

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

WRITTEN QUESTION

Mr Mills to the Minister for Health:

Royal Darwin Hospital Nurse Overtime Rates

1. Please provide details concerning overtime worked by nurses at the Royal Darwin Hospital.
2. If available, please provide information to be reported on as a general figure and for the various nursing categories.

Data for the years 2014 to 2018 has been provided for Royal Darwin Hospital (RDH). A summary of the data definitions includes:

- Nursing categories provided are:
 - Enrolled Nurses (N1),
 - Registered Nurses and Midwives (N2 and N3) provide direct patient care focus and are 85% of total nursing workforce each shift, and
 - Nurse/Midwife Specialists and above (N4 and above) more senior nursing and midwifery staff often carrying a managerial or education role as well as clinical responsibilities.

Overtime hours by nursing classification

Hours of nursing overtime at RDH per financial year by nursing classification, total hours of nursing overtime all classifications combined, and the overtime as a percentage of total nursing hours worked.

Category	Classification	2014-15	2015-16	2016-17	2017-18*
Enrolled Nurse	N1/N1R	1,556	1,735	1,990	1,977
Registered Nurse/Midwife	N2-3	37851	44613	48701	62916
Registered Nurse/Midwife	N4-7	4444	7142	7662	7230
Total hours overtime		43,851	53,490	58,353	72,123
Overtime as percentage of total nursing hours		2%	2.4%	2.6%	3.1%

Table 1: Hours overtime by nurse classification 2014-2018

**2017-18 is projected full year effect*

3. What are the rates of overtime and how do these rates compare with the previous four years generally and for the various nursing categories?

In RDH in 2017-2018, it is expected that 87% of the overtime will be undertaken by Level 2 and 3 Registered Nurses and Midwives (N2 and N3), 3% by Enrolled Nurses (N1) and the remaining 10% undertaken by Nurse/Midwife Specialists and above (N4 and above).

This distribution reflects the direct client care focus of the overtime.

Reported drivers of overtime specific to RDH include:

- Increased activity over the past 4 years particularly emergency presentations and hospital separations.
- Ageing population with increasingly complex co-morbidities especially in vulnerable populations such as Aboriginal patients.
- Planned reduction in agency staff utilisation.

Recruitment and retention strategies are being implemented to support the workforce to meet the increased demand.