

## **MEDIA RELEASE**

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### **Report reveals senior Health employee claimed more than half a million dollars in overtime payments to which she was not entitled**

The Corruption and Crime Commission (the Commission) has today tabled in State Parliament a report that forms two opinions of serious misconduct relating to unsubstantiated overtime claims, and unauthorised absences resulting in a false final leave payout.

Ms Judith Innes-Rowe was a Clinical Trials Manager who gave 23 years' service to the Clinical Trials Unit at Sir Charles Gardiner Hospital.

A commission investigation – instigated by North Metropolitan Health Service (NMHS) – uncovered that Ms Innes-Rowe claimed just over half a million dollars in overtime payments between July 2012 and November 2017. This was on top of her base salary of \$112,000-\$126,000 a year.

The Commission's report also describes how Ms Innes-Rowe was absent on 125 days between November 2012 and November 2017 without submitting approved leave forms. She was paid out approximately \$65,000 in lieu of annual leave when her employment ended with NMHS in December 2018.

While she did indeed work very long hours, some of the payments to her were a benefit to which she was not entitled.

The Commission's investigation identified weaknesses in Health Support Services' payroll systems, including a 30-year-old payroll system that uses approximately 40 forms. An updated payroll system at Health Support Services will help to protect a \$4.3 billion per year payroll.

The report also highlights misconduct risks in managerial trust and oversight, which allowed Ms Innes-Rowe to bypass official approval processes. Her claims were effectively 'approved' by manager inaction. The overtime claims only stopped when NMHS introduced a new approval regime in November 2017.

Staff at the Clinical Trials Unit are paid from a Special Purpose Account funded by sponsors in the pharmaceutical industry, biotechnology companies, clinical research organisations and collaborative groups. It is intended to be used for cancer clinical trials. The trust placed in Ms Innes-Rowe, coupled with the weaknesses in systems and oversight, came at a significant cost to these sponsors.

Despite two internal NMHS reports recommending disciplinary action against Ms Innes-Rowe, she was re-engaged via a recruitment agency in January 2019.

Strong internal controls, detection strategies and effective oversight are the best defence against serious misconduct and corruption and the report outlines examples for all public sector agencies, including: reporting mechanisms; use of data analysis; fraud training; job rotation; and actively recovering losses when they are identified.

The *Report on misconduct risks in Health Support Services and North Metropolitan Health Service* can be downloaded from [www.ccc.wa.gov.au](http://www.ccc.wa.gov.au).

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