

PRESIDENT'S REPORT | INDUSTRY SNAPSHOTS | ACCESS EMERGING ASIA-PACIFIC MARKETS



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Peter Lack reviews this edition's wine from one of his favourite regions.



Membership Report

Total Registered Members: 351 Full Members: 258 **Corporate Members: 65** Associates: 5 Life Members: 13 Industrial Liaison Group Members: 10

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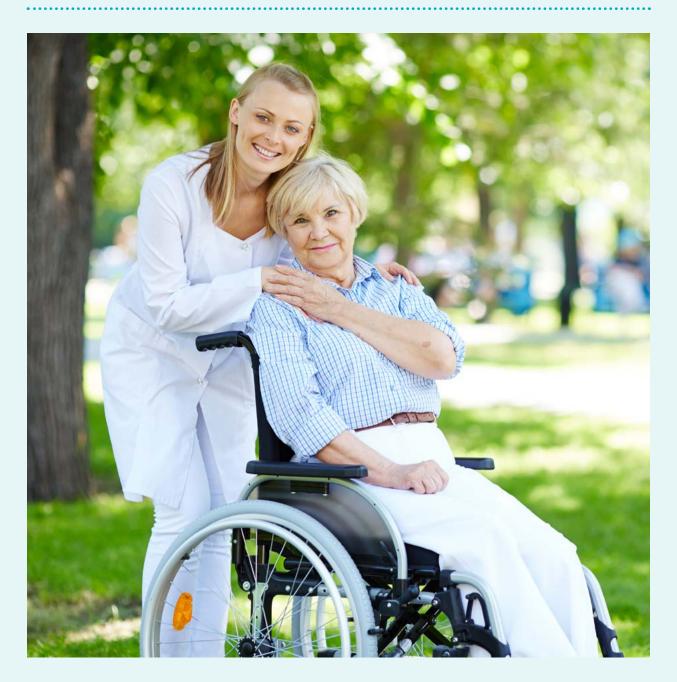
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Alekker publication for AHSPO



Snapshots



More Than 200,000 Aged Care Workers Seek Pay Rise

A massive work value case has been launched by the Health Services Union (HSU), seeking a 25% pay rise for thousands of aged care workers. The case to be heard at the Fair Work Commission would allow the industrial tribunal to lift wages across the sector.

The Royal Commission into aged care made a pay rise recommendation arguing the nature and skills required for aged care jobs justified a rise across the board. HSU President Gerard Hayes believes Aged Care workers are skilled and "provide care and support to our most vulnerable, to residents enduring episodes of sadness and at times anger" adding they should be recognised and paid for their skills. We certainly agree and will watch proceedings with interest.

Snapshots

MIT Announces Facemask Reinvention Competition Winners

An international joint-project between Merck KGaA of Germany and several departments of the renowned MIT in the US, have announced winners of its 'reimagining face coverings and PPE challenge'. The competition aimed to stimulate innovation in the PPE space in light of 2020's unimaginable rise in consumption of the protective equipment.

Judges Choice winners included:

- A concept to source polyethylene terephthalate (PET) from single-use plastic waste in African landfills to manufacture medical-grade gowns.
- The Social Mask, a smart-mask which senses wearer temperature and proximity to other people to calculate the possible risk of viral infection.
- A stylised, lightweight mask which transforms into scarf-like accessories to balance the latest health tech and fashion considerations.

While the winners are all at a conceptual stage at the moment, their new thinking will undoubtedly lead to innovation in future PPE.

COVID-19 Nasal Spray Funding Gets Shot In The Arm

Australia's \$500M Biomedical Translation Fund has released its latest round of grants. The fund aims to partner with private industry to fund new medical research efforts by contributing funding to selected projects 50/50.

Headlining recent announcements was the coinvestment between the Federal government and Brandon Capital Partners, for biotech company Ena Respiratory, to develop a new nasal spray designed to help fight infections such as COVID-19, influenza and the common cold. The spray, INNA-051, works by stimulating the innate immune system, the first line of defence against the invasion of pathogens into the body. If successful, the trial will go into full production in Australia.

In addition, four further projects will also share in almost \$30 million dollars to commercialise their ideas. Each of these projects provide the potential to greatly improve the treatment for issues such as respiratory diseases, chronic pain and autoimmune diseases.

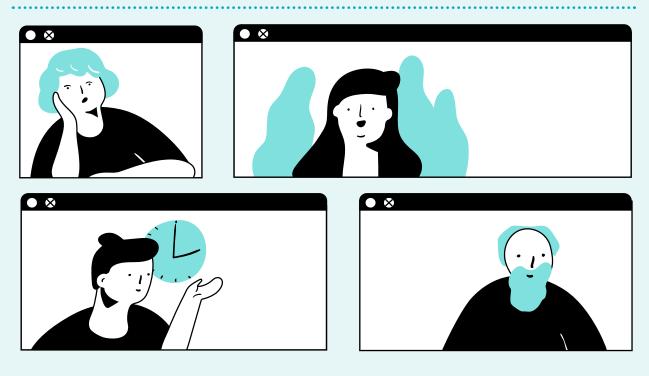
Emails Reveal Political Pressure in Safety Sign Off Of PPE

The rapid rise of COVID-19 has led to questionable safety sign off of PPE in Britain. Severe shortages of PPE early on in the pandemic triggered pressure on the Health and Safety Executive to compromise quality standard approvals on new products developed to meet the shortage.

In one example, emails released to the BBC reveal mounting pressure on safety officials to sign off on Isolation gowns. One official wrote "We are being drawn into the legalities", saying they'd been asked to provide a statement that certain products had had the right safety documents. "This is not factually correct" the official wrote.

Ironically, once formal testing was completed on the PPE in question, the product was passed fit for use, however it does raise questions of the UK Government's handling of procurement and safety during the pandemic thus far.

Snapshots



AHSPO Hosts It's First Ever Virtual AGM

Back in October AHSPO hosted our first ever Virtual Annual General Meeting. While most of us have been 'Zoomed out', particularly those of us from Victoria, bringing together members from across the country was a moment to enjoy.

It wouldn't be a video call without audio problems, video not working, people not being on mute and people not getting off mute to speak! Nonetheless, the meeting was expertly chaired by Aldo Santo and Michelle Killick who kept people entertained and the agenda moving. All in all it was an excellent evenings work by all who attended.

UNSW Study Reveals Healthcare Workers 3x More Likely To Get COVID-19

It won't come as a surprise to hear healthcare workers are at a much higher risk of contracting COVID-19, however quantifying the risk proves highly informative for decision making.

The study was conducted prior to the second wave in Victoria and revealed that more than one in 20 cases were potentially acquired on the job in the health system. Researchers say this finding should form the basis of accelerated testing for staff, and going so far as to recommend rostering frontline health care workers in cohorts to minimise the impact of outbreaks among other recommendations. Study leader, Head of Global Biosecurity at the Kirby Institute, Professor Raina MacIntyre believes studies such as this will help decision making going forward, "controlling health system outbreaks and protecting health workers is key to ensuring safe re-opening of society. Several countries such as Taiwan, China and Singapore have demonstrated low health worker infections. We should learn from them and the precautionary approach they have used to protecting health workers."

President's Report

WELCOME TO THE DECEMBER JOURNAL

To say 2020 has been challenging is an understatement. Our frontline health and aged care workers are deserving of all of the praise they receive, and more.

ALDO SANTO PRESIDENT

But we should also acknowledge the immense efforts of the hidden heroes of 2020 – administration and support staff, and particularly Procurement and Supply staff.

You, our members have been working with suppliers, managing ever shrinking supply levels and adjusting rapidly to changing market conditions, have all performed miracles this year. I thank you for your ongoing support and to acknowledge this, I'm pleased to confirm AHSPO will waive membership fees and all paid up members will be valid until the end of 2021.

Special Thanks to our Committee Members

As always, looking back on a long year I owe a debt of gratitude to our tireless board members who not only put up with my late night phone calls, but have done so much for the association despite the toughest year on record.

Every year I write words of thanks to Michelle Killick, and every year it's never quite reflective of how much I appreciate her work for the association. As our Secretary and Communications Officer she works tirelessly and for that I say thanks. Dominic La Caze has taken on the role of Treasurer this year, and together with sage advice from Ron has transitioned seamlessly. Thank you Dominic.

My thanks to Judy Bart for stepping up and taking on the role of Membership Officer. Judy is one of our longest serving members and we're glad to have her back on the board.

Education Update

As you can imagine, working in one of the busiest industries during a pandemic has stretched the resources of our voluntary members, so the AHSPO education program has been subdued this year. We've begun planning on the 2021 programme and look forward to updating you all as it is finalised.

Safe Holidays

As I mentioned earlier, 2020 has tested all of us like never before. You have all earned a break, so please stay safe and I look forward to connecting with you all in 2021.





Hand Hygiene in High Traffic Healthcare Facilities:

BEATING THE BUG

Our hands are our primary tool for just about everything. We touch objects, each other, and ourselves thousands of times a day.

WORDS BY KEYSTONE HEALTHCARE

As we go about our lives, germs accumulate on our hands from the things we touch. When we then touch our nose, mouth, or eyes, the germs from our hands can find their way into our bodies and cause infections.

So it's not surprising then, that it's estimated up to 80% of common infections are spread by our hands. According to the US Centre for Disease Control and Prevention, proper hand hygiene can prevent one in five respiratory infections, such as a cold or the flu.¹

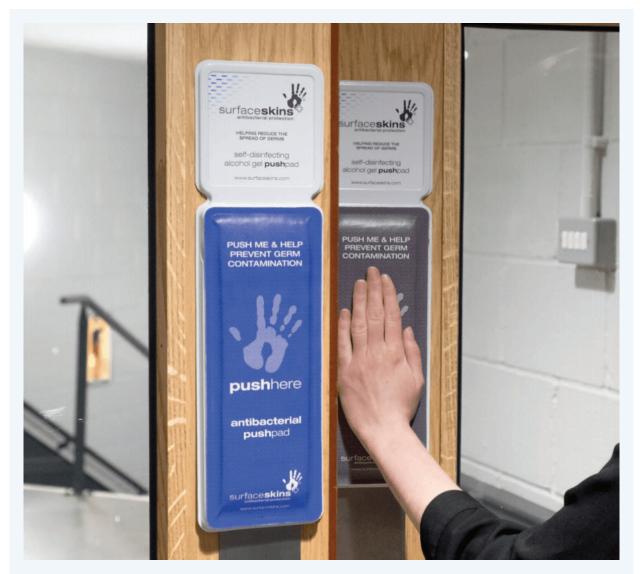
Hand hygiene in Hospitals and Aged Care

It's vitally important for caregivers in hospitals or aged care settings to practice exceptional hand hygiene. When caring for sick people or the elderly, opportunistic germs can easily spread from one patient to another. This cross-contamination can make the healing process much harder for already immune-compromised patients. It may even become life-threatening, certainly in the current COVID-19 climate. So what does good hand hygiene look like?

- Applying an alcohol-based hand sanitiser to the hands, and rub for 15 seconds making sure to include fingers, front-and-back, nails, and wrists. Gels, foams, and liquids can all provide quick and convenient disinfection.
- Washing using either non-microbial or antimicrobial soap for 20 seconds, achieving a good lather and paying attention to the backs of hands, wrists, between fingers underneath fingernails. Rinse well, and dry using a single disposable paper towel.

Washing with soap and water is the 'gold standard' for reducing microorganisms on the hands and wrists. When soap and water is not readily available or practical, alcohol-based hand sanitisers are a convenient and effective way to promote good hand hygiene.

It's important to note however, that sanitisers do not remove dirt or other substances from visibly soiled hands – rinsing hands first is necessary to remove the unwanted material.



Surfaceskins release alcohol gel that disinfects the surface in seconds, killing germs and protecting the next user passing through the door.

According to the US Centre for Disease Control and Prevention, proper hand hygiene can prevent one in five respiratory infections, such as a cold or the flu.

Achieving 100% Hand Hygiene **Compliance in Healthcare Facilities**

Hospitals and aged care facilities alike are high-traffic areas where nursing staff, other facility workers (such as cleaners or visiting professionals), and the public all present heightened risk of bringing in bacteria from outside, as well as transporting pathogens around when inside the facility.

A large part of this risk exists in the surfaces we don't even think about touching. Numerous studies have found that door handles and push plates are prime sources of microbial contamination.²

Although regular cleaning of door handles certainly reduces bacteria, even with regular cleaning, bacteria can still be detected on handles, and therefore easily passed from one person to another.



^{2.} Wojgani et al. (2012) PLoS ONE 7(10): e40171.

While organisations with clinical settings have always upheld the most rigorous of standards, the COVID-19 pandemic has required the entire industry to systematically re-look at hygiene across the workplace. A global challenge has spurred innovation in both management and technology.

While hand washing and gel dispensers clean hands, as soon as a new surface is touched, there's a risk of being contaminated by a previous user.

Certainly in high traffic areas such as lobbies, hallways, wards, and entrances/exits, there is no practical way to disinfect door handles in between uses. But it only takes one person with germs on their hands to deposit those germs on a door handle that is then used by hundreds of others, creating a chain of infection.

Breaking the Chain of Infection

An effective new way to reduce cross-contamination risk from high-touch areas such as door handles and push pads is a self-disinfecting device called Surfaceskins.

Engineered by infection control experts and materials scientists, Surfaceskins have been developed and validated over the last 5 years in certain NHS hospitals and schools in the UK.

Surfaceskins release alcohol gel that disinfects the surface in seconds, killing germs and protecting the next user passing through the door.

They fit over the existing plate or surface, snapping into place and delivering heightened protection to each user of the door or surface. While they don't technically clean hands, they do kill deposited germs and bacteria in the vital seconds between one person passing through a door to the next. Complemented with proper – and vigilant – hand hygiene, Surfaceskins help reduce the risk of healthcareassociated infections in the places where people are at their most vulnerable.

2020 has shone a new light on how we handle hygiene in health care. While organisations with clinical settings have always upheld the most rigorous of standards, the COVID-19 pandemic has required the entire industry to systematically re-look at hygiene across the workplace. A global challenge has spurred innovation in both management and technology. From enhancing PPE quality and access, to refining work practices including social distancing and human traffic flow, and products like Surfaceskins, these innovations are making hand hygiene management more effective than ever.

Where to Get More Information

Keystone Healthcare are distributors of Surfaceskins in Australia. To discuss implementing an extra layer of infection control in your healthcare facility, get in touch on 1300 547 877.



Join the AHSPO LinkedIn Community

"Bringing together passionate minds to discuss and debate topics dear to all our hearts is brilliant for us as individuals in procurement and for the profession as a whole."

ALDO SANTO, PRESIDENT

linkedin.com/company/ahspo



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Life Member Profile:

JUDY BART



Judy Bart has become part of the association's furniture. In the best possible way. In that comfortable, familiar and much loved kind of way! We sat down with her to discuss what the AHSPO family means to her and how much things have changed in a procurement career spanning more than 30 years.

AS TOLD TO RICKY MUTSAERS

Ricky Mutsaers: Tell us about your career?

Judy Bart: Well, I've enjoyed a long career, starting in 1984 where I started work at the Dandenong and District Hospital later (renamed Dandenong Hospital) as a Store Clerk. My main job was to maintain the stock ledger, which might I say was a dirty big steel covered book. Each and every day I would carry it down from the office into the store room, make entries into it for incoming and outgoing stock items, and carry it back at the end of the day. Did I mention it was almost as tall as I am? Purchase Orders were typed in triplicate with manually inserting carbon paper, very tedious fixing a mistake! A new change came and it was changed to duplicate.

Blessedly, computers entered the workforce for the first time in 1987 and they made life so much easier. I took great pride in my ability to remember all of the stock codes. If someone called me with a question I would reel off each and every code from memory.

I stayed at Dandenong Hospital until a centralisation of supply branches meant I moved to Southern Health in 1997, which would later become Monash Health. As procurement evolved and became more streamlined, my role became more about keeping things moving and managing supplier and internal relationships. I was a Stock and Imprest Management Officer before retiring in December 2015.

RM: When did you join the Association?

JB: I first joined AHSPO in 1997, which brings my connection with the Association to 23 years and counting! My Manager at the time suggested that I join to further develop my skills and meet like-minded people. I held the position of Secretary for a few years and found the monthly Board meetings a unique challenge. With so many passionate personalities involved, and loud voices challenging each other, I used to take a tape recorder with me then type everything verbatim and leave it to the board to decipher their friendly arguments!

One of the most fulfilling parts of AHSPO was putting together the annual conferences. It was great to organise such a big event which brought people together in a fun and educational environment. I must say after two decades, I still thoroughly enjoy connecting with like-minded people.

RM: What was the Association like in the early days?

JB: The Association has always had a great sense of humour. It shines best at the conference every year, I always enjoy them. There is one which stands out in my memory though. The theme was 'We're Not Gangsters' and we all dressed up as 1930's Flappers and Gangsters. We sipped champagne and danced together on a balmy evening as we cruised down the Murray River on a steam boat. It was a night to remember.

The Association has grown over the years, when I joined there were less than 100 people if I remember rightly, and now there are over 350 members. I hope the Association continues to grow and prosper.

RM: Who are some of the big personalities you've met at AHSPO?

JB: My goodness, compared to me everyone is big! I've met so many great people through the Association, but there are a few people who I've become very fond of – Aldo Santo, Russell King, Peter Lack, Sue McCallum, Ron Hiller, Barbara Storm to name a few. Plus Ron Berry who I used to rock n' roll with at the annual conferences and there are so many others that I could fill the whole page. And I must make a special mention to my very much loved and missed friends Steven Melnyk and Rosemary Calway.

RM: How much has procurement changed?

JB: Procurement and supply has come so far since I began my career. Everything now is so streamlined, which means things can be done so much faster. If I think back to my early days, where I managed supply for Dandenong Hospital, everything was labour intensive – even carrying the ledger! By the time I'd moved to Monash where we eventually managed procurement for multiple hospitals, the improvements in process and addition of computers made things a lot easier.

Now, there's so much movement through the whole supply chain. Over time we became much more capable of moving stock between different sites. I remember ordering pallet loads of stock, to the point where the loading docks would be chock a-block all of the time. But, we were organised and stock disappeared quickly after it arrived. The way the entire process is streamlined these days makes all this possible.

I used to love the challenge of managing it all. I really did love the work I did.

RM: If you were inviting someone to join the Association. What would you say to them?

JB: I would say join the Association - the cost is minimal but you'll get so much in return. You'll be connected to both suppliers and buyers, so you'll always have access to smart people for advice. The conference is great every year and for me it's sense of being a tight knit AHSPO family which makes it great to be a part of. Not just join the Association but join the committee. I joined the committee in 2004 and stayed until 2014. You will find it very rewarding.

RM: Thanks for your time Judy, it's been a pleasure.

"One of the most fulfilling parts of AHSPO was putting together the annual conferences. It was great to organise such a big event which brought people together in a fun and educational environment. I must say after two decades, I still thoroughly enjoy connecting with likeminded people."



2020 Retrospective

AFJER THE STORM

The healthcare industry has ridden many waves in 2020, both statistically and metaphorically. Frontline workers have met the challenge of caring for our vulnerable, while facilities and support staff have rapidly changed the way they operate. Behind all of this, procurement and supply functions across the industry have kept the ship on course despite facing significant challenges. We take a look at some of the biggest factors which shaped healthcare procurement in 2020.

PPE Supply Issues Trigger a Shift to Local Production

This statement says it all really: in February 2020 there was one local manufacturer of facemasks in Australia – Med-Con. Until the pandemic, their 14 staff produced around two million masks annually. By the end of 2020 they will have produced 59 million masks and grown to a team of 98 people.

Traditionally, demand for PPE was covered by imported products and supplemented by local suppliers such as Med-Con. However, the emergence of COVID-19 quickly revealed cracks in Australia's supply chain, and in particular, our national stockpile of critical medical equipment and vaccines. More on that later though.

The good news is the cracks were quickly repaired (whether by paper or cement, time will tell) thanks to the ingenuity of thousands of local businesses. Small businesses in particular stepped in to fill the gaps in supply. Across the country, retooling was the order of the day - distilleries and breweries began producing hand sanitizer en mass, in many cases turning a simple hygiene product into a statement of style and substance. By April, local production was in full swing, as evidenced by Four Pillars Distillery from Victoria announcing a plan to produce 20,000 litres of sanitizer, no doubt that number has been surpassed. All-natural, scented, recycled packaging, no matter the format, boutique distilleries stepped up in 2020.

But it wasn't just the alcohol industry stepping up. As consumer demand for clothing diminished during long weeks and months spent at home, fashion houses and retailers pivoted to producing PPE to not only the public but healthcare providers. In the space of a few months, facemasks went from being optional to a musthave fashion accessory.

This shift is symbolic of 2020. Med-Con had been quietly producing critical medical-grade equipment for close to 40 years. All it took was a pandemic and extreme need to explode their production capability and for small businesses across the country to come along the journey. RETOOLING WAS THE ORDER OF THE DAY - DISTILLERIES AND BREWERIES BEGAN PRODUCING HAND SANITIZER EN MASS, IN MANY CASES TURNING A SIMPLE HYGIENE PRODUCT INTO A STATEMENT OF STYLE AND SUBSTANCE.



Looking Closely at The National Medical Stockpile

Over the past 15 years, around \$900 million has been invested in Australia's National Medical Stockpile, our store of vital medicine, equipment, vaccines and specialist drugs for times of supply chain disruption. In May of this year, the Federal Government committed a further \$1.1 billion to support the stockpile through the pandemic. A growth of 18 times the yearly investment over the past decade and a half.

In what was surely one of the most under the radar programs run by the government, the level of rapid investment showed just how critical it has become, and how critically under-supported it has been to date.

Compounding this concern, a survey released in August 2020 by the Royal Australian College of Physicians (RACP) found that during the pandemic, 20% of respondents in Public Hospitals had to source their own PPE. RACP President and Respiratory Physician Professor John Wilson expressed concern that 1 in 5 physicians have limited access to PPE, and called on the Federal Government to provide transparency "At a bare minimum, the government must start providing transparent updates on the status of the national stockpile. If there is a real shortage, priority must be given to those in higherrisk areas where COVID and suspected-COVID patients are treated."

The supply shortage comes into sharp focus when we consider that of the 3,573 COVID-19 health care worker cases in Victoria, 72.9% were acquired at work. While it's unfair to blame this entirely on a lack of access to PPE, there were clearly multiple issues and challenges in managing a second wave, it does shine a light on the importance of having robust supply chain systems in place before things go bad.

DURING THE PANDEMIC, 20% OF RESPONDENTS IN PUBLIC HOSPITALS HAD TO SOURCE THEIR OWN PPF



15

Building our Manufacturing Capacity

In addition to looking closely at how prepared we were, the pandemic has also given us reason to assess our local manufacturing capacity. The retooling of breweries, distilleries and fashion houses to produce sanitary products and PPE solved a short-term problem, but what happens when the pandemic ends and these businesses revert to business as usual?

As a nation, according to data from the Department of Foreign Affairs and Trade (DFAT) and MTP Connect, Australia imports \$16.6 billion of medical supplies annually, while adding just \$4.9 billion of value to the global supply chain ourselves. This over reliance on other nations should be concerning in futureproofing our health care supply chain.

Digging a little deeper reveals that according to DFAT, in 2018-19, medical supplies were delivered to Australia from over 100 countries. The USA and Europe accounted for almost 70% of that total alone. So, while Australia's response to the pandemic has been decisive and at this stage, successful, we are at the mercy of global supply chain forces more than we should be comfortable with.

While we remain leaders in medical research, and are indeed making progress on a vaccine candidate through the University of Queensland, the real question is will we even be able to produce enough? Fortunately recent announcements from medical giant CSL suggest there is a ramping up of local manufacturing capability. They've begun producing the first of 30 million does of the Oxford AstraZeneca candidate out of their Victorian lab.

The signs continue to be positive with Melbourne set to become home to a new vaccine manufacturing plant courtesy of a \$1.8 billion partnership between the Federal Government and Seqirus which will make it the largest production facility in the southern hemisphere. The boost in small business production combined with significant investment at a Government and Corporate level has improved our ability to self sustain medical requirements, yet there is still a long way to go. AUSTRALIA IMPORTS \$16.6 BILLION OF MEDICAL SUPPLIES ANNUALLY, WHILE ADDING JUST \$4.9 \$1,LION OF VALUE TO THE GLOBAL SUPPLY CHAIN OURSELVES. THIS IMBALANCE MEANS OUR HEALTHCARE SYSTEM IS OVERLY RELIANT ON OTHER NATIONS.



After the Storm

We've barely scratched the surface of how 2020 has impacted the healthcare industry and the lessons we've learned. Change is constant and no doubt as the nation shifts to the new COVID-normal we'll have time to reflect. But, some lessons are immediately clear: Australians remain as innovative as ever. Love it or loathe it, the State and Federal governments have made swift and decisive decisions during the pandemic to address a range of supply chain issues and the future's looking brighter for local manufacturing capabilities.

There's a long way to go in this pandemic, yet like our neighbours across the ditch our healthcare systems and people - from frontline workers, to support staff and all the way to procurement and supply professionals, are proving world leaders on many fronts.



Don't waste money trying to save money!

For many health care organisations, finding the right business improvement consultancy can be both high stakes and fraught with risk. There are so many factors to consider it can be challenging to understand what to look for and what to prioritise.

WORDS BY DEBRA BIRZNIEKS AND PEDRO HENRIQUEZ, MANAGING DIRECTOR, SYNERGY BUSINESS GROUP

And, for every honest and genuine consultancy, there are plenty selling snake oil and miracle tonics. In my two decades in the industry, I've seen the good, the bad and the ugly of consulting so this short list will give you some key considerations to guide you through the murky world of finding and assessing a consultancy.

How Do You Pick Your Consultancy?

First and foremost, I always recommend clients and colleagues only engage with an organisation that has a proven track record in the specific sector in which they work. This enables the prospective buyer to have a good idea where cost will be saved or performance improved from previous successful projects. I also encourage trying to identify the level of operating cost savings generated by other organisations in a similar field. Doing the research early should save you both time and money. Don't be afraid to give prospective consultants a good grilling – ask for references, quiz them on who they've worked with before. What were the results and do they have any references?

Who Do You Engage With?

This is a big watchout. When trying to reel a client in, most consultancies will send the A Team to win your business. The A Team knows what you need, how to deliver it and they've of course done it for other clients just like you. Great! Contracts are signed and you're looking forward to getting started.

Except, once things kick off it's the B Team you're dealing with. The A Team is nowhere to be seen. So you end up paying premium rates for lesser consultants, which is great for the bottom line of the consultancy. But not great value for your organisation.

So, my tip: find a consultant where you know you'll work with the A Team, not just be wowed by them. Make sure there's absolute clarity in who will deliver the project in whatever contract you sign.

Who Will Give You the Best Return on Investment?

Consultancies charge in different ways. Some charge standard project fees, while others will charge based on KPIs, or the amount they are able to save for your organisation. This is where it can get a little murky, so my advice is to agree clear and measurable KPIs before contracts are signed and work commenced. Understand how they intend to achieve KPIs as once you're knee deep in work it's not the time for surprises. The best consultancies will support you beyond delivering the project report and into implementation to help you fully realise the productivity benefits or savings to your bottom line.

How Much Do Their Services Cost?

When it comes to those savings promised by a consultancy, and thus how much they may charge, in our experience 10% of the total business savings is a competitive rate to expect. But be aware there are consultancies who charge 20-30% of your savings. This is a critical decision point when assessing a potential consultant - be really clear on what your objectives are to assess if the amount of fees you'll pay are really worth it.

What Happens after the Project Is Complete?

There are consultancies who love you and leave you, and there are consultancies who nurture business success beyond the traditional ending of a project. This is a really important distinction because there are consultancies who deliver a project then move onto the next thing quickly. Which is fine, but is it what you really want?

Look closely at the consultancies implementation plan and even post-project support. The best consultancies will support you beyond delivering the project report and into implementation to help you fully realise the productivity benefits or savings to your bottom line.

What Happens If They Don't Save You Any Money?

Lastly, another item to look out when finding a consultancy partner is to have clear agreements on what happens if the project doesn't deliver improvements or save your organisation money. Remember, the whole point of engaging with an expert consultant is to drive productivity improvements and/or save your organisation money, so having watertight agreements on measuring success or otherwise is essential.

If you have further questions regarding cost saving consultancy please call Pedro Henriquez on 0450 840 559 alternatively email: reception@synergybusinessgroup.com.au for more information and we will be happy to advise you. **synergybusinessgroup.com.au**

Social Pages

AHSPO TIMEWARP!

It's been a rocky year, and with postponement of the 2020 Conference, we are looking back even further that usual. It's vintage AHSPO! We hope these happy snaps bring back some fond memories!

































Access emerging Asia-Pacific markets

WITH ADB VENTURES

Asian Development Bank Ventures (ADB Ventures) together with AusTrade and AusIndustry Entrepreneurs Programme together are proud to introduce a new initiative aimed at helping Australian businesses break into the Asian market.

WORDS BY RICKY MUTSAERS

Through venture capital investments and technical assistance, ADB Ventures will help businesses with highly scalable, technology-driven solutions expand into emerging markets across Asia and the Pacific.

The initiative comprises ADB Ventures' very own online venture investment platform and a range of accelerator programs. The platform aims to deploy venture capital investments to support early stage technology businesses that can have an impact on Sustainable Development Goals in developing Asia and the pacific. Accelerators will enable businesses to pair up with commercial partners to bring opportunities to life.

Small to Medium Enterprises across HealthTech and other industries will be supported.

Kicking things off, Brett Henderson from the Entrepreneurs Programme hosted a free webinar in early December to introduce local businesses to the ADB Ventures initiative. The session introduced ADB Ventures Seed & Labs, a platform that helps Australian entrepreneurs find beachhead markets in Asia Pacific by matching them with regional corporates for pilot projects. Australian entrepreneurs that already have commercial traction in Asia Pacific emerging markets also learned how ADB Ventures can help them scale up through investment and ADB's extensive operations and networks.

There will be 15 competitive and exclusive pitching opportunities to ADB Ventures taking place in February / March 2021. If you'd like to find out how your organisation can get involved please contact Brett Henderson.

Brett Henderson

Growth Facilitator - Entrepreneurs' Programme M 0400 203 245 E brett.henderson@ep.industry.gov.au

More information: https://www.adb.org/news/ features/adb-ventures-bottom-line-helpdeveloping-asia-meet-sdgs

For health in particular, the initiative aims to solve three key problem statements:



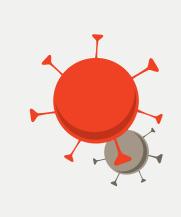
Remote and Last Mile Healthcare

Situation

Less than half of developing countries in Asia provide universal health coverage, which is particularly challenging in low-income, rural and climate vulnerable areas. This is amplified by a shift to a 'new normal' and the need for more low-touch healthcare solutions.

Problem

Lack of access to health services in rural and underserved areas, lack of affordable and user-centric digital tech, lack of specialist care.



Epidemics and Infectious Diseases

Situation

Climate-related impacts will lead to growing public health challenges, for example: pandemics, flood/water borne diseases and airborne diseases. Lower-income populations in Asia are particularly vulnerable. An airborne outbreak can cost the region up to \$1.2 Trillion.

Problem

Lack of real-time and reliable data to detect, monitor and respond. A lack of low-cost and accessible treatments.



Resilient Healthcare and supplies

Situation

A need for resilient and effective health supply chains and distributed healthcare that can respond to shocks like disease outbreaks, climate-led disasters as well as slow burning healthcare challenges. For example, surveys show that in Asia less than half of hospitals have oxygen readily available.

Problem

Lack of supply chain data and the fragmentation of existing systems, limited local manufacturing, limited standardisation.



TISK IN PROCUREMENT 3 2 N D A N N U A L

CONFERENCE

MANTRA, LORNE | 11 - 13 AUGUST, 2021

WE ARE BACK IN 2021

We're excited to return in 2021 for our long awaited Conference!

For those already registered for the 2020 Conference, your registration and accommodation will automatically transfer across to the 2021 Conference unless you contact Michelle Killick and advise otherwise.

As always we thank you for your continued support, and we look forward to seeing you at the 2021 Conference.





ΚΕΥΝΟΤΕ

KEVIN Sheedy Ao

A four-time AFL premiership coach and Australian Football Hall of Fame member, Kevin Sheedy is an icon who transcends sport. While no one is bigger than the game, he is as big as it gets and a master storyteller to boot. As a player and coach over five decades his record is unsurpassed and the ANZAC day games and Dreamtime at the G are both outcomes of his passion and commitment to the game and our culture. Kevin is challenging, opinionated and always interesting and few speakers are able to motivate like he can.



ΚΕΥΝΟΤΕ

DR. SALLY COCKBURN

Dr Sally Cockburn is a GP and health advocate – with a twist. While she practices part-time in suburban Melbourne, she is also known around Australia as "Dr Feelgood", a high profile media presenter who champions sensitive issues and demystifies medicine"

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Secret Wine Business



Welcome to the latest edition of Secret Wine Business! In this edition I'm reviewing a new wine from one of my favourite wine making regions, McLaren Vale in South Australia.

WORDS BY PETER LACK

The Wine maker is Beresford Wines, which is a fairly recent vineyard, having only been established in 1985 in the heart of McLaren Vale. They are a familyowned and passionately South Australian company who apply their extraordinary knowledge and expertise to handcraft wines of celebrated distinction, championing the individuality and diversity of the McLaren Vale region.

Beresford Estate is a 70-acre working vineyard producing award-winning wines, of which based on this one that I am reviewing today, I will be looking at trying many more of their range!

This edition's feature wine won't be a surprise to the regular readers of Secret Wine Business. It's their Classic Shiraz 2017, and can I say it compares well with my normal go to McLaren Vale Shiraz in the same price range. According to the winemakers tasting notes:

PALATE

A rich full palate, with fleshy mulberry fruits. Subtle use of oak further adds complexity with good flavour and balance with some fine, powdery tannins evident. A well-balanced wine with great depth, length and structure.

BOUQUET

Lifted spicy cloves, hint of musky confectionery with vanilla bean spice and faint zaatar (middle-eastern spice mix) notes. Fig seed with spicy ripe red plum. Complex dark fruit conserve aromas of mulberry & blackberry.

THE WINEMAKING

The Grapes are picked on both colour and flavour development, then gently crushed and fermented for 7-10 days at around 20 degrees. Small open top fermenters are used with hand pumping over and rack and return to ensure optimum extraction of tannins and colour. Following fermentation, the wine is softly pressed into French and American oak where it undergoes natural malolactic fermentation. Following maturation, the wine is blended and prepared for bottling.

My comments are that this was very drinkable with all the characteristics that you want from a McLaren Vale Red; rich deep colour and nice spice, blended with the dark fruits. You're getting what you expect from this wine. To me it was still a little young when compared with a 2017 Mr. Riggs 'The Gaffer' Shiraz, so, I'll be keeping the other ones I bought, for a later date!

ACCOMPANY

We had the wine with homemade slow braised beef, shallot and vegetable pie, and it was very well suited to cut through the robust flavours of this dish.

AVAILABILITY

We bought ours from First Choice Liquor, but it is also available at Dan Murphy's, most other good grog shops and online. Price does vary from \$18.90 to \$22.99, so shop around to get a good deal.

As I am always saying the only thing better than drinking the wines, is talking to someone about them, so please get in touch, I love hearing from you all.

"GOOD QUAFFING"

PETER LACK

Life Member & ILG Advisor





A message from the Executive Committee

Seasons Greetings!

On behalf of the AHSPO Executive Committee, I would like to wish you a Merry Christmas and a Happy New Year.

Our sincere thanks for the support you have given the Association throughout 2020, and we look forward to 2021 and our continuing partnership.

ALDO SANTC PRESIDENT





3PL SOLUTIONS

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