, and you refer to the time limit, the procedure, and were inviting him, effectively, whether he had anything else to report in the matter. And essentially you were saying the final couple of sentence:
"In an absence of an appeal then proceed after the
appropriate interval to recommend ill health
retirement. If an appeal is made l will consider matters and seek the further opi ni on of Dr. John Griffin, independent advi ser, as necessary, and follow due process."
A. Yeah.

96 Q. So you were conscious of the duty, it would seem, to proceed fairly in the matter?
A. Yes.

97 Q. Sergeant Hughes's solicitors lodged an appeal with AC HRM, and I think you became aware of that and you responded to the Assistant Commissioner in connection with some matters that had been stated in the letter $I$ think on the 18th Ju7y of 2008.
And if we could look at page 4005, if we scroll down there, you're summarising your 1etter of the 9th June in the first paragraph and you're confirming the position, really, that the letter of appeal from the solicitors was taken as the appeal and you wouldn't be completing a D33 inter alia, isn't that right?
A. Correct.

98 Q. And you were prepared to release the reports of Dr. Griffin to his solicitor?
A. Yeah.

99 Q. Isn't that correct?
A. Yeah.

100 Q. Subject to his consent as well. You also wrote a second letter to the Assistant Commissioner on the same date, I think. If we look at page 4006. And this seemed to have been written relative to the query about his fitness to be interviewed?
A. Yeah.

101 Q. You recall writing that letter, I take it?
A. Yes.

102 Q. If we go to the final paragraph, at the bottom -- or the top of page 4007, the next one, the third line down you say:
"Accordingly, I recommended that if it is possible that these disciplinary issues be dealt with at as early stage as possible and as speedily and effectively fairly brought to closure I see this as bei ng of benefit to Sergeant Hughes and organi sation.
Accordingly, l did not consi der that there is a nedi cal i mpedi ment to the then processing of di sci plinary matters and there is benefit to the Garda menber and the organi sation in proceeding with it, that remains the position at this time."
A. Yeah.

103 Q. Now, you had no role, obviously, in the disciplinary investigation, or in the proceedings --
A. No.

104 Q. -- to any extent?
A. No, no.

105 Q. But is it normal for the CMO's office to be consulted about the fitness for interview of a member?
A. Yes, that can arise.

106 Q. So there's nothing unusual in either being made aware of the desire of management to have somebody interviewed --
A. Yes.

107 Q. -- and to seeking your view on it, is that right?
A. Yes.

108 Q. I think you made Dr. Griffin's reports available on the 1st August through the AC HRM, and I think you received, at this point in time, Dr. Corry's report, which we've previously seen. If we look at page 6857,
just to put it beyond doubt. And you're sending on to Dr. Griffin Sergeant Hughes's appeal and Dr. Corry's report --
A. Yes.

109 Q. -- for his views, isn't that correct?
A. Yes.

110 Q. And I think Dr. Corry -- sorry, Dr. Griffin got back in touch with you to try and set up a review of Sergeant Hughes at the end of October, and a review was fixed then for the 8th January with Dr. Griffin?
A. Yes.

111 Q. I think that was reported to you -- if we look at page 1349 -- on the 9th January. If we scroll down there, second paragraph says:
"Following a Iong consultation with Sergeant Hughes I do not think it would be right for himpsychol ogi cally to retire currently on medical grounds. He still feels there are issues that need to be investigated in rel ation to tragic events outlined in my previous report. He is very distressed that he's on pension pay which is as I understand less than half his normal pay. He says it is due to the fact that the authorities suggest that his absence from work is not rel at ed to a work issue. In my opi ni on, his absence from work is he is in a position psychol ogi cally to return to work while this situation is not being investigated. I really do feel the expediting of this investigation
woul d hel p hi mgreatly and he could then make a decision in due course as to whether he should return to work. I would then be happy to revi ew himin order to ascertain as to whether or not medical di scharge would be an issue at that stage."

That represents, obvious7y, a change of view --
A. Yeah.

112 Q. -- at the point of time of Dr. Griffin?
A. Correct.

113 Q. But he also appears to be making it either provisional or conditional on the carrying out of, or expediting of different investigations. Did that concern you at the time?
A. Em, I -- it was unusual, certainly, that a position of an independent specialist adviser changed substantially, $I$ suppose, following his attendance in January 2009.

114 Q. Yes. You did obviously report on this to Assistant Commissioner Clancy --
A. Yeah.

115 Q. -- I think within a number of days. If we look at page 4070. On the 19th January, six lines from the bottom the sentence is:
"He reported to Dr. Griffin that this is due to the fact that the authorities suggest his absence from work is not rel ated to work issue. I can write to
Dr. Griffin and clarify for himthat it is not so much
that the issues at hand are not rel at ed to work but that the issues at hand are not considered in the ordi narily understood sense of the word to constitute an injury on duty. Your vi ew on the same would be most wel come. Dr. Griffin advises that an expediting of the 11:24 investigation with regard to the pay issues would help Sergeant Hughes generally. Accordingly, I would wel come the opportunity to case conference this aspect of the case at the next case conferencing schedul e Thursday, 22nd J anuary 2009."

So, you're picking up on an issue that you don't think Dr. Griffin has alluded to --
A. Yeah.

116 Q. -- that, although it may relate to his work, it doesn't 11:24 follow, in your view, that it constitutes an injury at work, essentially?
A. Yes.

117 Q. Now as far as the case conferencing there referred to, would that be -- is that a normal sort of case
conferencing relating to different members that come before you, or was this intended just to relate to Sergeant Hughes?
A. Em, case conferencing would be something that occurs involving, I suppose, local management, Human Resource management in the absence of the chief medical officer, usually the doctor who is dealing with the case. They're more frequently used probably as the years have gone by.

118 Q. Yes...
A. And records of same are better than they were --

119 Q. I am sorry could you just repeat that?
A. Records of case conferencing are better formalised at this time than they were --

120 Q. Yes...
A. -- in 2008 and '09.

121 Q. Yes. We have sought, and we haven't been able to obtain any records of the case conference.
A. Yeah.

122 Q. And I take it that you have no records yourself?
A. No, no, there have been several searches in Occupational Health for any records.
123 Q. As I understand your previous answer, it's not unusual that there wouldn't be formal minutes --
A. Yeah.

124 Q. -- or a record from anyone?
A. Not then.
Q. And you, presumably, don't have any notes as to who attended or anything like that?
A. No, I don't.

126 Q. The only record that I can appear to find is a report from you then back to who was then the new Assistant Commissioner HRM, Commissioner O'Sullivan, on the 26th January 2009, at 4071. Four lines in you say:

[^0]management meet with Sergeant Hughes to put place arrangements for resumption of light duties in particular noting Sergeant Hughes's contention that he not be retired on grounds of ill health due to permanent incapacity. Early referral of the matter to 11:27 this service should occur if the menber reports di sabling symptons interfering with his ability to performlight duties."

What was the rationale for recommending light duties at 11:27 that point in time, if you can expand on it or...?
A. Well it appeared to be from the latter part of 2008 and the appeal of July 2008, regarding the 111 health retirement recommendation, that he not be ill health retired. So we'd gone through a process of considering 11:28 that and obtaining further independent specialist opinion. And at that point, if he was prepared to consider a return to work, I thought that was reasonable from the medical perspective, with restriction from not being required to do operational policing duties.
127 Q. Yes. I think we don't need to look at it, but Assistant Commissioner O'sullivan wrote authorising you to clarify the position about Dr. Griffin concerning the pay issues and injury on duty. She wrote -- that 11:29 was on the 28th January, page 4072 . She also wrote to you on the 10th February, bringing it to your attention that Sergeant Hughes hadn't resumed duty -- that's at page 4085 . And she had also written to Mr. Costello

Solicitors enquiring about the resumption of light duties -- page 4074 and page 4075. And you wrote back to her, on the 16th March, in relation to her last two letters to you. If we look at page 4096.

In the first paragraph you are referring to the letter to Dr. Griffin, which we will come to in a moment. In the second paragraph you're saying:
"Your further letter of the $11 / 3$ is now to hand.
Dr. Griffin did advise that the menber woul d not now be ill health retired. He further advi sed in essence that while investigation of the payment issue regarding i nj ury on duty is not progressing Ser geant Hughes would be unfit for work. However, as this has emerged to be a non-issue, l felt it would be reasonable in all the circumstances to expl ore a return to some work in this case, given the apparent misunderstanding in rel ation to pay issues, notwithstanding the compl ex hi story here. I amwriting to his doctors to obtain an updated 11:30 medi cal report. I have asked Dr. Griffin if he wi shes to report further in light of the pay position and to ask if he saw merit in further revi ew of Sergeant Hughes at this time."
A. Yeah.

128 Q. And your letter to Dr. Griffin then is at page 6860, if we just look at that. 6860. And the first paragraph of that sets out your view in relation to the -- the last sentence of that is essentially it.
"It is essentially not so much that the issues are not rel at ed to work but that the issues at hand are not consi dered in the ordinarily understood of the sense of the word constitute an injury on duty. I felt at the end of January, havi ng revi ewed matters at hand and the context that it was under, an apparent mi sapprehensi on with regard tone entitlement to injury on duty pay provision, that Sergeant Hughes would be fit for trial of light administrative duties given that the issue with regard to pay was apparently closed. Local management have indi cated they were prepared to accommodate himon a different unit in a different work I ocation and resumption has not occurred at this time and Sergeant Hughes has continued to submit certificates of unfit for work. Obl iged for your further comments..." et cetera, et cetera.

You wrote a similar letter to Dr. Reilly, if we look at page 6859. Again you're inviting him to submit an
up-to-date. Dr. Griffin came back to you. You reported on that to Assistant Commissioner O'Sullivan. You wrote a letter, at page 4107, that we might just look at, to the Assistant Commissioner. In the third line there -- I'm sorry, page 4107 is where it should be. Just bear with us, Dr. Quigley. If we just scroll down there, and in the third line of that you say:
"I think it is likely to be unhel pful in terns of
occupational rehabilitation to di sconti nue si ck pay in present circunstances while awaiting further medical letters fromhis GP and fromthe independent ment al heal th advi ser as it would in my vi ew di mi ni sh the chances of a successful return to some work. I will advi se when new medi cal information is to hand."

What was your thinking behind that at the time, if you can recall?
A. I suppose I think he was on pension rate of pay at that 11:33 point.
Q. Yes...
A. And the issue of discontinuing pension rate of pay had been raised. And I -- pending the clarification of his fitness for duties with further medical reports I felt it might be helpful, rather than reinforce Sergeant Hughes's sense of grievance on the matter.
130 Q. Yes. But was the issues of his issue of pension pay ceasing, was that raised at the case conference in January then, or in February?
A. I can't specifically recall that but I think, reading that letter now, that it had been.

131 Q. Yes. Dr. Griffin did report back to you following your request on the 22nd May. If we look at page 1352. He attended with him on the 21st May. And he refers to his very difficult circumstances there, in the middle paragraph. And then in the bottom paragraph he says:

[^1]is brought to a concl usi on by the authorities, this man will conti nue to suffer si gnificantly. I cannot see hi mreturning to work in his current mental state as he feels that he could not gi ve efficient service unl ess and until these issues are dealt with.

Finally and with al acrity l wondered whether there is any way the process could be moved forward more qui ckly than at present."

Did you see any way forward at that point in time?
A. Em, I presume I wrote to the Assistant Commissioner HRM on receipt of that.
132 Q. Yes. You wrote three letters of the 2nd June --
A. Yeah.

133 Q. -- as would seem to be your practice. First to 11:36 Dr. Reilly -- 6865. It's enclosing Dr. Griffin's report and you say:
"Ul timalely it would seemthat probity requires a prol onged procedure in rel ation to the processing of the issues bet ween Ser geant Hughes and Garda management.

I have agai $n$ written to Garda management reiterating the concerns expressed by Dr. John Griffin in his report. I would be obliged for your medi cal report in the si mple hope of securing his occupational rehabilitation as early as feasible."

You wrote in similar, not identical, fashion, though, to Dr. Griffin -- page 6864. And in the first line:
"I have now written again annunci ating the concerns in your letter and my own concerns regarding the processing of the disci plinary matters." [As read]
was that the principal concern as you saw it, at that time?
A. well certainly it was a step that would advance matters ${ }^{11: 37}$ for Sergeant Hughes.
134 Q. Yes, okay. Page 4128: the other leg of the triangle of letters to the Assistant Commissioner of the $2 n d$ June 2009. 4128.
"I amin receipt of a medi cal letter fromDr. Griffin consultant psychiatrist in rel ation to Sergeant Hughes. Dr. Griffin is reporting that Sergeant Hughes feels he was no further al ong with the di sciplinary aspect of this matter. He reports it is still hanging over him and he has no idea when this is going to end or where the investigation is at present."

And then you refer to his circumstances there. And then you conclude:
> "In these circunstances । amobliged to advi se an update with regard to the di sci plinary process of Sergeant Hughes. Dr. Griffin has acted as independent
ment al heal th advi ser and the advi ce recei ved is that unl ess and until this matter is brought to a concl usion he will still continue to be unfit for work."

And I think you got no immediate response to that?
A. Yeah.

135 Q. Dr. Reilly did reply to you slightly later in the month, received by you, it appears to be on the 10th Ju7y -- page 6866. This was his recitation of having reviewed Sergeant Hughes at that point in time. In the 11:39 fourth paragraph down he says:
"I amaware that the whi stlebl ower's report has been final ised and hopef ully this can bring matters to a head. However Williamhas informed me his concerns that the same indi vi dual s who are actually in charge of that investi gati on were in charge of the ori gi nal i nvesti gation. Obvi ously there would be construed as a conflict of interest. Notwithstanding that, froma medical perspective Williamis suffering quite severe symptons due to factors whi ch are outside his control compl et el y. I fail to see how a situation can change until the investigation is compl ete and these matters are resol ved.

Gi ven the amount of suffering and symptomol ogy that William has had I believe that nat ural justice would di ctate that he be restored to full pay until such time as these matters are resol ved. I would hope that you
would be able to use your good offices to bring this situation about as l believe it would allevi ate a lot of Wiliams symptons and would remove fromhim apart fromall his ot her concerns and worries, the financial worries that are now pl aced upon him"

Can I just ask you there about the reference to whistleblower: Had you any knowledge of Sergeant Hughes and a "whi stlebl ower's compl ai nt"?
A. No.
Q. You yourself don't seem to have referred to it at any stage in your letters?
A. No. No, I didn't have knowledge or, I believe, sight of it at any point.
137 Q. I think you reply to Dr. Reilly on the 17th Ju7y, if we 11:41 look at page 6868. And you're setting out, as it were, a summary of matters from the previous year, that we don't need to concern ourselves with. But if we turn to 6869, in the paragraph beginning:
"He advi sed. .."

This is Dr. Griffin's advice:
"He advi sed that the expediting of the investigation woul d hel p hi mgreatly and I have apprised Garda management of advi ce inthis regard on several occasions. In the light of Sergeant Hughes's contention that he ought not to be retired on grounds
of ill health it was considered reasonable that local management might explore with himreturning to the very restricting policing work and a different work location and with a different team However this has been unsuccessful and Sergeant Hughes has remai ned on sick leave at this time. At this point fromthe medical point of viewit is contended that he is not permanently incapacitated but that his medi cal condition precludes himfromhis return to work. I must ask what in particular is preventing Sergeant Hughes fromret urning to work? If it is that the position of unfitness for work is arising from di sconfiture with aspects of works or interpersonal difficulties in work, these are not of thensel ves medi cal di agnoses. I must endeavour to establish what medi cal intervention in particular can be put in place to facilitate a return to work and to try to establish what accommodations in work would support a return to work. That there are issues bet ween Sergeant Hughes and Garda management is not in any doubt but I cannot at present concl ude that we must await absol ute and compl ete closure of all issues to Sergeant Hughes's satisfaction prior to seeking cl osure to the current sick leave. The operation of management or I egal process should not, though in itself potential or actual source of some stress, be if at all possible the basis for continued absence from work. If resumption of some work were to occur, it would help to address Sergeant Hughes's difficult financial circunstances
outlined in your letter and l hope would be a source of i mproved heal th for Sergeant Hughes. It might be that he can resume to restricted duties in a work I ocation. . "

If we scroll down further please --
"... ot her than his previ ous work rel ation. Management have indi cated that support to ret urn to some duties would be available to Sergeant Hughes."

So is this -- this is obviously a reaction to Dr. Reilly's letter?
A. Yeah.

138 Q. And you're asking these questions about what was preventing him returning to work?
A. Yeah.

139 Q. And did it seem to you to be a non-medical issue or -he wasn't on any particular medication, as we understand it, at this point in time, or perhaps at any 11:44 point in time?
A. Yeah. Yeah, the predominant issue seemed to be his sense of grievance about issues that had arisen in work. I suppose he had been previously diagnosed with post traumatic stress disorder. The levels of
intervention from a medical perspective seemed to be on the lower end of the scale for this. If his dissatisfaction and, I suppose, sense of hurt and grievance with the organisation was at issue, that of
itself wasn't a medical diagnosis.
140 Q. Yes. That sense of hurt or grievance, presumably you wouldn't classify that as an injury on duty then, in any sense, or would you?
A. No. I think it would create very dangerous precedence if one were to say that a member of staff having a sense of grievance about an issue would be an injury on duty.
Yes. In any event, I think you were subsequently made aware by AC HRM that the disciplinary file had been -- 11:46 investigation had concluded?
A. Yes.

142 Q. And that it had been determined to discontinue the proceedings?
A. Yeah.

143 Q. And he was not found to be in breach of discipline --
A. Yeah.

144 Q. -- isn't that correct? And I think you were in a position to report that fact to Dr. Reilly on the 31st August 2009. If we look at page 6870. Four lines in, if we go down to the first paragraph, it says:
"I would hope that this is a matter of considerable relief and satisfaction to Sergeant Hughes notwithstanding his unfortunate position of being in limbo for a considerable period. I would be hopef ul to be now in a position to advance matters in cooperation with you towards a return to work arranging revi ew of these independent advi ser Dr. Griffin, consultant
psychi atrist..."

Then you ask him to update you.

You wrote a similar letter to Dr. Griffin, if with you 11:47 look at that -- 6871 -- on the same date. And in the last four lines you say:
"I would be hopef ul gi ven that the matter of consi derable upset to Sergeant Hughes is now brought to 11:47 closure al beit after si gni ficant interval that rehabilitation to work would now occur. I will work to put in place any reasonable accommdation to support Sergeant Hughes on ret urn to work and hope that this can now occur."

And that appears to have been your objective throughout, to return him to work --
A. Yes.

145 Q. -- whether light duties or full duties if possible? 11:48
A. Yes.
Q. You, similarly, report to Assistant Commissioner Fanning, who had taken over HRM -- if you look at page 4133. And this was in accordance with your practice of keeping HRM informed of precisely what you were doing, 11:48 who you were consulting, what you had got, what view you had taken of it and what steps you were taking next, isn't that right?
A. Yes.

147
Q That was 4133. I think Dr. Griffin arranged an appointment with Sergeant Hughes for the 20th October. He reported to you -- that to you on the following day, at page 1354, the second paragraph says:
"Ser geant Hughes is extremel y relieved that the di sci pl inary procedure has been dropped. However he repeated to me a number of times during the consultation that the ongoing investigation has still not been resol ved and he is very concerned about this. However he states he has no option now but to return to work because he is in deep financial trouble.

I would suggest that he is now fit for light duties, but I don't think he would be fit for full policing duties just yet. Perhaps you might like to revi ew him prior to his return to work as per the final sentence in the letter of 31st August last year."

And he was essentially agreeing with the suggestion about a resumption of light duties --
A. Yeah.

148 Q. -- that had you made originally back on the 26th January of that year --
A. Yeah.

149 Q. -- isn't that right?
A. Yes.

150 Q. Dr. Reilly wrote to you slightly later, in the middle of November, to that effect; the 14th November 2009, if
we look at page 6872. He's noting, in paragraph 1 on the second line:
"However the issues whi ch have been rai sed by Mr. Hughes of mal practice, bullying, systems failure and abuse of process still remai $n$ outstanding."

Had you seen those as significant issues, or did you understand to what extent or to what matters they related?
A. Em, I suppose I would have had Sergeant Hughes's account at consultation that he felt there had been a systems failure, unfortunately, in relation to the events in 2006, when the mother of the $\square$ had been murdered, and the question that had the -- could the organisation have done something to have prevented that murder.

151 Q. Yes. I think you obviously focused on the matter, because you did revert back to Dr. Reilly within the week. If we look at 6873, a letter of the 20th November. And if we scroll down, the second sentence:
"I agree it would be appropriate for Sergeant Hughes to now resume to light non-confrontational duties in a I ocati on ot her than where he has previ ousl y worked
gi ven that there would appear to be a lack of trust bet ween Ser geant Hughes and his supervisors. The issues whi ch you indi cate have been raised by Sergeant Hughes are not addressable through this service."

This is referring to your --
A. Yeah.

152 Q. -- occupational service, is that right?
A. Yes.

153 Q. "At this stage I would be very hopef ul that following his meeting with management arrangements can be put in place to support his return to work in a slight light duty role. I would be obliged if you continue to update me in rel ation to progress. This would assist 11:52 me in giving ongoing advi ce to Garda management on occupational fitness and rehabilitation."

And you seem to be, the use of the word 'outruling' the concerns about these other investigations or issues as being a medical issue for you?
A. Yeah. I mean the investigations of those issues are not carried out by the Chief Medical Officer's office in any sense.
154 Q. Yes.
A. So it is not a matter that $I$ can control, or could have controlled.
Q. But --
A. Yeah.

156 Q. -- I mean you do appear to have ruled them out as being 11:53 irrelevant to his return to work, as being not related to an inability to come back to work, would that be accurate or not?
A. I think from a pragmatic point of view as to trying to
achieve, if possible, a return to the payroll for sergeant Hughes, but also to secure a return to some form of work, modified work.
157 Q. Yes. And in different circumstances with perhaps less interaction with either the public or other --
A. Yeah.

158 Q. -- front line police. You also reported, on the same date, to Assistant Commissioner Feehan -- if we look at page 4186 . And in the first paragraph, you say:
"Sergeant William Hughes attended the Occupational Health Service 19th Novenber 2009 to revi ew sickness absence of about two and a hal f years duration recording on B5 file as being due to stress. The circunstances of this sickness absence would be intricately interwound with the events of the death of the unfortunate woman and subsequent processing of di sci plinary proceedings whi ch followed it. Overall this di sciplinary process has been brought to a closure and Sergeant Hughes has, I understand, on the investigation of a seni or officer of the force, been exonerated. Based upon the recent report of Dr. John Griffin, I consider Sergeant Hughes to be fit at present for light duties in a context where he can be afforded to work in a safe working envi ronment."

You then refer to the necessity for updating him and an element of retraining perhaps?
A. Yeah.

Q. Or re familiarisation with matters?
A. Yeah.
Q. Would that be something again normally seen as being within your remit, as to how to get somebody back to work?
A. Yes, absolutely. You don't -- if somebody has been out of the workplace for an extended period, you ask for them to be updated in relation to changes in work practice, or changes in legislation, or changes with internal work procedures, or rules for that matter.
Q. Yes. You conclude by saying in the final sentence:
"Sergeant Hughes has been assessed as capable of negotiating with management work arrangements that would be conduci ve with returning to work."

Did you see him as being able to engage positively towards that process?
A. Yes, I think in a supportive context, yes.

162 Q. I think you were aware that he did return to work and remained at work for some considerable period of 2010, isn't that correct?
A. Yes.

163 Q. You did, however, receive a letter from his GP on the 7th July?
A. Yes.

164 Q. If we could look at that perhaps -- 6875. Dr. Reilly was reporting ongoing anxiety, uneasiness and unhappiness with regard to his current working
situation and he wanted to refer you to him. And I think you took that on board and you reported to Assistant Commissioner Feehan on the 21st July -- if we look at page 4331 -- and you arranged for a review and a report. Again those matters are all standard sort of 11:57 instructions that should go out then from HRM --
A. Yes.

165 Q. -- to the member through his local management?
A. Yeah. To local management I think, yeah.

166 Q. Yes. Then, Assistant Commissioner Feehan did that -if we look at 4332 -- on the 30th July. And Sergeant Hughes then, I think, reported to you in the service and produced a memo, isn't that right? If we look at page 6879, this is a two-page memo which does relate to his allegations not having been addressed fully and properly?
A. Yeah.

167 Q. If we scroll down, he talks about his distrust there in the second last paragraph. The final paragraph, going on to the next page, he says:
"A common thread in the various reports that issued was that Garda management must deal with the serious issues I rai sed bef ore return to work would be consi dered. I ncreasingly however he found that Garda management failed to properly respond to these recommendations."

He refers to his pay reductions, harassment and bullying. And then he complains of his current work
circumstances there in the last paragraph on screen.

And then he refers to the decision made, there in the last paragraph:
"A deci sion has been made previ ously at your office that my illness is not work related. I respectfully request that my case file be revisited and thoroughly revi ewed. I bel ieve that a comprehensi ve reapprai sal of my case will establish that my illness was and still is attributable to the performance of efficient duties. I ask that this be done with a vi ew to, amongst other things, havi ng restored my full pay and emol uments to date please. If you deemit necessary, Dr. Reilly will assi st further in that regard. "

Did you take that as a request to review the injury on duty, in essence?
A. Em... yeah. It's an unusual circumstance that the request -- I think that letter is addressed to myself?
168 Q. Yes.
A. Rather than routed through management.

169 Q. Yes.
A. Yeah. Because, in general, if a person -- if a Garda member is deemed not to have sustained an injury on duty, he might address an appeal of that position to management who then would also consult with the occupational health physician.

170 Q. Yes. You did report on this to Assistant Commissioner

Fanning on the 20th August, the following day. If we look at page 4342. And the second paragraph you refer to his considerable sense of grievance. You refer to your opinion, in the fourth last line:
"That he doesn't have the current resilience for front line policing duties. As such he falls in the fitness category fit for light duties. When asked he was unable to identify whi ch alternative duties would be satisfactory to hi mthough his GP letter rai sed concerns in rel ation to his work environment."

There's reference to the disciplinary matter then. In the second last paragraph of the letter, on the following page, you say:
"I would be obliged if an early, effective and comprehensi ve assessment of these issues can be compl eted and out come communi cated to the nember. If it is the case that Sergeant Hughes is considered bl amel ess with regard to all di sci plinary matters, I thi nk it may be hel pf ul for management tolook at these i ssues and communi cate with Sergeant Hughes as to how he might go about seeking redress of the sai d issues. Sergeant Hughes has indi cated to me that previous submi ssi on of a grievance or harassment case has been associ ated with management decisi on that the matters do not fall under the current policy."

You seem to be throwing it into the court of AC HRM to see whether they could --
A. Yeah.

171 Q. -- get a salary back because the discipline hadn't gone anywhere?
A. Yeah.
A. Yeah. In my view it's a decision of AC HRM that can include the advice of other officers, including the occupational health physician.

Yes. But did you see the recouping of his salary as being a matter unrelated to an injury on duty issue or something that they were at large at; they could just decide it anyway?
A. No. I think it would be a review of the management position with regard to what had occurred in the workplace as to whether it might consider it to have been an injury in the course of duty.
174 Q. Yes. In any event, you decided to arrange an appointment with Dr. Devitt. And I think this was the first time Dr. Devitt became involved, is that right?
A. Yeah.

175 Q. You wrote a similar letter, as you had written to Assistant Commissioner Feehan, to Dr. Reilly?
A. Yeah.

176 Q. If we look at page 6878. And then you wrote to Dr. Devitt on the same -date, if we look at page 6876 -- and at the bottom paragraph there you set out the issue in relation to the disciplinary charge, but
you then ask Dr. Devitt, over the page, to consider whether the disciplinary charges proffered against Sergeant Hughes were major or substantive cause of his sickness absence.
"Pl ease see the earlier reports of Dr. Griffin consultant psychi atrist. I would al so be much obliged for your expert assessment of his current mental health to assist me in advising Garda management on fitness of duty workpl ace accommodations whi ch might afford Sergeant Hughes the capacity to work to his optimum potential."

Were you considering that the disciplinary charge could be a facet of an injury on duty diagnosis? Or, how were you viewing the matter?
A. I... yes, I think so.

177 Q. Okay. You seem to have also sought a legal perspective on it, because you, shortly afterwards, wrote to Assistant Commissioner Fanning on the 8th September -if we look at page 4350. Now there's material blocked out for legal privilege here.

You say you reviewed the opinion, which I think is a legal opinion, is that correct? The first paragraph.
A. Yeah.

178 Q. If we could remove the box there. In the second paragraph you say:
"In the circunstances I request that management have legal revi ew of these matters and consideration as to whet her they have taken the medi cal and legal management information into account in its decision on
how to proceed. In particular..."

And there's a bit blocked out there. Were you wondering whether you had cause to review your opinion or whether you had formed a different opinion at that point in time?
A. I think going back to the advice given in March 2008 --

Yes...
A. -- I had at that point advised from a medical perspective, but I was concerned that Human Resource Management appeared to want that opinion as the definitive opinion that they were going to rely on.
Q. Yes...
A. And on a couple of occasions I have asked them to take into account the position of local management, of legal, of other potential sources to inform such a decision.
Q. At the end of it you received Dr. Devitt's opinion, if we look at page 1365 of the papers. Sergeant Hughes's presentation is recorded at the bottom of page 1368, if we just go there, and this is under the heading "Ment al 12:10 State on 16/9" and you probably recall receiving this at the time?
A. Yeah.
Q. Dr. Devitt's opinion then is set out in a number of
seven bullet points on the following page, at 1369. And that appears to be a clear view that he had PTSD symptoms --
A. Yes.

183 Q. -- set out at number 2. And then his current position, 12:11 5, 6 and 7. 6, including an opinion that he is medically fit to continue his current duties on a full-time basis.
And 7, there's a reasonable possibility that matters can be resolved. Sergeant Hughes's mental state will further improve allowing him to resume full Garda duties.

And I think that was accompanied by an opinion from a Dr. Brendan McCormack?
A. Yes.

184 Q. Which was presented to Dr. Devitt when Sergeant Hughes presented for interview, it would appear. So you had two new, as it were, pieces of advice. You also had Dr. Reilly's contribution from Dr. Hugh McMahon of that 12:12 practice, at 6881. And you appear to have had al1 these matters then before you wrote again to Assistant Commissioner Fanning on the 28th September 2010. If we look at page 4358.

And this is copied to Dr. Collins who was the Chief Medical Officer at the time?
A. Yes.

185 Q. And this seems to be a new involvement of the chief, as
it were. Was that a conscious decision on your part, I presume?
A. I presume it was.

186
Q. Yes...
A. Em... circunstances did not, to me at the time, fulfil the criteria for injury on duty. My letter of the 6th March 2008 indi cates the condition was work rel at ed but that my best sense of what had happened was that the events described constituted normal policing work. In theory, the matters would be much more strai ghtforward in having a formal definition of injury on duty which could be tested in the courts. There would then be a benchmark in whi ch to call judgement. In the absence of well defined criteria it is much more difficult to deci de the issue at hand."

If we go over...
"It appeared to me that the Garda management must consi der the advi ces..."

And I that is some legal advice. And it goes on
"... be prepared onl y to look at revi ewing my position on inj ury on duty in context of recei ving a management's definition of what constitutes an injury on duty. However I amabsol ut el y satisfied that
Ser geant Hughes' s condition is work rel at ed.

I amin recei pt of the independent report of Dr. Pat Devitt in rel ation to current fitness for duty.
Dr. Devitt indi cates that the member is fit for his current duty on a full-time basis in a light duty role. 12:14 Dr. Devitt notes that Sergeant Hughes continues to be consured with every aspect of his case and is di strustful of Garda management and remai ns exceedingly angry, and for these reasons he must be regarded as mentally unfit to resume Garda duties. Dr. Devitt advi ses if there is a reasonable possi bility that matters can be resol ved Sergeant Hughes's mental state will further improve allowing hi mto resume full Garda duties.

Dr. Devitt is of the opi ni on that the di sci plinary measures being initiated agai nst Sergeant Hughes were the cause of enotional traum to Sergeant Hughes and that his sick leave was directly rel ated due to this emotional trauma. I have di scussed these issues with Dr. Devitt and he is of the further opi ni on that it is a legal and management decision as to whether such i ssues constitute injury on duty."

And I think you sent Dr. Devitt's report then to Dr. Reilly's practice on the 5th October. You also sent another report up to Assistant Commissioner Fanning on the 5th October -- page 4364 -- and you refer, in the last three paragraphs, to the issue of stress for Sergeant Hughes there. I think, is it the case that this related to the cause of his stress over a particularly short period in September of 2010 ?
A. Yes.

188 Q. Where he had gone absent and there was an immediate focus on what was the cause of it at that time, isn't that correct?
A. Yes.

189 Q. And this report, as I read it, doesn't relate to the broader issue of injury on duty as a whole, is that right?
A. Yes. I think that's a reasonable interpretation. 190 Q. Now, you wrote another letter to the Assistant Commissioner on the 28th October. Could we look at that, at page 4397? And you have received two letters back from Assistant Commissioner Fanning, both dated the 20th October, and they're to be found, just for the record, at page 4384 and 4385.
You deal with the first of those letters in the first paragraph, which is the release of your letter of the 20th August to the solicitor at that point in time.

In relation to the issue of retirement then on 111 health you say, in the second paragraph, you set out
the history of how that had previously been dealt with, isn't that correct?
A. Yes.

191 Q. And in the last paragraph here you deal with the second of Assistant Commissioner Fanning's letter of the 20th October which raises the issue of categorisation of Sergeant Hughes's medical condition as to whether it is considered as associated with injury on duty.
"I note you indi cate that it has been established that is a matter for the Chi ef Medical Officer to adj udi cate as to what is or what is not an injury on duty. That is not the position of the Chi ef Medical Officer as communi cated recently to me. "

Now, did that represent a change in your understanding of the position at the time, or are you simply reflecting what you and the chief medical officer understood to be the position at that point in time?
A. I think it -- the Chief medical officer had indicated that on a couple of occasions, particularly subsequent to March 2008, but I couldn't put dates on when he said them, but certainly that letter fixes it as the chief Medical officer having given such opinion to me in probably mid or late October 2010.
192 Q. Yes. Assistant Commissioner Fanning's second letter of the 20th, if we look at that at page 4385, just in this context before proceeding further. If we just scroll down there. In the first paragraph he refers to your
previous report, which we've seen, in the following way:"... and the conundrumthat you now find yourself in vis-à-vis categorisation of Sergeant Hughes's injuries whether they are or are not associated with i nj ury on duty.

I amal so to informyou that at a recent meeting where the Chi ef Medical Officer was present and the pension regul ations were taken into account, it was established that it was a matter for the Chi ef Medical Officer to adj udi cate as to what is or is not an injury on duty."

And just to pause there. You don't, and didn't, understand that to be the Chief Medical officer's position, isn't that right?
A. Yes.

193 Q. And that was your position as well, isn't that right?
A. Yes.

194 Q. The letter goes on to say:
"Thi s should be done in the context of all available inf ormation to hand and unf ortunatel y it must be done in the absence of any clear case law in this jurisdiction. Therefore, I suggest to you that a case conference needs to be hel d as soon as possible to the definitive and clear di rection can be given. Given that the change in your opi ni on will have serious consequences for pay and judicial proceedi ngs that are
currently ongoing this matter has to be dealt with as a matter of urgency."

Now you were replying to that issue as to whether you would change your opinion in your letter of the 28 th October, isn't that correct?
A. Yes.
Q. And if we just go back to the top of the second page of that letter, at page 4398, you say, in reference to the Chief Medical officer, quotation:
"He stated to me that the issue of injury on duty shall be determined at the meeting where management, I egal representatives meet with the Chi ef Medical Officer or his represent ative on these issues. It is important that this issue be clarified prior to the proposed meeting in this case, whi ch l understand is scheduled for the 12th November 2010, as there currently appears to be di ametrically opposed vi ews on the purpose of this proposed meeting. There is, in my view, a requi rement for legal representation and advice in rel ation to [bl ank]..."

It is redacted for legal privilege.
"... such advi ce will be essential in advance of a deci si on taken by the stakehol ders in this case.

The penultimate sentence of your letter of the 20 th

October i molies that there is a definitive change in my opi ni on. This is not presently so. There is advi ce..." which is then redacted.

In any event, a case conference was held, isn't that
12:23 correct, on the 12th November?
A. Yes, I think so.
Q. And you've no notes of that case conference?
A. No, I don't, no.

197 Q. And have you any recollection at present of it?
A. I can't say I have.
Q. A11 right. There is --

CHA RMAK Sorry, can I just ask, doctor, what was the point of case conference do you know? I mean it's impossible to know from the blackening out, but
ultimately there seems to have been disagreement as to what the purpose of the case conference was. what did you understand was the purpose of the -- if you can recall it? And if you can't, you can't.
A. I suppose I can -- based on what I have before me, I believe the purpose was for local management, Human Resources, perhaps with legal advice, and medical advice, to come to a conclusion on the injury on duty question.
199 Q. CHA RMAN From this meeting?
A. Yeah.

200 Q. CHA RMAN was to emerge a decision?
A. Yeah.

201 Q. CHA RMAN Is that right?
A. Yeah.
Q. CHAL RMAN Yes.
A. The model that I would have.

CHA RMAN okay.
MR. MEGUNESS: And it was also in the context of pending judicial proceedings brought by Sergeant Hughes in relation to the matter as well?
A. Yes.
Q. I just want to ask you to look at two letters that Assistant Commissioner Fanning wrote on foot of the meeting, and it might help your assessment of the matter as to whether this was one of the results of the meeting. It's a letter he wrote at page 4406 on the 17th November. It's directed to a relevant issue but it's directed as an addressee to the chief Superintendent in Ballymun. And it says:
"I refer to the above and to the case conference hel d in the of fice of the Assi stant Commi ssi oner, Human Resource Management on the 12th November 2010.

Pl ease forward a copy of all i nvesti gations carried out in rel ation to menber's work-rel ated stress. From per usal of our records this member reported unfit for work suffering fromstress on the following dates..." 12:25

Then it gives four ranges of dates there. And it says:
"As you are aware, if any of the above absences are
associ ated with work-rel ated stress, a full investi gation should have been carried out."

So one conference could be that the meeting decided that HRM should, as it were, bottom this out with local management, draw their attention to the relevant periods of absence for work-related stress alleged to have been suffered, and then seek a copy of all the investigations. That would appear to be --
A. Yeah.

205 Q. -- a likely course of action determined upon by the meeting. Is that fair to put it to you in those terms?
A. Yes, as best one can assess.
Q. The second letter of relevance relating to the conference is a letter to the Chief Medical officer of the 3rd December 2010 -- that's at page 4407. And just scrolling down there, it says:
"I refer to the above and case conference..." et cetera.

And then paragraph 2:
"Subject to a copy of the investi gation into Ser geant Hughes's stress-rel ated work absence carried out by his 12:27 local management, the participants of the case conference concurred with the assessment of the Assi stant Chi ef Medical Officer on the 6th March 2008 (i.e. 'I cannot concl ude that these work-rel ated events
constitute formal injury on duty').

Accordingly I have written to Sergeant Hughes' Iocal management and I have requested a full copy of all investigations carried out in the nember's work-rel ated $12: 27$ stress. This report will be forwarded to your office on recei pt of same."

So that is certainly representing back to the Chief Medical officer the apparent conclusion of the meeting? 12:27
A. Yeah.

207 Q. Do you agree with that; that they all concurred, subject to what might emerge from the investigations requested, that your view was considered to be the correct one?
A. At that point, yes.
Q. At that point, is that right?
A. Yeah.
Q. Did that ever in fact then change, as far as you were concerned?
A. Not to my knowledge.
Q. Yes. Okay. Matters then moved into 2011, and I think you received a letter, again from Dr. Nathanie1 of Dr. Reilly's practice -- if we look at page 6887. This is addressed to you then. Although it's dated 7th of
January, it is date stamped as seeming to have been received in the section on the 29th March 2011?
A. Yeah.

211 Q. In the text of the letter it says:
"He has returned to work as his financial position is untenable due to his cut in pay although he is still suffering fromthe work-rel ated stress as di agnosed by numerous psychi atrists that WIII am has attended. He 12:29 reported a recent pani c attack at work rel at ed to ongoing issues with his superiors. In the light of this recent epi sode l feel he is unable to continue his work unl ess the underlying issue has been resol ved. WII iamhas been hesitant in the past to commence psychotropi c medi cation as he understood thi s as a si gn of weakness to a point where we are at an impasse and I have prescri bed hi manxi ol ytics.

In the Iight of his ongoing work-rel ated stress I would recommend that he be gi ven sick leave with full pay and entitlements until the situation is resol ved. I think perhaps a consultation with your good self would be appropriate to update you on his progress or lack ther eof."

And I think you were able to arrange for that and review him on the 24th February of 2011. And you deal with that at the top of page 1336 of your statement.

And you record in your statement that he reported that he had become distressed during the course of a meeting with his superintendent. He subsequently attended his GP and was certified as unfit for work. And I think
you wrote a trio of letters on the 2nd March. Firstly, back to Dr. Reilly's practice -- if we look at 6883. And in the third line down you say:
"I understand that the current period of si ckness absence had followed a meeting with a manager where it was expl ored about Sergeant Hughes doing necessary trai ning that might bring himtowards performing more normal policing duties. It would seemthe meeting was associ ated with deterioration in Sergeant Hughes's sense of well being as he percei ved as intrusi ve and perhaps coercive. He tells me he is shortly to attend for reassessment."

And again you're looking for further medical assistance 12:31 and updates --
A. Yes.

212 Q. -- as you had previously done, isn't that correct?
A. Yes.

213 Q. You then write to Dr. McCormack I think for the first time also on the same date -- that's at 6884. why did you decide -- can you recall at this point why you were writing to him at that particular stage?
A. I would think because he was the consultant psychiatrist who had seen or assessed Sergeant Hughes.
214 Q. Yes. okay.
A. I think he -- my understanding in fact is that Dr. McCormack, in effect, was a successor to Dr. Michael Corry who, I understand, had died -- was
deceased at that point.
215 Q. Yes, he did die around that period.
A. Yes.

216 Q. You also reported to Assistant Commissioner Fanning then on the same date -- if we look at 4440, going into 12:32 4401. You give your own opinion here at the top of page 442:
"At the time Sergeant Hughes continues to report adverse psychol ogi cal symptons which interfere with his quality of lifespan on a daily basis and affect a sense of well being to the extent that he is currently unfit for work. On my assessment I was unable to identify sources of stress or anxi et $y$ that were not rel at ed to hi s work circunstances. Further it appeared in
consultation that the issue of concern no longer rel at ed to proxi mity to the death of a menber of the public nor to reported death threats to the mentber's colleague but rather Sergeant Hughes's perceptions that he had been bullied, harassed, isol ated and he asserts intimidated at work. I note your letter of the 3/12/10..."

Which we've just looked at previously
"... to the Chi ef Medi cal Officer indicating that the letter had been sent to local management and requested a copy of all investigations carried out in rel ation to the nenber's work-rel ated stress. I look forward to
recei ving this report in early course as this is essential to gi ving a definitive concl usi on on the organi sation's position on Sergeant Hughes's assertion of injury on duty.

Given that it is now two and a half months since this request to local management has been made, I would be obl i ged to recei ve the said report as a matter of ur gency.

Gi ven current unfitness for work, I am arranging a further revi ew with Dr. Devitt."

And you state that an appointment has been made for 10th March.

I think you then receive Dr. Devitt's second report of the 10th March on the 15th March, if we look at page 1370. Again this is a four-page report. If we turn to page 1372, there is again a reference to a document
which -- or a letter that Sergeant Hughes presented to him at that point in time, and it appears to have been a reiteration of the perceptions he expressed at the interview of the $16 / 9$. That was when he had presented you with the two-page document we've seen, isn't that correct?
A. Yes.

217 Q. It goes on to recite:
"Sergeant Hughes appears to be agai n greatly consured by every detail of the events whi ch had bef allen him and the conduct and irregul arities he had percei ved at hi s workpl ace.

It was quite obvi ous he rumi nates about these matters on an al most continuous basis.

Agai $n$ it is difficult to deflect Sergeant Hughes from going into minute detail.

He di d not appear depressed but on this occasi on he did appear more anxi ous than previ ousl y. There was no evi dence of psychosis, not suicidal. Well oriented, concentration and memory were normal.

Judged to be of average intel ligence."

And I think he reported then that -- if we go down the page -- that the conclusions and his report of the 16/9 12:36 stil1 applied.

At number 2:
"He found the workpl ace extremel y stressful and regards 12:36 it as an unsafe working envi ronment causing hi manxi ety anger and serious mistrust.
3. In this mental state Sergeant Hughes should be regarded as temporarily unfit for three mont hs fromall
garda duties.
4. It is vital that steps are taken to urgently address the matters rai sed by Sergeant Hughes.
5. If Sergeant Hughes can be convi nced that these matters are being approached in good faith by the Garda 12:36 authorities, it is likel y that his mental state will i mprove."

Now, on receipt of that did you have the same view that those matters were not something that you were in a position to address as an occupational health physician?
A. Yes.

218 Q. Okay. Okay. I think you forwarded that to Dr. Reilly, if we note that at page 6885. As far as Assistant Commissioner Fanning is concerned, if we just look at the text of the letter to Dr. Reilly there, slightly differently phrased then to Assistant Commissioner Fanning, at 4460.
In the middle of this paragraph you seem to, as it
were, endorse the issue of what steps ought to be taken. You say:
"It is vital that steps are taken urgently to address the matters rai sed by Sergeant Hughes. If Sergeant Hughes can be convi nced that these matters are being approached in good faith by Garda authorities it is likel y that the mental state will improve."

I mean in terms of the nuts and bolts of what HRM should be doing, had you taken a position that they should be carrying out all the investigations as required by Sergeant Hughes, or to his satisfaction, or were you leaving it to them to form a judgment on the issue?
A. I think, as Dr. Devitt said, if Sergeant Hughes could have been convinced that Garda management were approaching the issues that he had in good faith, his mental state would likely improve and he would be capable of work, and perhaps even progress to normal policing duties.

For that reason, from an occupational health physician point of view, $I$ felt it was vital that steps were taken by management to address those issues. The format that such action would take was for management to determine.

219 Q. Yes. Dr. McCormack, as the successor to Dr. Corry, seemed to be saying the same thing. If we look at his report -- page 1388. This came to you after you had reported up to Assistant Commissioner Fanning and back to Dr. Reilly. But the second paragraph says:
"On revi ewing the file and my own notes therein it appears that Mr. Hughes remains deepl y di ssatisfied by the response by Garda management to criticisms and compl ai nts made by him He al so feels that di sci pl inary action whi ch was taken agai nst hi mand
subsequently not uphel d was an attenpt to prevent him fromadvancing his complaints. These are matters that the Garda management need to address in a manner whi ch is satisfactory to Sergeant Hughes and addresses his concerns. Si mply offering further training courses is unlikely to have any benefit."

I think you replied to Dr. McCormack on the 7th April -- if we look at 6890 -- and you're obviously ensuring that the flow of information to the treating consultant, and that's appropriate, is it?
A. Yeah.

220 Q. Giving him Dr. Devitt's reports. You're recording there that you wrote to management again to indicate deterioration and the three month unfitness period. You record that you pointed out to management that Sergeant Hughes's assertion that he finds An Garda Síochána workplace extremely stressful, et cetera, and that you recommended to management that it was vital that steps be taken urgently to address the matters raised by Sergeant Hughes, et cetera. And then you advise that further assessment can be arranged to consider progress at about a three-month phase. And that would coincide with the period of unfitness having been certified by you and agreed, as it were, with Dr. Devitt, isn't that correct?
A. Yes.

221 Q. You wrote a similar letter to Dr. Nathaniel of Dr. Reilly's practice. We don't need to look at that,
it's at page 6888. You wrote to Assistant Commissioner Fanning on the same date at page 4469, and this is again a letter of the 7th April. And you're referring back to the issues relating to the work-related stress investigation reports, isn't that correct?
A. Yeah.

222 Q. I think following on then approximately three months down the line, you do get a letter from Dr. Keenan, Dr. Susan Keenan --
A. Yeah.

223 Q. -- on behalf of Sergeant Hughes, dated 26th July of 2011. If we look at that at page 6891. This is a short letter but it is indicating that she has now taken the step of referring him to another psychiatrist, who had a different sort of expertise. I $12: 44$ think you received that obviously by the time you were writing. You wrote back to Dr. Keenan, if we look at page 6892. If we go down that, you note there that you hadn't received a further report from management and you refer to the substance of what you had previously written. And you conclude by saying that you had written to management again today asking for a report on these matters, you'd be obliged if he would update you on progress. And you conclude:
"Unfortunately it is considered likely he remains unfit for policing duties at present."

You had written a prior letter to management, prior to
the one you refer to there, to Assistant Commissioner Fanning, perhaps we'd look at that. 4505. I don't say this in a pejorative way, but you had been getting on to Assistant Commissioner Fanning about what he had been doing and he gave you sight of letters that he had 12:45 been sending to local management, pestering them for the reports into the work-related stress investigations. And perhaps just to get a flavour of those, if we look at page 4480 , which is the first of the Assistant Commissioner Fanning letters referred to there of the 22nd June. And he's referring to all of his previous correspondence there, saying it's extremely urgent, at the bottom.

If we go on to page 4482 then, if we scroll down two pages, 4482, it's another similar letter.
A. Yeah.

224 Q. And so, if we go back then to your letter, at page 4505, 4505, and you're thanking him for sight of those 1etters.
"Froma medi cal perspective, I agai $n$ underscore the i mportance of interventions of manament in rel ation to addressing the issues as previ ously rai sed by me 22/3/11. At this stage I require an urgent report of management actions with regard to my advices of the 22/3/11. "

Then you have a reference to Inspector Lacey's letter
there.

You're again referring to this letter and a subsequent letter, if we look at page 4543. You're again writing to Assistant Commissioner Fanning, referring to this letter in the middle, your earlier original letter and then your last reminder of the 23rd August. And on this date you still hadn't received any update. You also wrote to Dr. Devitt on the same date, the 5th October, if we look at 6893, and you're asking him for a further assessment - if we just look at the last few lines of that paragraph - even in the absence of further management reports. And you got a report back I think within the week from Dr. Devitt, if we look at his third report furnished to you at page 1374. Again that's a four-page report. I don't need to go through Sergeant Hughes's interview but just to go straight to his conclusions at the bottom of page 1377. And the issue of the High Court proceedings comes into explicit play in the conclusions here and he seems to envisage the possible improvement of Sergeant Hughes's medical state after the High Court proceedings have been dealt with
A. Yes.

225 Q. And he seems to regard it as sort of a stand off position. Was that the position as you understood it from the Garda side; that the proceedings were an impediment or a temporary roadblock to matters being addressed or looked at in any way.
A. It's plausible to me that management felt that perhaps they couldn't advance matters while a High Court review or -- High Court proceedings were in expectation, yeah. Yes. You wrote to Dr. Keenan, you appear to have adopted the view that it might appear that that wouldn't happen; that his mental state wouldn't improve until after the proceedings. If we look at 6894. And you appear to be agreeing with that view, just sort of hold off, as it were, or matters had to stand still in a sense?
A. Yeah.
A. I think this was based upon the independent report of Dr. Devitt.
228 Q. Yes. Again on the same day you write similarly to Assistant Commissioner Fanning, that is on the 17th. If we look at page 4554. Now it would appear that HRM had received a reply from Superintendent Curran about the work-related stress report issue. And I am wondering whether you received that or whether you've any recollection of seeing it. We've seen the to-ing and fro-ing with Assistant Commissioner Fanning and yourself --
A. Yeah.

229 Q. -- about, you know, you seeking an update, he telling you about all these efforts to get a report. Could we look at 4503, which is a report from Superintendent Curran of the 29th July of 2011. It's going up to, through Chief Phillips.
A. It would be on the file here.

230 Q. In the second paragraph it's saying, although it's not expressed to be related to work related duty, it says:
"No i nvesti gation was conducted locally in respect of any specific injury on duty to Sergeant Hughes. The nat ure of the injury on duty contention rel ated to a wi de range of events and issues, some of whi ch were the subject of investigation by Assi stant Commissioner Feehan. "

There's then, the rest of the report deals with really sort of Sergeant Hughes's position after he had gone out sick on the 4th January. We don't need to look at that.

Do you recall receiving that or being told of that as really the substance of the reply?
A. I can't say I do.

231 Q.
Okay. A11 right. We11 anyway, matters seem to have been left in abeyance essentially until February 2012, and I think you sent an e-mail to Dr. Devitt on the 13th February if we look at page 1378. It's at the bottom of page 1378. You say:
"Pl ease find attached the three independent reports you compl et ed in the case of Sergeant William Hughes. I would be obliged for clarity as to whether there is a working psychi atric di agnosis, having di scussed it with
you this morning, the understanding is that what was invol ved has been stress or emotional traum associated with 'such post traumatic stress di sorder symptons as intrusive recollections, avoi dance and anxi et $y^{\prime}$. (Concl usi on 2 of first report, 16 th Septenber '10).
This constitutes a description of a mental state rather than confirming a psychi atric di agnosis.

Your third report (6th October 2011) indicates that Sergeant Hughes's perception that An Garda Sí ochána is an unsafe working envi ronment for himis currently causing himeven further anxi ety, anxi ety and serious mistrust. Al so that 'in his current mental state Sergeant Hughes should be regarded as temporarily unfit to performall Garda duties and that it is unlikely that his mental state will improve until after the High Court proceedi ngs'. I would be obliged for clarity as to the current working di agnosis in rel ation to this unfitness for work."

Can you recall at this point what had caused you to go back to look at his three reports? were you scheduled to give evidence in his case at any stage?
A. I don't believe I was.

232 Q. okay. If we look, if we scroll up the page then and look at Dr. Devitt's reply, in the second paragraph of that he says:

[^2]Garda duties are those of anger, anxi ety, di strust, obsessi ve rumination regarding his case and every aspect of his percei ved ill treatment by An Garda Sí ochána. Wile he previ ously suffered PTSD type symptons such as intrusi ve recollections, avoi dance and ${ }_{12: 57}$ anxi ety, these or the nat ure of the traum did not rise to the level requi red for the di agnosis of PTSD."

He obviously seems to be disagreeing with the diagnosis by Dr. Corry at an earlier stage.
A. Yes.
Q. Although not explicitly, perhaps.
"Sergeant Hughes, therefore, has no formal psychiatric di agnosis. His working diagnosis rel ating to unfitness ${ }^{2} 2: 57$ for work may be described as work associ at ed emotional di stress temporarily incompatible with effective working performance. I hope this is hel pful."

And did you find that helpful in the circumstances?
A. Em, it defined what Dr. Devitt's position was. As I understand it, that wouldn't be a condition that would represent a psychiatric diagnosis in, say, DSM-IV.
234 Q. Yes. You did receive from Dr. Keenan then a letter of the 28th February of 2012, at page 6850. And she recites in the first paragraph that the High Court proceedings -- "that the current court case has been further adj ourned due to medical ill ness of the prosecution witnesses". Now that's perhaps a different
way of looking at it. But it then recites:
"I have spoken with Mr. Hughes recently and at this point we feel in his own best medical interest it would be advi sable for hi mto take a medical di scharge from An Garda Sí ochána. I feel the huge psychol ogi cal toll the past number of years have taken have effectivel y made himunfit to ret urn to his work. I have advi sed hi $m$ of $t h i s$ recomendation and he will in due course attend yourself for assessment.

As you know this recommendation has been made previ ousl y.

Please contact me if you have any further queries."

And I think on foot of that you wrote to Dr. Devitt on the 6th March.

CHA RMAK I think we will take a break there, Mr. McGuinness.

MR. MEGI NESS: Yes, thank you, Chairman.
CHA RMAN Un1ess you're going to finish in the next two minutes, but I don't think that is --

MR. MEGI NESS: No, I think I have ten minutes left perhaps.
CHA RMAN We will do that later. Thanks very much okay. Two o'clock thanks very much.

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

FOLLOVS.

CHA RMAN Yes, now where were we, Mr. McGuinness?
235 Q.
MR. MEGU NESS: Dr. Quigley, just before lunch we had reached the position where Dr. Keenan, Sergeant Hughes's general practitioner, had written on the 6th March -- had written a letter received by you on the 5th March, raising the issue of retirement on the grounds of 111 health. And I think you forwarded that to Dr. Devitt on the 6th March. We don't need to look at the two-page letter of reference; it's at 6896 just for the record.
And the concluding paragraph asked that:
"In the Iight of new y recei ved letter from Dr. Keenan I would be much obl iged if you would revi ew Ser geant Hughes and advi se on his current psychi atric state to assist me in advi sing Garda management on his current occupational fitness status.
Thanking you for your hel p. Ki nd regards."

And an appointment was set up relatively shortly, and Dr. Devitt produced his fourth report to you, which was 14:01 dated 29th March 2012. It commences at page 1379. And if we go to the third page, which is page 1381, there's a review then in the normal format that Dr . Devitt followed of a description of his mental state at this
stage. And if we just scroll down to the bottom of the page there, you can see all of them listed out, the third one there:
"It became qui ckly obvi ous that Sergeant Hughes had not rel inqui shed any of the resentments he had presented at previ ous neetings. He referred frequently throughout the interviewto allegations of mal practice and corruption made but not investigated. The 'el ephant in the roomis a huge injustice done against me'. He said it shoul dn't be left to the medi cal department to sort it out.

Sergeant Hughes appeared anbi val ent regarding retirement on medical grounds. He said that when he was offered medical retirement in the past he did not take it on legal advice. He was aware that retiring on mental heal th grounds might have future implications.

He then discussed retirement in general and how he woul dn't be eligible until April 2012 if sick leave would be reckonable for retirement purposes. He stated 'frommy welfare perspective the sooner l'mout of An Garda Sí ochána the better, I have a genui ne fear of a repetition of the way I was treated'.

When Sergeant Hughes was di scussing aspects of his allegations agai nst the authorities and An Garda Sí ochána he becare tense and anxi ous. It was obvi ous
he was still hugel y concerned with all aspects of his gri evance. "

The conclusions then are set out at 128. They're as stated there. Dr. Devitt, at number 5, seemed to be of 14:03 the view that:
"The del ayed resol ution of his Hi gh Court action has made Sergeant Hughes more tense and more anxi ous.
6. Temporarily unfit.
7. Sergeant Hughes's gri evance to An Garda Sí ochána should be resol ved through standard non-medi cal channel s.

The issue of retirement on medical grounds of mental heal th should not be resol ved until his High Court action is settled as there is still a possibility that if Sergeant Hughes feels a sense of vindication, his
mental state will i mprove such that he could resume Garda duties."

I think you had advised Assistant Commissioner Fanning that you sent him for an appointment because of $\operatorname{Dr}$. Keenan's letter and that should report further. And we don't have to look at that letter but it's at 4567.

You then received it from Dr. Devitt and you reported
to Assistant Commissioner Fanning on that on the 13th April, if we look at page 4587. And you're restating a number of portions, selected by you more or less, from the report.

The second last one of which:
"Sergeant Hughes' gri evance agai nst An Garda Sí ochána should be resol ved through standard non- medi cal channel s."

I'm not sure did you have anything in particular in mind there or were you just, as it were, passing on the view?
A. I was... wel1 I suppose I had two aspects in mind. One 14:05 was the, I believe, the High Court review, and the second would be any channel through Human Resource management and local management interacting with the member.
236 Q. Yes. I mean you'd no particular prescriptive form of action --
A. No.

237 Q. -- that ought to be undertaken as such. And you weren't asked --
A. No, I wasn't.

238 Q. -- to elaborate in any way, isn't that right?
A. Yes.

239 Q. I think you advised Dr. Keenan on the same date with a similar letter, we don't need to look at it -- it's
6898. You then received from Dr. Keenan a letter of the 5th June of 2012, which I think informed you of the settlement of his proceedings.
A. Yes.

240 Q. And if we look at that, at page 6899, and the second paragraph, second sentence in the first paragraph:
"He has informed me that his case had been settled without having to go to court. Mr. Hughes agreed to the settlement as he felt going to court would be long and hard and very di stressing for him Mr. Hughes, al though relieved that the case had been settled, still feels extremel y upset that the issues that caused him di stress in the first pl ace have not been addressed. I can onl y hope that removal fromthe constant reminder of these issues will hel pin his longer termrecovery.

I refer to our previ ous correspondence with regard to the medi cal di scharge of Mr. Hughes from An Garda Sí ochána. I am writing you to today further supporting
this and I re-emphasi se the fact that Mr. Hughes is not medi cally fit to ret urn to work in An Garda Sí ochána. I hope you will consi der his case as soon as possible whi ch will enable Mr. Hughes to nove on with his life and put all this in the past."

And $I$ think if we just scroll down a little bit further, you've penciled in, or written in in ink perhaps, an appointment that was arranged. And you saw
him on the 26th July yourself, isn't that correct?
A. Yes.
Q. And you reported, in the first instance, to Dr. Devitt in relation to that at page 6900. And this seems to echo some of the views that Dr. Keenan had put in her letter. In the second line, first sentence there, at the top:
"Wile there is some improvement in his stat us l felt that Sergeant Hughes continued to describe a degree of anxi ety and mistrust in rel ation to An Garda Sí ochána. The case was settled out of court and he asserts theref ore that he did not have the judgnent of the court in the matter. He proffered that it would have been unreasonable to go into court but did not gai $n$ the benefit of court opinion on his assertions."

Then you ask for Dr. Devitt's expert assessment and report.

And you reported similarly to Assistant Commissioner Fanning on the same date, 27th July, at page 4618. We don't need to look at that. But you obtained, in due course, Dr. Devitt's fifth report.
A. Yes.

242 Q. Arising from an assessment that he had conducted in early August of 2012. And that's to be found at page 1383. And it's a shorter report but with longer conclusions at the bottom of page 1384. There's a set
of 13 conclusions there. The first one, I suppose, was perhaps a disappointment for you to find out and for Dr. Devitt, that despite settlement of his case -- if we just go up to number 1 -- "Sergeant Hughes's mental condition conti nues to be as it was during previous assessments following goi ng of f work in January 2011."

The second one said that he would now still be regarded as unfit for work on grounds of anxiety. And I think that ultimately was fixed on by you as a medical reason for discharge to some degree?
A. Yes.

243 Q. There was a finality expressed in number 3: "No reasonable prospect, given his rel ationshi p with his empl oyers, of an improvement in these symptons of anxi et $y$.
4. The symptons of anxi ety situation in nat ure and occur when Sergeant Hughes thi nks about, speaks or encounters any aspect of An Garda Sí ochána.
5. Sergeant Hughes's symptons of anxi ety and obsessi onal ity certai nl y could be construed as symptons caused by his attempts to adjust to his percei ved very difficult situation.
6. In terns of a techni cal di agnosis, according to the di agnostic and statistical manual IV, Sergeant Hughes would currently qual ify for a di agnosis of adjustment
di sorder with anxi et y symptons.
7. While this condition is hugel y self limiting, when the situation causing the need to adjust ceases, in some cases thi s can be ongoing or chronic.
8. Thi s would appear to be the case with Sergeant Hughes.
9. He would theref ore qual ify for formal di agnosis of adj ust ment di sorder with anxi et y symptons chronic.
10. On that basis is he not in the position to fulfil the normal duties of his occupation as garda sergeant to a satisfactory level.
11. It would ther ef ore be to the benefit of An Garda Sí ochána organi sation and Sergeant Hughes to retire him on medi cal grounds.
12. Sergeant Hughes is a genui ne indi vi dual and medical retirement as recommended will offer himthe opportunity to rebuild his life.
13. Once he is freed from having to deal with An Garda 14:11 Sí ochána on a day-to-day basis, his long-termmental outlook will i mprove."

Had you consulted with Dr. Devitt before he completed
this report and before he furnished his conclusions or diagnosis in this fashion?
A. No, I don't -- I believe I referred the matter to Dr. Devitt but I didn't speak to him about the context or try to influence his conclusions, no.

244 Q. I mean this, as in the case of the others, was his own independent view reporting to you...
A. Yes.

For the purposes of seeing whether there could be an occupational rehabilitation of Sergeant Hughes in the context of everything he was suffering from?
A. Yeah.

246 Q. I think you forwarded that to Dr. Keenan on the 11th September -- at page 609. And it seems apparent that you had what turned out to be a final consultation with 14:12 him -- Sergeant Hughes -- on the 11th September, is that correct?
A. I think the consultation was 7th September.

247 Q. 7th September? I beg your pardon.
A. Yeah.

248 Q. At page 6901 is your letter to Dr. Keenan. The second paragraph there contains your view:
"I informed Sergeant Hughes of this position at consultation today. I informed himthat the procedure 14:12 requi res now 28 days in whi ch to consi der matters. I advi sed hi mthat $I$ would revi ew matters at the expiry of 28 days. I will compl et the formrecommending ill heal $t h$ retirement in the absence of any appeal. I
would be much obliged in particul ar should Sergeant Hughes decide to appeal this matter that you would send me an updated medical report which incl udes the basis for appeal."
A. Yes.

249 Q. In your discussion with Sergeant Hughes on that day, I mean did you take it that he was aware of Dr. Keenan's application to you that he be considered for retirement on medical grounds?
A. I think he was.

250 Q. And --
A. I don't... it's ten years ago at this point.

251 Q. Yes.
A. So...

252 Q. Did you explain the position to him as Dr. Devitt saw it, about him, at that time?
A. Yes.

253 Q. You reported similarly up to Assistant Commissioner Fanning, if we look at 4652 . And that's normal reporting on your case in your practice?
A. Yes.

254 Q. I think you received a letter then from Dr. Keenan on the date of the 27 th September, if we look at page 1389. That's a short paragraph saying:
"Many thanks for your recent letter dated 11th Septenber 2012 al ong with a copy of Dr. Devitt's independent report in which he indi cates it is appropriate that Mr. Hughes be retired on ill health
gr ounds.

I al so note and appreciate your recommendation of ill heal th retirement al so from Mr. Hughes.

I have met and spoken to Mr. Hughes this week who is al so in agreement with this deci si on and has confirmed he will not be appealing the decision.

I would like to thank you for all your hel pin what has been a very difficult and challenging case for Mr. Hughes."

And I presume you would agree with that last description --
A. Yes.
Q. Was it a very difficult case as far as you were concerned?
A. Yes. The, I suppose, backdrop of the unfortunate murder, the member's own difficulties with regard to
perception of how he had been treated in the workplace, his perceptions that possibly failings of An Garda Síochána had contributed to the unfortunate murder, his ongoing anxiety, obsessional rumination, I suppose, about his circumstances made it very difficult to make progress towards a rehabilitation to return to work where he might have confidence in the work context that he was, yeah.

256 Q. Can you say fairly categorically that from a medical
perspective, there was no medical prescription or
A. Absolutely.

258 Q. I think ultimately you completed a form D33?
A. Yes.
Q.
which is the requisite form, and you sign that on the 15th october -- if we look at page 6904. That was sent 19:17 then, as I understand it, on the same date by you to Assistant Commissioner Fanning?
A. Yeah.

260 Q. If we look at 4688. I think on foot of that you know that he was discharged --
A. Yes.

261 Q. -- from An Garda Síochána the following year?
A. Correct, yeah.

262 Q. Is that correct?
A. I think it was a February date, yeah.

MR. MGGI NESS: Thank you, Dr. Quigley. That's all I have at present. Thank you. Other parties may wish to ask you some questions.
CHAN RMAN Now, who... yes, Ms. Ni Loinsigh. Are you happy to go before the Garda Síochána or would you
M. N LONSIGH I am happy to go before it, chair, subject to An Garda Síochána.
CHAl RMAN It is a matter for you, Ms. Ni Loinsigh,
thank you very much.

## THE WTNESS WAS CROSS- EXAM NED BY MG. N LO NSI GH AS FOLLOVS:

MS. N LO NSIGt My name is Nora Ni Loinsigh, I appear on behalf of Sergeant Hughes, I hope you can hear me okay?
A. Yes, can I.

264 Q. I might just take you back to the issue, I mean one of the primary issues that you have given evidence on this morning is in relation to this question of injury on duty?
A. Yes.

265 Q. And whether Sergeant Hughes was somebody who had been injured on duty. And I might open a letter to you. Now this isn't a letter that was to or from you, but I just want to see if it was brought to your attention. It's a letter at page 3875 of the materials, and it is from Sergeant Hughes to the superintendent, Superintendent Curran, in Coolock. And you will see within this letter he identifies, at the second paragraph, that he:
"... respectfully wi shes to seek clarification with regard to the issue of injury insof ar as it is set out in the rel evant code regul ations.
"It is my assertion that my absence on sick leave was a
direct consequence of traumatic occurrences in my workpl ace. This is al so the vi ew of two medi cal practitioners I amattending."

He goes on in the next paragraph to say:
"The Code regul ations are silent on whet her the term i nj ury refers to a physical injury or otherwise, I respectfully request that this issue be referred to the Chi ef Medical Of ficer for determination as to whether my case falls under..."

If we scrol1 down a small bit, thank you, Mr. Kavanagh
"... the category of i nj ury on duty."

And this is a letter that was received and is date stamped on the 7th May 2007. So this was, I think, a couple of months before you met Sergeant Hughes. Did you ever -- do you recall having had sight of this
A. I can't say I do. I believe I didn't have sight of a formal referral at the time of the first appointment, 19th September '07.
266 Q. And I think, and not much turns on it, and I think -so that letter is on page 3875 -- it was then sent from Superintendent Curran to the chief superintendent, and there's no need to open this but it's on page 3874 , and, in turn, then that was sent on to the Assistant

Commissioner of Human Resource Management. But I think it is your evidence, as I understand it now, that you didn't have sight of that correspondence when you met Sergeant Hughes first in September?
A. I don't recall so, yeah.

267 Q. And I think when you did meet with Sergeant Hughes, yours first consultation with him on the 18th September, he raised with you this question about injury on duty, isn't that right?
A. We11, may I open my notes --

268 Q. Of course.
A. -- from consultation, yeah.
Q. If it is of assistance, Dr. Quigley, I can take you to a letter that you sent to Assistant Commissioner Clancy thereafter --
A. Okay.
Q. -- just shortly after that consultation took place?
A. okay.

271 Q. That's on page 3908.
A. Yeah.

272 Q. And if we scroll down a little bit to, I think it's the fourth paragraph:
"I note Sergeant Hughes is particul arly anxi ous that this current si ckness absence be regarded as injury on duty."
A. Yeah.
Q. "I have poi nted out to Sergeant Hughes that this is a matter for management to deci de but lill advise on a
medi cal component rel ating to this when the rel evant medi cal reports are to hand."

Does that refresh your memory in terms of those discussions that you had with Sergeant Hughes?
A. Okay, yeah.
Q. And do you recal1, and I appreciate this was some time ago, but do you recal1 whether, when Sergeant Hughes raised this with you at your first meeting in September, it was the first time that the injury on duty question had been raised with you, or do you recall that having been raised with you previously?
A. Em, I'm not clear on that. I feel I didn't have much correspondence from management, I didn't have a formal referral at the time of that first appointment, but that -- that did occur at that time. It wouldn't be current practice but...

275 Q. And when you say it wouldn't be current practice, is it that it wouldn't be current practice to have no formal referral or no kind of background documents?
A. Yeah. In about 2010 we evolved a referral form. So a manager or HR person referring an individual completes the form and sends it to us.
Q. And so, essentially at this stage, you met with Sergeant Hughes in the absence of a formal referral, doesn't seem to be any other evidence of any other formal referral as such?
A. No.

277 Q. And you didn't, I think you didn't have any reports as to the background or anything setting out, I suppose, why Sergeant Hughes was being sent to you?
A. Sorry, can you repeat the question please?
A. I didn't, no, I don't think so.
Q. And I think at that stage you identify, and again in that fourth paragraph that I have taken you to, you say you had pointed out to Sergeant Hughes that this is a matter for management to decide but that you'11 advise on the medical component.
A. Yes.

281 Q. So am I to take it from that that the question of the injury on duty is a question, in your view, for management to decide with your advice on the medical side of things?
A. Yes.

282 Q. And I think following on from that first meeting you sent on this letter to Assistant Commissioner Clancy and then you made a referral for Sergeant Hughes ultimately to Dr. Griffin, isn't that right?
A. Yes, yes.

283 Q. And Dr. Griffin was, as I understand it, one of a pane1 of independent psychiatrists, or independent
practitioners --
A. Yes.

284 Q. -- that An Garda Síochána went to seek opinions --
A. Yes.

285 Q. -- second opinions, if you like, or expert opinions -- 14:24
A. Yes.

286 Q. -- in cases of injury on duty?
A. Yes, independent specialist opinions, yes.

287 Q. And presumably when sent to an independent specialist, the rationale for that is to get, I suppose, their
expert opinion, whether it's a psychiatrist dealing with a psychological injury, an orthopedic surgeon dealing with a physical or bone injury, that's the rationale for it, is that right?
A. Yes.

288 Q. And so, that expert opinion comes in and that guides, I suppose, how things are moved forward, is that right?
A. Yes.
Q. And is that with regard to, I suppose, not simply how things might move forward in terms of resuming duty but 14:25 in terms of categorisation, such as injury on duty? So you would use that, if $I$ can -- or if you would like me to rephrase?
A. So, an independent specialist report may cover the issue of an injury on duty, yeah, or the extent of the medical problem arising from an injury on duty.
290 Q. And I think you indicated earlier in your evidence this morning that perhaps your classic injury on duty might be somebody who has broken a bone because they have
been assaulted?
A. Yes.
Q. And presumably in circumstances such as that, you might send them to, the example I gave you, an orthopedic surgeon, you would receive a report back and see how things might progress from there?
A. Yes, if that's necessary. I mean, some broken bones are very straightforward and periods of sick leave are short and -- relatively short, yeah.
And so, in terms of sending Sergeant Hughes to a psychiatrist, the logic was that there is an injury which is psychological in nature rather than a physical injury such as a broken bone, and so that requires the analysis of an independent expert in that area which will then inform things going forward --
A. Yes.

And so I think Dr. Griffin sent through a report, initially on the 7th January -- I don't propose to open
it -- but essentially there were a series of reports and kind of a little bit of correspondence between yourself and Dr. Griffin --
A. Yes.

295 Q. -- in January and February of 2008. And I think this
was opened to you earlier on, but you wrote to
Dr. Griffin on the 18th January -- this is at page 6849 of the materials -- seeking a formal diagnosis. Sorry, that should be 6849. So, essentially, that you would
be obliged for his assistance regarding a formal psychiatric definition. That is about six lines down.
A. Yeah.

296 Q. Then he replied, and I don't propose to open this, but on the 12th February, saying that post traumatic stress 14:27 $^{2}$ disorder is the kind of diagnosis he was working with. And then he sent a further letter on the 26th February 2008, which I do want to open, which is at 1346. And, essentially, what he says here is that:
"Having revi ewed Sergeant Hughes's notes I thi nk there is dual effect here. That is the traum of Ms. Saulite's death affected himgreatly and al so the reported threats to his own life played a major part. Thus I think these two factors would provi de the genesis for his post traumatic stress disorder."

So, essentially, at this juncture, in late February 2008, Dr. Griffin is saying this gentleman meets the criteria for a PTSD diagnosis and the genesis of that PTSD is the death of Ms. Saulite and threats to his own life, isn't that right?
A. Yes.

297 Q. And I think that reflected in many ways your own initial view in terms of your meeting with Sergeant Hughes back in September, where you said that you were unable to identify issues outside of work contributing to his stress?
A. Yeah.

298 Q. So this was rooted in work and work related issues, isn't that right?
A. Yes.

299 Q. And shortly after that letter and that correspondence from Dr. Griffin, you wrote a letter, and this is on page 5306, and it's on the 6th March 2008, and it's been opened to you earlier on, Doctor, it's to Assistant Commissioner Clancy, and if we just scroll down to the next paragraph that begins "At intervi ew on the 6th March..."

So you refer to an interview --
A. Yeah.

300 Q. -- between -- am I right in saying that is between yourself and Inspector Nyland of Human Resource Management legal section?
A. It is. I think 'interview' is an unfortunate word in that it was a case conference, yeah, and there were others present.
301 Q. And I think that this letter is referred to numerous
times thereafter, because it's in this letter that you say that you do not see evidence of injury being perpetrated on Sergeant Hughes and that your best sense of what happened is that the events described constitute, in effect, normal policing work, and that
you cannot conclude that these work-related events constitute formal injury on duty. That is a report of that meeting that you had had with Inspector Nyland, among others?
A. And others, yeah.
Q. And what I wanted to ask you about, Dr. Quigley is: That appears, in March 2006 -- excuse me, March 2008, to be a somewhat different position to the position you were adopting approximately six months earlier, in September 2007, where you had, in your first meeting with Sergeant Hughes, indicated that the question of injury on duty was one for management to decide?
A. Yeah.
Q. that you were pressed on this particular issue by an inspector from Human Resource management. Did you use that language or anything in particular, because it certainly seems to suggest that you provided this opinion having been pressed to do so and that this opinion is perhaps somewhat different to the previous
opinion you have adopted?
A. My recollection is that he specifically asked me that question in the meeting, yes.
306 Q. That he specifically asked you that question. And if I were to suggest to you that you were pressed or pressurised to provide that conclusion, or provide advice, would you agree with that?
A. I was asked a question and I gave a considered answer, based on the information $I$ had.

307 Q And I think we'11 come back to this letter because I think it's referred to repeatedly on later occasions, but I think there's a further letter that you wrote on the 9th June 2008, which is at page 3978 of the materials. And in this you say, just within that first paragraph, three lines from the bottom:
"I note that on the 6th March 2008 I had gi ven earlier advi ces that my best sense of what has happened is that the work events described contributing to his ill health did not constitute an injury on duty. I note that this case is a particularly complex one with the foll owing aspects: gri evance and wel fare issues, di sci plinary issues, legal issues, industrial rel ations issues. Accordingly l consi der that you must decide upon the i ssue of injury on duty based on the medical advi ce as gi ven but al so based on the outcome of all these ot her issues, whi ch must be reported upon to you by the rel evant parts of the organi sation of An Garda Sí ochána. "

So, in June you're making it clear once again, I suppose reverting to the position from September, that the medical component is one aspect of this, but that ultimately injury on duty is to be determined by Human Resource Management, is that right?
A. Yeah. The regulation makes reference to a member's chief superintendent making that decision normally. But in cases of -- essentially in cases of complexity, that there would be the input of Assistant Commissioner 14:34 Human Resource Management.
308 Q. And I think you itemise within that, the particular aspects that make it complex. So the grievance, disciplinary, legal and industrial relations issues, is that right?
A. Yeah.

309 Q. They're the particular complexities?
A. Yes.

310 Q. And so it's not simply that it's a psychological injury; it's because of this whole context --
A. Yeah.

311 Q. -- that there is complexity to the case?
A. And I would add to that, that the expectation of the other parties seemed to -- the expectation that the Chief Medical officer would perform essentially perhaps also Sergeant Hughes's himself expectation of what I was to do didn't accord with the role of an occupational health physician. So it was complex for a
number of reasons, the ones listed in the letter included.

312 Q. So I think at that stage, in June, Dr. Griffin had met with, and indeed you'd had reports from Dr. Griffin, I think Dr. Corry had also had a meeting with Sergeant Hughes, and his report I'11 come to now in a moment, but I think Dr. Griffin, ultimately there were some correspondence between kind of May and October of 2008, and ultimately in January 2009 -- and this is at page 1349 -- Dr. Corry, he indicates, this is the middle of the second paragraph, he says:
"In my opinion his absence fromwork is definitely rel at ed to work issues."

And so, this is following another consultation with Sergeant Hughes. He makes reference to retirement on medical grounds and so on, it not being right for it to be done at this stage. But his view definitively that his absence from work, Sergeant Hughes's absence from work is related to work issues; it's work related. And I think that again accorded with previous views that he had offered in terms of his PTSD diagnosis and the reasons for that, and indeed with your own initial views regarding the source of stress for Sergeant Hughes, isn't that right?
A. Yes.

313 Q. And I think in terms of this question of injury on duty, Dr. Corry's report had been -- and indeed he had
two reports from April and from October -- they were sent on, I think, to Dr. Griffin in the interim. And Dr. Corry's -- I might open his April report, which is at 1363. My apologies, I might have -- oh yes, that is correct, and running on I think into the end of 1363.
"Sergeant Hughes is suffering froma cluster of symptons consistent with a diagnosis of a post traumatic stress di sorder secondary to a hi story of prol onged duress in keeping with bullying, harassment and intimidation in the workpl ace."

So, again a PTSD diagnosis but Dr. Corry's view that this is secondary to workplace duress. And I think that report had also been sent to Dr. Griffin before he 14:39 had sent on that January report, isn't that right?
A. Yes. Dr. Corry's report references his -- contrasts with Dr. Griffin's report in terms of the PTSD in that Dr. Griffin would say the initiating events were the death of Ms. Saulite and the perception of a risk to his own life, a threat to his own life; whereas that is talking about bullying and harassment, et cetera. But I don't think the bullying and harassment extended to a mortal threat to Sergeant Hughes.
314 Q. I think what we could perhaps fairly conclude is that ${ }_{14: 39}$ whether it is PTSD related to the death of Ms. Saulite, related to the threats to life, or related to duress from bullying, harassment and intimidation, that all of that is rooted very firmly within Sergeant Hughes's
work rather than anything external to work, those are the things certainly that the psychiatrists have in common?
A. Those issues are rooted in his work but I am not sure that one can medically argue that an experience of bullying and harassment of itself could cause a post traumatic stress disorder, because the initiating event from bullying and harassment doesn't represent a risk to the life of the person I would have thought.
Just so that I am clear myself, are you suggesting that there has to be a threat to risk -- of risk to the life of person to fall within DSM? I just want to make sure that I'm clear.
A. I suppose he goes on to say further down under Item A: "He has one traumm of life threatening event that had potential of bodily harmthat the indi vidual responded to with fear, hel plessness or horror."

So I suppose he is saying that, but if one analyses that particular first sentence that's saying bullying, harassment and intimidation in the workplace were the cause of post traumatic stress disorder, I am just raising the point that such items on their own, I haven't experienced situations where I considered that such items as those cause post traumatic stress disorder.
316 Q. And I don't propose to second-guess the finer points of the DSM criteria in terms of post traumatic stress disorder...
A. Yeah.

317 Q. But I think following on from Dr. Corry's report that was sent to Dr. Griffin...
A. Yeah.

318 Q. And I have opened the letter of the 9th January that Dr. Griffin sent to you saying that his absence from work is definitely related to work issues. And I think you then replied to Dr. Griffin in March, and this is on page 6860. And I think... I just want to make sure I have the right section. You say in this letter, and this is in the first paragraph, this is in reply to Dr. Griffin -- as I understand, Dr. Griffin's assertion that these are work related issues.
"Garda management accept that absence from work has been rel ated to a work issue. However, pai d provi sions that Ser geant Hughes would wi sh to i nvoke, menbers having continuing full pay while on sick leave, are reserved for those who are injured on duty. Essentially it is not so much that the issues at hand are not rel ated to work, but that the issues at hand are not consi dered in the ordi narily understood sense of the word to constitute an injury on duty."

Is this letter essentially seeking to clarify for Dr. Griffin that --
A. It's trying to clarify for Dr. Griffin that the organisational position with regard to injury on duty, it seemed to be -- I was writing the letter in the
context that it appeared that Dr. Griffin believed that it was An Garda Síochána's position that his difficulties weren't work related, but it's possible to have difficulties that are work related that perhaps don't fulfil criteria for injury on duty.
And in terms of those criteria for being considered injury on duty, the phrase that you use in this letter, and indeed it arises in later correspondence in 2010, is that it is "in the ordinarily understood sense of the word". So, an ordinary understanding of injury on duty. Was that the definition, if you like, that you were working with, or was there a clear definition at a11 at that stage?
A. Unfortunately there isn't a formal definition of injury in the execution of duty for An Garda Síochána, I believe. And that's the context in which injury on duty items are progressed.
And what I want to suggest to you, Dr. Quigley, is that you have, at this stage, a number of reports from psychiatrists, from psychiatrists that Sergeant Hughes has attended through his own GP and solicitor, from psychiatrists that he has attended who's advising An Garda Síochána, that point to, that all point to his issues being rooted in the workplace, isn't that right?
A. Yes.

321 Q. And what I want to suggest to you is that if somebody has developed, and even by Dr. Griffin's diagnosis, which I think was the one that -- he was the adviser that An Garda Síochána had brought on board, his
diagnosis was PTSD brought on by, in terms of the traumatic events, brought on by the death of Ms. Saulite and the threat to his own life?
A. Yes.

322 Q. That is a psychological injury or a psychiatric injury, if you like, isn't it?
A. Yes, it is a psychological condition arising from work circumstances.

What I want to put to you, Dr. Quigley, is that that is, in the ordinary sense and ordinary understanding of 14:45 injury on duty, an injury that has occurred on duty in that it involves psychological issue that has occurred through his work as a member of An Garda Síochána.
A. Well that's an argument for, I suppose, for the deciding officer with regard to injury on duty, who
would be the Assistant Commissioner Human Resource Management, in complex cases such as this.

But I suppose you were being asked for your view and you had proffered the view that, back as far as March of 2008, that this wasn't an injury on duty by that
perhaps i11-defined, but by that definition, the ordinary understanding of it, this wasn't an injury on duty, and I'm suggesting to you that actually it was an injury on duty and that that opinion should have taken that into account.
A. I suppose that's your opinion of it.

325 Q. And in terms of that question then of injury on duty, I think, and this is something that you referred to later on, certainly you had sought input externally in terms
of legal input and management input on how a decision was to be made, or what criteria were to be used in making a decision on whether something is injury on duty, isn't that right?
A. Well as it wasn't my position to make the final decision on that, I was suggesting that others would obtain those opinions, yes.
Q. And I think -- you've referred to this already -- that you had had sight of some legal advice, and I don't propose for a moment to get into that or the content of 14:47 it, but I think you'd had sight of some legal advice and in 2010 I think you referred to this, in around July 2010, and then in September 2010, I think Mr. McGuinness opened to you earlier a series of letters back and forth between the Chief Medical Officer, yourself and Assistant Commissioner Fanning regarding, effectively, who was responsible for making the final decision on injury on duty?
A. Yeah.

327 Q. You recal1 that and al1 of that correspondence?
A. Yes. Yeah.
Q. And I think at that stage again you had expressed the view that a management and legal review was required, and that it was a matter to be determined by HRM, as you have identified here today?
A. Yes.

329 Q. And in response to a question from Mr. McGuinness earlier on, you indicated, and I think this was even further back prior to 2010, that an ongoing certain
that you had was that the medical opinion was being, I suppose, set out, or being emphasised as the definitive opinion; whereas you were effectively saying that that was not the proper way this should be done, that other opinions were sought. That was a concern that you had --
A. Yes.

330 Q. -- throughout this time, would that be fair to say?
A. It was a concern I had, yes.

And would you say you had that concern as far back as 2008 or was that something that developed a little bit later on?
A. I had that concern in 2008, yes, between my two letters, if I have the dates correct, 6th March '08 and I think 9 June '08.
And I suppose that remained a concern some two years later in 2010, when there were letters essentially seeking confirmation from the chief medical officer, from Assistant Commissioner Fanning, and replies from you, and these have been opened already, but I can open, I suppose, the latest one, which is the 28th October 2010, at page 4397. If we scroll down a little. This final paragraph that is on screen:
"Your second letter of the 20th October 2010 raises the $14: 50$ issue of categorisation of Sergeant Hughes's medi cal condition as to whether it is consi dered associ ated with injury on duty. I note that you indicate that it has been established that it is a matter for the Chi ef

Medi cal Of ficer to adj udi cate as to what is or what is not an injury on duty. That is not the position of the Chi ef Medical Officer as comminicated recently to me."

And if we scroll on to the following page, thank you:
"He has stated to me that the issue of injury on duty shall be determined at a meeting where management legal represent at ives met with the Chi ef Medical Officer or hi s represent atives on these issues."

Would it be fair to say that by this stage you had been raising, since your first letter to Assistant Commissioner Clancy in 2007, the need for management input and the need for input outside of medical input on the question of injury on duty. You're still raising the same issues in 2010, that there was some frustration perhaps or unhappiness on your part that it was still remaining an issue some three years later, or two and a half years later?
A. I suppose I was surprised, in 2010, to receive correspondence indicating that it was an issue to be determined by the Chief Medical officer. There is a set of regulations called the Garda Code, and it is section 11.37 of that Code that covers injury on duty provisions with regard to pay and the decision is to be paid by the chief superintendent and, essentially, if I summarise, in complex cases by the Assistant Commissioner Human Resource Management.
Q. And I think --
A. And, sorry, 11.37 doesn't mention medical or Chief Medical officer.
And I think at this stage you had been aware, I suppose even since your first meeting with Sergeant Hughes, that I suppose these issues of injury on duty were not at the level of principle for him, they had a very significant ongoing effect on his life in that his pay had been reduced very significantly for a long period of time and that had an impact on his welfare fundamentally, isn't that right?
A. Yes, those were difficult circumstances for him.

335 Q. And I think that he made you aware of that back in 2007. I think he had just -- his pay had just been recently reduced at that stage, in September 2007. But 14:52 I think it's referred to throughout correspondence from some of the experts, and indeed yourself, that this was an ongoing issue in terms of reduction in pay that was having an impact on Sergeant Hughes. So it was a live issue that certainly you were aware of throughout the course of these three years, isn't that right?
A. Yes.

336 Q. And I suppose given what you knew about Sergeant Hughes's case, about the workplace issues, about the complexities of it, would you accept the view that his pay having been reduced and remaining at this reduced rate for a lengthy period of time exacerbated his worries and concerns around the workplace and indeed a return to the workplace?
A. I suppose it was an application of the state regulations with regard to pay, and those are difficult for anybody whose pay is reduced in the context of extended period of sick leave. It would not have contributed to his sense of wellbeing, no.

And of course I think it's accepted that it would impact on anyone, but I think what I am trying to suggest to you, Dr. Quigley, is that effectively this wasn't a case where injury on duty had been definitively ruled out at early course and he was out on sick leave. In fact, the injury on duty issue remained open. No decision had been made and, as a consequence of that, he remained in this quite precarious financial position for a long time?
A. Em, it appears so, yeah.

338 Q. And I think then you make reference in this letter to a case conference then that was scheduled for November 2010. And I think there had previously been, as I understood it, a case conference in January, the 22nd January, but in terms of this 2010 case conference, you were asked earlier on by the chair what the purpose of that conference was, and I think, from my note, you indicated that your understanding was that the various parties, I think as identified even in this letter, management, legal representatives, medical, and HRM I think as well you said in evidence earlier, would come together and that some decision on the injury on duty issue would be made; that would be the outcome of the case conference. was that your understanding at that
time?
A. Yes, I think so.
Q. And when you say in this letter that "there appears..." And this is a few lines later:
"There currently appears to be di ametrically opposed vi ews on the purpose of this meeting."

What were those diametrically opposed views? If that was your understanding was that this meeting was being convened to come to a conclusion with all of the input on the injury on duty issue, were there other views as to what the purpose of that meeting was?
A. Sorry, is that sentence further down the screen or is it on the screen?
Q. Sorry. So, essentially it's about three lines down.
"It is important that this issue is clarified prior to the proposed meeting in this case which I understand is schedul ed on the 12th Novenber 2010 as there currently appears to be diametrically opposed vi ews on the purpose of this proposed meeting."

It may be, Dr. Quigley --
A. Yeah...

341 Q. -- that you don't recall what those opposed views were?
A. I'm a bit uncertain on the issue, but it could well be the issue that we've touched on already: the position
of the Chief Medical officer, that he wasn't the deciding officer for injury on duty. And I think -- and while we don't have minutes of that case conference, I think we have seen a number of letters that make reference to conclusions at that case 14:57 conference, and certainly it appears to be consistent among the correspondence that was opened earlier on that there was a tentative agreement, if you like, that this was not injury on duty but it was subject to further reports being sought. Was that at your time -- 14:57 excuse me -- was that, in your recollection, the conclusion at the time?
A. I can't honestly say. I don't recall the details of that meeting.
343 Q. And I think thereafter there was a series of
correspondence, that I don't propose to open to you again, back and forth around seeking reports you had written to Assistant Commissioner Fanning, to local management, and I don't propose to open that again, but, essentially, those reports were not forthcoming, they didn't make their way to you, isn't that right?
A. Yes.

344 Q. And so, I suppose between 2007, when Sergeant Hughes had first requested a determination on injury on duty back in May, he raised it with you when it was first brought to your attention in September, and right up until the send of 2010, no formal decision was made in relation to injury on duty, isn't that right?
A. As far as I can tell, yes.

345 Q. And I think following on from that there was a further case conference in 2012, and this was, as I understand it, following on from the High Court proceedings and, essentially, shortly after that Sergeant Hughes retired. And at that stage there still had been no definitive decision ever made on whether he was injured on duty. Is that your recollection?
A. I am not a legal expert so $I$ can't comment on the context of a financial settlement having been proffered, I suppose, and settled out of court, as I understand, and an injury on duty decision, yeah.
346 Q. And I suppose I don't propose to get into the finer points of that settlement, it's not something that this Tribunal has really been looking at...
A. Yeah.

347 Q. But in terms of your own involvement, as far as you were aware, no decision was reached up to that 2012, or really up until retirement at a case conference or at anything that you were involved in, that concluded this man has been injured on duty or he has not been injured 14:59 on duty?
A. I am unaware of one at my leve1, yes.

348 Q. I might take you then very briefly just to one of the other issues that was raised by Mr. McGuinness earlier in relation to the interview of Sergeant Hughes for the 15:00 purposes of the disciplinary proceedings. And I don't propose to go into this in huge detail as it was covered earlier, but I think there was a phone call note opened to you earlier, which is at page 2122 of
the materials. This is a note from Inspector Fergus Dwyer in which he recalls that he had a conversation with you around whether Sergeant Hughes was fit to be interviewed. And if we scroll down a little further -thank you very much -- "he undertook" -- and this is with reference to you -- "... to conduct further enquiries and revert to me later on the question of the member's fitness to be intervi ewed". And I think you indicated earlier on you don't recall that conversation?
A. No, I don't.

349 Q. I think there was some correspondence that went back and forth in terms of requests for the CMO's view, and you provided a letter on the 18th July 2008, and this is at page 4006, and this is the 18th July 2008. If we 15:01 scroll down a little in that, in the third paragraph you make reference to a previous letter, which I have already opened, on the 9th June 2008, a letter that you had reviewed sergeant Hughes and that you advised -you gave advices in return in relation to his kind of return to work, and then you go on to say that:
"In rel ation to his ill health..."

Excuse me, I just want to make sure I have the right
part of it open. That you recommended that the disciplinary issues be dealt with in that letter. Essentially, that you had proffered an opinion in that 9th June letter that the disciplinary issues should be
dealt with.
A. Yes.

350 Q. And I think in your statement, at page 1333, you similarly indicate the view, and this is in the second
paragraph towards the bottom:
" 1 al so..."

It's about six lines up
"I was al so supportive of the di sci plinary proceedi ngs whi ch Sergeant Hughes told me had been served upon him a year previ ousl y had not be progressed. I advi sed that if possible, that these disciplinary issues be dealt with at as early a date as possible and be effectively and fairly brought to cl osure. I advise that such a devel opment would likel y be of benefit to the organi sation and to Sergeant Hughes."

So I think, from my understanding of your statement, you're essentially saying look, I provided this advice on the 9th June and reiterated it on the 18th July that he was fit to be interviewed...
A. Yeah.

351 Q. And in fact progressing the disciplinary matter would
A. Yeah. My view, in general, is that disciplinary matters should be progressed and brought to conclusion so that it's not hanging over an individual for an
extended period, yeah.
352 Q. And I think ultimately Sergeant Hughes was interviewed in around I think the 29th October 2008. So this was over a year after the proceedings had been initiated in the first instance. Would you accept the view that this was something that had -- took quite a significant toll on Sergeant Hughes in terms of the stress that it caused; that this was hanging over him essentially?
A. Yes. But on the other hand I would emphasise that, you know, it is a police force in a transparent democracy. You know, the exercise of policing powers is a considerable privilege in one sense and it is reasonable that if there is a question of accountability, that members of the force might be held accountable. Perhaps, you know, it is slightly
unfortunate that the word 'discipline' comes into it, but it is one mechanism of accountability within the organisation, and probably a very important one. But my preference, where at all possible, in general, is to have disciplinary matters brought to conclusion as early as is achievable, in fairness to both management and to the member. And I think in terms of management's position, I suppose I think I should be clear on this. At page 2195, there's a letter from Chief Superintendent Feehan 15:05 to Assistant Commissioner of Human Resource Management. Excuse me, 2195. Thank you. As we see here:

[^3]Of ficer dated 9th November 2009 (copy attached) and previ ous reminders forwarded to that date, l still have not recei ved advi ce on Sergeant Hughes's fitness to be intervi ewed in respect of this di sci plinary i nvesti gation. I would ask you to treat this as urgent 15:06 matter as the intervi ew of Sergeant Hughes is a necessary part of the investigation. The concl usi on of this investigation has been put on hol d pending that advi ce. "

This is one of a -- the latest $I$ think -- series of letters essentially seeking the CMO's advice on whether Sergeant Hughes is fit to be interviewed?
A. Yeah.

354 Q. But I think your position, as I understand it, is that you had given that advice but, notwithstanding that essentially, things had not progressed?
A. The letter appears to be dated 2 September '08. He makes reference to correspondence on 9 November 2007, which was some weeks, about six weeks or seven weeks after I think I had seen Sergeant Hughes for the first time.

355 Q. That's correct, yeah.
A. And at that point $I$ was awaiting the input of the independent specialist adviser. And probably at the point of November 2007, I would believe that I felt that I want the input of the independent specialist adviser.

356 Q. And I think I opened to you the letters I think that
you referred to --
A. Yeah.

357 Q. -- in your statement of the 9th June 2008?
A. Yeah.

358 Q. And the clarification, if you like, on the 18th July 2008 which predated this letter?
A. Yes.

359 Q. Which states that you had provided your advice?
A. Yeah.

360 Q. But it seems, certain7y, that that advice either has not made it through, or certainly that Chief Superintendant Feehan isn't of the view that he has received that advice for whatever reason?
A. Yeah.

361 Q. And I think because the disciplinary process continued on even beyond this, into 2009, you sent a further letter to the Assistant Commissioner for Human Resource Management again, and this is at page 4128, where you seek an update on the disciplinary process. And you note that he reports in the first paragraph:
"He reports this is still hanging over himand he has no i dea when it was going to end or where the investigation is at present. He states he has had re-mortgage his home substantially and is going to have 15:08 to do this again. He is finding it very difficult from a financial point of vi ew to keep his head above water so to speak. Dr. Griffin states that he does not feel that unl ess the whole issue is brought to a concl usion
by the authorities Sergeant will continue to suffer si gni ficantly. Dr. Griffin wonders whether there is any way this process could be moved more qui ckly than at present."

So, you're reflecting Dr. Griffin and your own concern about the ongoing disciplinary proceedings --
A. Yeah.
Q. -- and essentially looking to see is there any way that this could be moved along or progressed --
A. Yeah.
Q. -- isn't that right?
A. Yes.

364 Q. And I think you sent a further letter, I don't propose to open it, but there is a further letter of the 17th July, at 4130, which essentially is a reminder letter, as you are seeking --
A. Okay.

365 Q. -- kind of clarity. Now, as it happens, the disciplinary proceedings $I$ think were concluded in June 15:09 2009, but effectively you are outlining at this stage the concern that you have given that this has been going on since 2007, that it hasn't been progressed, isn't that right?

And I think in terms of -- I don't propose to get into the substantive issue of Sergeant Hughes's return to work, but I think one thing that I do want to open briefly is at page 4186. This is a letter -- scroll it
down a little bit -- to Assistant Commissioner Fanning, and you make reference in this letter, in the second paragraph, this is the context of return to work, it's post disciplinary proceedings in the context of considering in what manner the return to work might take place, you say:
"It would al so be rel evant that he be afforded work in a location separate from his previ ous station in light of the difficulties of the last two and a half years approxi matel y."

So, at this stage, in addition to the other views, $I$ suppose, and recommendations that you are making, there's a recommendation that Sergeant Hughes, if he is 15:10 to return to work, should return to a different garda station?
A. Yeah.
Q. That was your view certainly at this stage in 2009?
A. Yeah.

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

368 Q. And I think ultimately that was not a view that was shared by local management, and we have heard evidence separately of that.

Finally, Dr. Quigley, I want to take you, I suppose, to kind of the bigger picture of the involvement of the medical side, if you like, with Sergeant Hughes's case
over the course of your dealings with him, which I think, as you said earlier, were from September of 2007 right up until shortly before his retirement, isn't that right?
A. Yes. issues, were effectively being medicalised, and that there was a preference in An Garda Síochána for a medical emphasis rather than an emphasis on what were in fact workplace issues; would you accept that view?
A. I think that's an issue for Human Resource Management and local management to answer.

371 Q. And so, from your perspective, you don't take the view, I am assuming from your evidence, that you didn't medicalise things that were non-medical but perhaps that was done elsewhere, would that be fair to say?
A. No, I don't medicalise things. I deal with the medical issues before me and come to conclusions based on the medical evidence.

372 Q. And I think Sergeant Hughes, certainly in his statement to the Tribunal, indicated that he didn't feel it was psychiatrist in the first instance without you having received a full report on the background and the reasons for his stress back in 2011; that, essentially,
you should have had all of that information given to you before he was sent for a psychiatric review, would you accept that view?
A. It certainly would be preferable that I have an occupational health referral and I am seeing a person, and we do seek -- if somebody is referred to us today and for a number of years with work-related stress, we seek a report from local management with regard to work-related stress.
And I think that, I suppose, was one of a number of psychiatric referrals that were made and reports that came over the course of the following years, and it's Sergeant Hughes's position that essentially he was repeatedly referred to psychiatrists for further reviews and further reviews, when in fact what ought to have been done is that the local management and human resource issues should have been dealt with; that they were the key outstanding pieces, but that instead he was being repeatedly sent to psychiatrists, would you accept that?
A. I think if somebody is -- it's agreed that he had presented with post traumatic stress disorder, so I think it is reasonable that independent psychiatric opinion be sought where somebody is presenting with symptoms. And indeed, he had been referred to Dr. Joe Fernandez prior to the point of my first consultation.
374 Q. And I think you referred, in your evidence earlier, to one of the complexities of this case being a desire on the part of, if I might say, Garda management, both
local and at Human Resource Management leve1, for a medical answer to a non-medical question. Now I am paraphrasing...
A. Mm.

375 Q. But is that something that you think pervaded the course of your interactions, and indeed An Garda Síochána's interactions with Sergeant Hughes; that there was an attempt to seek a medical answer to something that had a non-medical route, or certainly a substantial non-medical aspect?
A. I think in an ideal setting where there were reports of work-related stress, that there is a management process to address the issues of work-related stress, in paralle1 with an occupational health assessment of the employee or of the staff member, or the Garda member in 15:16 the case of An Garda Síochána, that both processes would be happening in parallel.
376 Q. And effectively that's not what happened here, is it?
A. Well, I haven't heard the full evidence in that regard.

377 Q. And I think ultimately the conclusion of these number of years of medical interventions and so on was that Sergeant Hughes was ultimately medically discharged, and certainly it's his view that this was the culmination over a number of years where workplace issues were effectively medicalised, not exclusively by 15:16 yourself but by An Garda Síochána as a whole. Would you accept that view, or that characterisation of his experience?
A. I think at the time of the recommendation for $i 11$
health retirement he had an established medical condition that related to his perceptions regarding the workplace and the original trauma of the death of Ms. Saulite in I think November of '06, and indeed subsequent threats to other persons whom he perceived as including himself.

And certainly that was the diagnosis I think that Dr. Griffin had identified in early course...
A. Yes.

And indeed back in I think 2007 and '08, that time period, but later on certain7y Dr. Devitt's view was that you were talking about an adjustment disorder, so there certainly was a shift in terms of the position over the period of five years, isn't that right?
A. It is. But post traumatic stress disorder is a condition that normally resolves with interventions. People recover from it. It is not a lifelong condition.

380 Q. And I think at the beginning of your evidence earlier on you indicated that there have been, I suppose, changes since this time period. So a referral form came in in 2010, and I think you referred to, in your evidence this morning, when you were opening your evidence, how injury on duty is dealt with now in that if there is acceptance by management that there is an injury, that it goes to the Chief Medical Officer, or indeed yourself, and that there is a determination as to whether, on the balance of probabilities, that injury has been caused by the workplace. That is what
you said, I suppose, earlier on?
A. Yeah, we frequently would be requested: is a particular absence related to a particular injury on duty? So, sometimes circumstances arise where attendance at work has continued after an event. You know, the simplest one is perhaps somebody who believes they strained their wrist in a, you know, restraining an individual perhaps, but the wrist remains troublesome for three or four weeks and they go and get an x-ray and they find a break in it and then, you know, there's orthopedic treatment and there's absence from work. So, in a simple case you've an injury on duty, a period of attendance at work and followed by a period of absence, and we would be asked does the said period of absence relate to the event, yeah. And that informs the decisions of pay section for the person.
381 Q. If you were to -- and this is somewhat hypothetical -but if Sergeant Hughes's case were referred to you today or tomorrow for the first time, would it be your view that it would have been dealt with quite differently under how things operate now in An Garda Síochána versus how things operated back when it was referred to you in 2007?
A. Yeah, there are certainly improvements in place. There's a requirement to complete a referral form. The 15:20 work-related stress issue is, up to recent weeks in fact, is dealt with by -- when we're offering the appointments, sending out a request for a report regarding work-related stress from local management
under certain headings in accordance with the Health and Safety Authority Management Standards for Guidance on Stress in the workplace, and those reports come in, I think, in these weeks that process is evolving to where $H R$ directorate are getting a referral with work stress, that they would actually make the request for work report for the attention of the CMO, to be making that request one step earlier so that it is likely that this report might be available at the date of it being seen by the occupational health physician, by the referee being seen by the occupational health physician.

382 Q.
Q. In terms of Sergeant Hughes's position before this Tribunal, it is his position that effectively the medicalisation of what were workplace issues, and the constant referrals of him to psychiatrists, the failure of management to provide supports, that that had the effect of discrediting him; it had the effect that he was discredited and that essentially his, I suppose, concerns were not dealt with properly. would you accept that?
A. That was his perception of what had happened in the workplace. I think there are organisational supports that were present in 2007 that included peer support in the workplace and the Employee Assistance Service.

383 Q. Thank you very much, Dr. Quigley. I don't have any further questions.
A. Thank you.

CHA RMAN Yes.

THE WTNESS WAS CROSS- EXAM NED BY MR. O H GG NS AS FOLLOVS:

MR. OHGGN: Dr. Quigley, Micheál O'Higgins for Garda management. I will be brief.

384 Q. Can I ask you in relation to the over all period '07 to 2012, how many times did you yourself see Sergeant Hughes?
A. Eight occasions.

A11 told, how many times did he see the independent psychiatrists to whom you referred him?
A. I think that was eight times as well. I think there were three occasions he was seen by Dr. Griffin and five by Dr. Devitt.
386 Q. Right. Were all of the appointments with the independent psychiatrists arranged by you?
A. Yes, I requested them.

387 Q. Yes...
A. Each of those, yes.

388 Q. Could I ask you to look at page 18, please, of Sergeant Hughes's statement or interview. This is how he characterises his first dealing with you -- second line down, halfway along the page:
"In Septenber 2007 I was called bef ore the Assi stant CMD, Dr. Ri chard Quigley. At this time l had not been i nt ervi ewed by Garda management in rel ation to my absence from duty. He, Dr. Qui gley, had no
correspondence on the file rel ating to my absence from duty. He admitted he had no correspondence from Garda management rel ating to my absence."

And then he says:
"Yet he persisted in wanting to send me to a psychi atrist due to work-rel ated stress and I objected to this at the time. That fell on deaf ears. He left me with no choi ce but to attend a psychi atrist in St. Patrick's Hospital. Again 1 felt that this was compl et el y i mproper."

Do you accept that what you did was completely improper?
A. No.

389 Q. From your point of view, what is your view as to the perception that Sergeant Hughes had, and as to his understanding of your role?
A. My understanding of his perception... I am not clear... 15:24 I would hope that he considered me as an independent medical provider, an occupational health physician. CHA RMAN Mr. O'Higgins, can we have a tiny bit of clarity? "what is your view as to the perception that Sergeant

I don't know what you are asking.
MR. O H GG NS: I will endeavour --

CHA RMAN I'm sorry, I don't want to sound critical. But what are you really -- are you saying --

MR. OHGGN: If I could ask it this way, Chairman -CHA RMAN Yes, yes. I'm sorry, I don't mean to be (a) interfering or (b) -- but that's too complicated Mr. O'Higgins.

MR. O H GG NS: May it please you, Chairman. CHA RMAN Did you do something wrong in relation to Sergeant Hughes? Sergeant Hughes says, look, this was unfair and unreasonable, you shouldn't have referred me 15:26 to a psychiatrist, what do you say to that?
A. Sergeant Hughes had been referred to a psychiatrist by his own GP. I think I am in one sense a generalist, in that I am not a psychiatrist, and it is helpful to have the view of an independent psychiatrist to inform the advices to Garda management on fitness for duty, and that was the reason for my referral.

CHA RMAN Thanks very much. Now sorry, Mr. O'Higgins. MR. OHGGNS: Thank you.
390 Q. If we can move to page 46 , please, in the same interview. Again it goes back to the September '07 consultation which we can pass from, if we move down five lines we see there:
"On the 11th July '08 An Garda Sí ochána recommended that I be medi cally di scharged. Again l bel ieve this to be targeting, because once agai $n$ the workpl ace matters had not been investigated by local management. The persons who targeted me in respect to these matters
were Assistant Commissioner HRM and the Assi stant Commi ssi oner CMD, Dr. Ri chard Quigley, al ong with my Iine managers and incl uding the office of HRM Just to reiterate, I believe that by Dr. Quigley continually ref erring me for psychi atrist assessment was in the circunstances di screditing of ne. My legal teamare aware of all of these matters."

What do you say to that?
A. Well, I referred him for an independent psychiatric opinion to help to inform the advice that I would give to Garda management on fitness for duties. The independent psychiatrist, Dr. John Griffin, made a diagnosis of significant medical condition and he also felt on first assessment that it was unlikely that Sergeant Hughes would be in a position to resume work essentially in any capacity. I think in general, it does seem to cast having a mental health condition in a negative light, and at a societal level I would like to be part of a process to exclude that; that people are cherished for being people and not for -- and not cherished because they might have a mental dealt disorder.
CHA RMAN we should get away from the stigma.
A. Sorry, stigma was the word I was trying to --

391 Q. MR. OHGGN: Yes. So from your dealings with the sergeant, did you feel that he was in denial of these matters and was influenced by societal stigma?
A. I think that's one plausible explanation of his beliefs
as expressed, yes.
MR. OHGGNS: Thanks very much.

WTNESS MAS THEN RE-EXAM NED BY MR MLGU NESS, AS FOLONS:

392 Q. MR. MEGU NESS: Dr. Quigley, just a couple of matters. I should have perhaps clarified this at the beginning and apologies for not having done so. You're obviously based up in Garda Headquarter, is that correct?
A. Yes.

393 Q. But you're not a member of An Garda Síochána?
A. No.

394 Q. Not attested or sworn?
A. No.

395 Q. And have never and don't hold any rank as such in the organisation as such, isn't that right?
A. No. I hold an office, I suppose: Assistant CMO.
Q. Mr. O'Higgins asked you, as did Ms. O Loinsigh, about the consultation that you first had on the 19th September 2007, it would appear to be evident from what you did that Sergeant Hughes told you that he had been consulting with Dr. Fernandez, and you wrote to Dr. Fernandez and his own GP after that consultation, isn't that correct?
A. Yes.

397 Q. Did he say to you at the consultation that he did not wish to be referred to another psychiatrist, Mr. John Tobin, or anyone else?
A. I don't -- em, gosh, may I look at my original notes?
Q. Sure.
A. Because I think at this distance it's... I'm afraid I don't recal1. I don't think my notes of 9 September '07 record Sergeant Hughes's expressed view, I suppose that --
Q. Is it likely that if such a member had said to you 'I don't want to be referred to a psychiatrist' that you would either override his wishes or not tell his GP of such a fact?
A. I think, I suppose both of those are unlikely. If a person expresses difficulty with seeing a psychiatrist, I would go over the reasons why I consider that a psychiatric opinion, an independent psychiatric opinion would be of help.
400 Q. Yes. You -- Go ahead. Is there anything further you want to add to that?
A. No, I would inform the employee as to the reason -- the reasoning for the referral and the likely helpfulness. And I think it is increasingly less common that people in that situation express to me a reluctance or difficulty with it. The commonest reason might be one where they don't really want to meet a new person and go over the whole tale, if you will, or the whole history from the beginning again.
401 Q. You learnt the following year, when you got Dr. Fernandez's report, that he had seen him at least twice and that he hadn't come back to him for a third review, and then later in the year, when Mr. Costello's
appeal was sent to you with Dr. Corry's report --
A. Yeah.

402 Q. -- you discovered that he had been seen by Dr. Corry on three occasions, isn't that correct, according to his report?
A. I think so, yes.

403 Q. On each occasion after September ' 07 when you saw him did he ever protest to you that he did not want to be re-referred either to Dr. Griffin or Dr. Devitt on any occasion?
A. I don't recal1 it.

404 Q. Yes. And may I take it that all of the correspondence that we have seen, we've received all of the correspondence as we believe it to be from his GP, were you ever made aware of any protest that he made either to his GP or any of his treating psychiatrists that he was being referred to another psychiatrist against his will?
A. No, I'm not aware of that, that I recal1.

405 Q. Thank you.
CHA RMAK Anything arising out of that? No. Thank you very much, Dr. Quigley. Thank you for coming to help us. You are free to go and you are finished with the Tribunal --

THE WTNESS: Thank you very much.
CHA RMAN -- you probably will be pleased to realise. And that completes our evidence, Mr. McGuinness, isn't that right?
MR. MEGI NESS: Yes, Chairman. That's the evidence
completed today and the Tribunal at present has no current intention of calling any additional witnesses. CHA RMAN Very good.
MR. MEGU NESS: I know Mr. Marrinan has consulted with parties about whether Sergeant Hughes needed to be recalled on any issue and the view is taken by Mr . Marrinan that he doesn't require to recall him. CHAN RMAN Very good. MR. MEGI NESS: And it is not the intention at present for the Tribunal to schedule any other witnesses. CHA RMAN okay. Let me just ask. Mr. Lynn, have you a desire to recall Sergeant Hughes to deal with any issue?

MR. LYNE No, Mr. Marrinan asked us this earlier.
CHA RMAN Oh, thank you very much.
MR. LYNN No, we don't.
CHA RMAN We11, I may as wel1 formally ask you now, just to make it clear, that the Tribunal isn't seeking to shut out anybody.
MR. LYN: No, we don't. Thank you, Chairman.
CHA RMAN okay. Now I think the next thing -- you can go, if you like, and there's no problem. Thank you very much, Mr. Quigley.

## THE WTNESS THEN WTHDREW

CHAL RMAN Now, Mr. Lynn and Mr. O'Higgins, the next thing I suppose is: where do we go from here? And in normal circumstances we would afford counsel an
opportunity to make some submissions and we would anticipate -- there's no ob7igation, you don't have to do so, but if, in the anticipation that counsel would wish to make some commentary, some observation, some
submissions, legal, factual, whatever, the Tribunal would wish to give them an opportunity to do that. Now, bear in mind we have the evidence, it's in a relatively modest -- it's a relatively modest scale compared with some inquiries, what we had in mind was to offer, was to give three weeks -- well, a little more than three weeks. In other words, to give the parties until Friday the 25th March to produce their submissions and (a) to exchange them with each other on or before close of business on the 25th and by agreement, if they're ready earlier, all the better, but on or before close of business on the 25 th and also to furnish them to the Tribunal.

Now the parties won't have seen each others' submissions at that point, they will make their submissions, and so the Tribunal will offer the parties an opportunity to make observations on the other
party's submissions and we will sit for that purpose on Friday, 1st April. And we will propose to sit for that purpose in the room above here, which is Bedford Hall, which is a smaller facility, and probably a more comfortable one for the purpose of hearing submissions. Any difficulties in that, you can contact the Tribunal, and Ms. Walsh or Mr. Murphy, the Tribunal manager, will
be happy to give any relevant information.

So if we're all happy with that, three weeks, until the 25th, for exchanging, close of business for exchanging and notifying us, because we obviously need to study them as well, before the following week when we sit for observations. And when I say -- the big thing, you're not restricted, strictly speaking, you can amplify the submissions, but the principal purpose from the Tribunal's point of view is to hear what each side has to say about the other side's submissions because that's the one thing that you won't have had the opportunity and we won't have had the benefit of. So that's the principal thing, and obviously I don't need to emphasise that we would like them to be as brief as possible, consistent with being as comprehensive as you think you need to be.

Okay. So, is everybody happy with that? Is that a reasonable scheme? Are you happy with that, Mr. O'Higgins?
MR. OHGGN: we are happy with that, Chairman. CHA RMAN Mr. Lynn, does that seem reasonable? MR. LYN: We are happy with that, Chair, yes, thank you.

CHA RMAN Thank you very much. We will sit for that purpose and then it will be over to us, or over to me to the -- Sorry, just one thing that isn't absolutely clear: we have another hearing which is our final
hearing in another case and that is scheduled to commence 3rd May I think, Mr. McGuinness, is that right?
MR. MGGU NESS: Yes, Chairman. It's intended that it would start then, if possible.
CHAI RMAN Okay. And so, it's not clear that the report in this case can be published before we embark on that. If possible, we will certainly look at that, but our original thought was to arrange for the two hearings and do all that, and then to produce a comprehensive report dealing with the two cases. But, I can understand that everybody would prefer to have an outcome as quickly as possible and if that works out, if that's possible we will do it that way, okay. Thank you very much indeed. All right.

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| wrote [45] - <br> 14:20, 14:25, <br> 14:26, 15:29, <br> 16:7, 20:12, <br> 22:18, 23:8, <br> 23:10, 23:21, <br> 25:8, 27:27, <br> 29:18, 33:10, <br> 34:18, 40:23, <br> 40:25, 40:26, | $\begin{aligned} & \text { you.. [1]-98:7 } \\ & \text { yourself }[14]- \\ & \text { 29:3, } 39: 11, \\ & \text { 47:11, } 68: 2, \\ & \text { 85:23, } 89: 10, \\ & 95: 1,108: 23, \\ & \text { 110:15, 120:16, } \\ & 123: 17,137: 26, \\ & 138: 27,141: 8 \end{aligned}$ |
| :---: | :---: |
| 41:2, 42:19, | ، |
| $\begin{aligned} & 44: 13,45: 1,51: 5 \\ & 52: 28,60: 23, \end{aligned}$ | 'A' ${ }^{1}$ ] - 3:13 |
| 63:22, 66:18, | - |
| $\begin{aligned} & \text { 75:1, 81:14, } \\ & \text { 81:28, 82:1, } \\ & \text { 82:17, 84:9, 85:4, } \\ & \text { 89:17, 108:26, } \\ & \text { 110:5, 112:12, } \\ & \text { 145:23 } \end{aligned}$ | -[1] - 3:7 |
| X |  |
| $\begin{aligned} & \text { x-ray [1] - } \\ & \text { 139:10 } \end{aligned}$ |  |
| Y |  |
| $\begin{aligned} & \text { yeah.. [2] - 33:2, } \\ & 125: 26 \\ & \text { year [13]-6:8, } \\ & 7: 18,7: 29,9: 1, \\ & 32: 10,47: 17, \\ & 52: 18,52: 24, \\ & 101: 17,129: 13, \\ & 130: 4,146: 26, \\ & 146: 29 \\ & \text { years [19] - 7:9, } \\ & 26: 5,26: 18, \\ & 30: 19,38: 28, \\ & 55: 13,89: 7, \\ & 99: 12,121: 16, \\ & 122: 19,122: 20, \\ & 123: 21,134: 10, \\ & 135: 6,136: 7, \\ & 136: 12,137: 21, \\ & 137: 24,138: 14 \\ & \text { yes.. [18] - } \\ & 11: 29,13: 14, \\ & 13: 16,13: 28, \\ & 14: 5,17: 19, \\ & 17: 23,22: 24, \\ & 29: 9,33: 5,33: 8, \\ & 39: 1,39: 6,43: 12, \\ & 62: 12,62: 17, \\ & 64: 4,141: 19 \end{aligned}$ |  |


[^0]:    "Having consi dered matters in detail, l would recommend that Sergeant Hughes be considered fit for trial of I i ght duties. Accordingly I recommend that Iocal

[^1]:    "I really do feel that unl ess and until the whole issue

[^2]:    "His symptons currently causing hi mto be unfit for

[^3]:    "Further to my correspondence to the Chi ef Medical

