

## IN THE FAIR WORK COMMISSION

**Matter No:** AM2026/10

**Re Application by:** Australian Nursing and Midwifery Federation and others

### STATEMENT OF LACHLAN TIMMS

I, Lachlan Timms of [REDACTED] say:

1. I currently work as a Care Manager at Bolton Clarke Home and Community Support (Bolton Clarke), previously known as the Royal District Nursing Service. I started in this role in 2023. I manage a team made up of Enrolled Nurses (ENs) and Registered Nurses (RNs).
2. I am a member of the Victorian Branch of the Australian Nursing and Midwifery Federation (ANMF).

#### Qualifications

3. In 2020, I completed my Bachelor of Nursing at the Royal Melbourne Institute of Technology.
4. I am currently studying my Graduate Certificate of Community Nursing at Charles Darwin University.
5. I was elected as a Health and Safety Representative within my workplace and have performed that role since June 2024.

#### Work history

6. From 2020 to 2021, while I was studying nursing, I worked as a Personal Care Worker at Healthcare Australia.
7. From 2021 to 2022, I worked as a Graduate RN at Epworth Hospital.
8. In 2022, I worked as a RN in the Intensive Care Unit at Western Health as part of the Western Health Discovery Program. This was a program designed to build specialist nursing skills.
9. From November 2022 to 2023, I worked as a District Nurse at Bolton Clarke.
10. From 2023 to now, I have worked as a Care Manager at Bolton Clarke.

#### Vehicle allowance at Bolton Clarke

11. The underlying modern award that applies to nurses is the *Nurses Award 2020* (the Award).
12. My employment is covered by the *Bolton Clarke (Victoria) Enterprise Agreement 2024* (the EA), which replaces the Award.
13. The EA provides a motor vehicle allowance (the allowance) that operates similarly to the vehicle allowance in the Award. Where an employee is required to

use their own vehicle for work, they receive an allowance for each kilometre of work-related travel.

14. I understand the allowance to be in recognition of not only fuel costs, but also to cover general wear and tear, registration, and insurance.
15. The allowance was \$0.99 following the approval of the EA in 2024 and increased to \$1.02 in July 2025. The allowance is scheduled to increase again to \$1.06 in July 2026.
16. The allowance under the Award is \$0.99 per kilometre.
17. In April 2026, Bolton Clarke voluntarily increased the allowance to \$1.07 in response to the increased price of fuel resulting from the conflict in the Middle East. I do not know how long this arrangement will last.
18. This temporary increase has barely covered the increased cost in fuel. In my last pay cycle, the additional amount was \$15, based on having travelled 300km in a fortnight period.

#### Impact on workers

19. I am required to use my personal vehicle for work and will often drive 140km per week, for which I receive the allowance.
20. I previously used to get \$50 to \$70 left over every fortnight from the allowance after the cost of fuel was factored in. The remainder would be used for other running costs. Since the price spike in fuel costs, I think I am breaking even on fuel alone, with no extra money to account for additional running costs.
21. I recently ran over a nail and had to get my tyre changed and that cost me an amount that exceeded the allowance. I could not claim the excess back from my employer. There is no incentive for me to fix issues with my car going forward due to the extra cost associated with maintaining my vehicle. This is potentially a safety issue.
22. To my knowledge, you cannot claim a tax deduction for these costs as they are theoretically covered by the employer through the allowance. The allowance is intended to cover the cost of vehicle damage requiring repair, however when the cost of fuel is high, it no longer does this.
23. My personal experience with insurance is that my premiums have more than doubled since 2025. In addition to the fuel cost, the cost of insuring my car has also increased, but the allowance has not kept pace with additional running costs.
24. I supervise nurses, some of whom can drive up to 500km per fortnight for work.

#### Impact on the health system

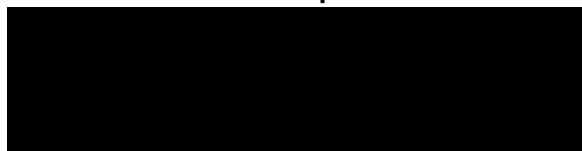
25. A lot of our clients are very vulnerable and are affected by the social determinants of health. Low income status, low education status, and certain cultural factors can cause clients to not seek out healthcare. Sometimes we are

the only provider of healthcare the client accepts. This is a privilege, however, if we cannot provide this service, our clients will suffer.

26. They may have poor health literacy and be unable or very reluctant to go to a clinic to receive care. The work we do is important because we go out to visit those who fall through the cracks of the healthcare system.
27. We help educate clients and provide care to those who otherwise would not have access. Some are avoidant of healthcare but trust us because they do not see us as 'part of the system'. The work we do cannot be replaced, nor can it be done by the hospital system as it is overstretched as it is. If we cannot attend their houses these clients may die or their conditions worsen.
28. We provide wound care, post-acute care following discharge from hospitals, service catheterisations, and medication assistance and management, diabetes management and education.
29. If we are unable to provide nursing care to clients in their homes, hospitals will be unable to discharge those patients, who in turn would occupy more hospital beds due to our service not being able to receive post-acute care.
30. Our work is essential because it frees up hospital space and reduces emergency department waiting times dramatically. We do this by providing health promotion, health education and provide preventative care in the community, which lessens the impact on hospital admissions.
31. Our work improves health outcomes in multiple ways. We alleviate pressure on the hospital system and also provide holistic care to the clients we visit. We provide care that reduces the risk of conditions worsening, and support clients through education and helping them to navigate the health system.
32. Visiting clients in their homes gives nurses the opportunity to see what other services may be needed. For instance, we may observe that a client has not had a shower for some time, does not have food in the fridge, or is not managing their medication well. We are like the 'social workers' of nursing. We have an insight into a client's home and living status unlike any other health provider.
33. We are able to refer clients to occupational therapists, physiotherapists or social workers. This might mean that interventions are put in place that save a client from having a fall for example, which would in turn require additional health resources to manage.
34. We visit clients to assist with daily medication management. This is important for clients who need assistance with their medication management, particularly if they are experiencing dementia or other cognitive impairment. Some clients do not have family or household members who can assist them. Some have families, however carer stress is a burden by itself, so by doing this work, we also help alleviate the burden for carers.

Immediate impact of fuel price spikes

35. I was working 21 and 22 March 2026, the first weekend after the huge price hike in petrol. That morning, my colleague told me that nine people had called in sick, which is much more than usual (usually on the weekend there are 0 to 2 people who call in sick). I suspect that people were calling in sick because of the cost of fuel, but I cannot verify whether they were cases of genuine illness.
36. At the very least, the psychological impact of fuel price increases is causing stress for the nurses on the road, who are questioning whether it is viable to work on the road during a fuel crisis.
37. I have witnessed people turning down call-out visits due to how far they must drive to see the client and they have said that it is because of the cost of fuel, whereas they used to accept these call outs.
38. Car idling is the practice of having the engine running while the car is parked to charge your laptop. We have to use those laptops for all patient records, notes, care plans, medication details, correspondence from hospitals, etc.. We might also use idling to heat or cool the car during extreme weather conditions.
39. To provide safe care, all client records are stored on the work provided laptop such as medication orders, client health history, client safety and hazard alerts. This laptop's battery life runs out very quickly and oftentimes we need to idle the car between clients to charge the laptop. There have been times when I have stopped idling my car and my laptop died. It took roughly 15 minutes for it to charge then another 15 minutes to reconnect to the internet this in total was 30 minutes of direct care that was lost that could have been provided to a client, this personally has happened to me countless times.
40. My employer has recently encouraged fleet car drivers to not idle their cars to save on fuel costs.
41. If the allowance were increased it would mean less stress regarding driving my own car for work, more enjoyment and stability in the role, better staff attitude, and better retention in nursing for a profession that is in short supply.



Lachlan Timms

24 April 2026