Thank you, thank you very much for that, Gordon [de Brouwer]. As you can tell, I've done a few things, but I want to actually talk a little bit about that. Firstly, can I also acknowledge the traditional custodians of the land on which we meet today, and pay my respects to elders past and present. Can I also acknowledge any Aboriginal Torres Strait Islander people with us today. And again, we do this obviously as a mark of respect, but also recognition, and I think it reminds us of our past, our histories, and reminds us of the diversity of our community. And I suppose that's where I really want to take today's talk.

I want to start with health, and I want to talk about reform, but what I want to do then is take a little bit of a wander through my journey over the last while to try and give you some anecdotes and some little things that have happened to me that have probably made me what I am today, that then really brings it all back to what I see as one of the most critical things in the APS today, and that is leadership within the public service more broadly, but leadership within our organisations, and I'm not talking about secretaries. I'm talking about organisational leadership at all levels.

So I want to take a bit of a journey around that, and I believe embracing and respecting diversity and what I will call, quite often, ‘difference’ within our organisations. I see that as one of the most vital things for the public service going forward. I think what we need to do over the next little while, as a group of secretaries to start with, is to really start to lift ourselves up and out around this notion of difference and diversity in the public service, if we are truly going to make a difference.

So let me just start with health. I took up this job in October 2014, and I want to have a bit of a wander through what I think are some of the future issues that we're grappling with, and then take you through, as I said before, some of the experiences that I've had that have led me to the approach that I've taken in Health. So where are we today?
The health system is probably one of the most complex policy spaces in government. It goes all over the place, and I'll touch on some of those in a minute. We sometimes talk about the health system. The reality is, it's probably not one system – it's many systems. A lot of interdependencies though, and we sometimes forget, if we poke one part of it, it pops out somewhere else. There is a constant divide between primary care, acute care, mental health, public, private, state and Commonwealth. We've got this very, very complex landscape that doesn't lend itself easily, I believe, to having one system.

If we think about health in a different way, health is roughly ten per cent of the economy. It spends 9.8 per cent of GDP. It's about 13 per cent, or a bit over 13 per cent of the workforce in this country, and my department spends about 20 per cent of the Commonwealth budget. So that is a reasonably large bucket of money. Our expenditure on health and aged care this year will be roughly $90 billion. So it's pretty challenging, when you are faced with all of those sorts of issues and you really do need to think about, 'how do we deal with sustainability of health in this country?' We are in caretaker at the moment, so clearly I'm not going to go into some of those more controversial issues.

However, we have a system that has to confront sustainability at some stage. I think we have many, many challenges out there with this system. We have chronic and complex disease rising at rapid rates, where we see 20 per cent of the population have two or more chronic diseases – some as many as 15, and these people are really high cost patients to the system. We also have an ageing population, and most people think that's probably the biggest cost driver in our system – well in fact it's not. Technology growth is what is the biggest driver of cost in the system at the moment. And the last real driver, and I think which sort of encapsulates a lot of things, has been consumer expectations. We all want more. We all want to actually have someone help us to be healthy. We all want to be healthy. We all want to have that mutual responsibility gene in us, occasionally, we just think it should happen to us.

So it's a recipe for unsustainability if we don't get some of this agenda right. I look at the department today, and I think, we're in a reasonably good shape. But we've had to do a lot of work. We've had to actually shift our thinking from being quite tactical and programmatic to what I call strategic and policy driven. Because if we don't create what I also call the 'garden bed of ideas', where are they going to come from?

We are the Health Department, and, as some people sometimes point out, 'we don't run any hospitals' and we don't own any hospital beds. That's not true, because we have Mercy Hospital in Tasmania, but I won't go there.

So therefore, what is our job, if it is not being that hotbed of ideas about creating a health system that will benefit the Australian community? So I've run quite hard on this notion of moving from a tactical to a strategic policy space, because otherwise, you know, everyone's got an idea on health. A lot of them are good, a lot of them are not so good. A lot of them are crazy. So somebody, or some organisation, and I believe it is my department, needs to be able to step up and do that.

I also wanted an organisation that is empowered to make decisions, empowered to think differently, to challenge the norms that are out there, and to start to really understand there are many health systems with interdependencies that we need to
start to create that single, united if you like, health system. So when we make decisions in the primary care space, we understand the impact on the hospitals. When we make a decision in the public sector, we understand the impact in the private sector, and so on and so forth.

I've spent a lot of time dealing with the states and territories, and that's never easy. The good thing is, I've worked within the states. I've worked in Queensland Health and New South Wales Health. They try and tell me a lot of things from time to time, and I said, ‘well that's interesting. It must have changed since I was there.’ The great debate of cost shifting between the state and the Commonwealth, I said, ‘well you're not going to tell me anything, I was a master at that sort of stuff.’

So it is an interesting position that I've found myself in, after spending quite a deal of time fronting hospitals and health services in both Queensland and New South Wales.

So, how do we actually move to that? Well firstly, we actually needed to create the notion that we were thinking about strategic policy and innovation. And that's great to say; how do you do it? What do you need to actually move your whole thinking paradigm into that space? So the way I've gone about it is I had a look at what is the data that we have. And you'll see me come back and touch on some of these things over the course of the talk, but what I wanted to do is to put data analytics, evaluation and research at the centre of our policy thinking. Understand what is actually happening out there. Understand, again, when you poke here, it pops out there. You don't know that unless you understand the data.

So trying to build systems that actually do that is really important. From there, you can develop your strategic framework, where that ‘garden bed’ can be grown. Because I want the ideas to come from something that we actually understand as our health system. Not things that come from my next door neighbour, because they really don’t have a clue. That's what we've really got to drive. If we look at health, and we look at the Medical Benefits Schedule, the Pharmaceutical Benefits, the private health insurance, the public hospitals, the aged care; they're all growing. History has said it grows at probably more than twice the [growth in] GDP. We are a pretty good country in that context though. We're about middle of the pack in the OECD group of countries.

But what we also see in some of these spaces over time, particularly in the public hospital space, we've actually seen constant improvement in the efficiency and effectiveness and appropriateness of public hospital services in this country. The introduction of activity-based funding and national efficient price a couple of years ago has actually seen quite significant improvement, to the point where we're seeing growth rates lower than at any time in history. So there is good news out there. It can be done. We need to take those ideas though, and then move on to the next bit and the next bit and the next bit.

Chronic disease is an opportunity for us, and if you look at the reform packages that we have out there and I’m not going to go into any detail here, because obviously we are in an election mode and everyone’s going to have a view, but from a departmental perspective, what we've been trying to do is to look at those critical
parts of the system and then think about – how do we actually interact, or those pieces, interact with each other.

There is a whole lot of activity around our Medical Benefits Schedule, and the appropriateness of activity going on there. It's going pretty well. We need to understand what is appropriate and what is not appropriate.

Our primary healthcare advisory group started off very low key. We created this whole notion now of a healthcare home where we actually want to look at chronic and complex patients, and we're going to trial a whole lot of activities in this space. We want to look at the funding mechanisms. Mostly our primary care space in health is all funded through transactional arrangements, and that's probably not sustainable in the long term. So what is something that we can actually do in that space?

Private health insurance – one of the great cost increasing things that we have to deal with. A lot of issues in that space. We need to actually start to think about what's happening there. We've introduced something called a Primary Health Network, which fundamentally reshapes the delivery mechanisms for a whole lot of things in the health system. Aged care – where we've got consumer driven work happening on all fronts. The funding instruments need to be looked at there. There's a range of issues in that space. Mental health, we're actually going to use our Primary Health Networks to look at different delivery models that are focussed on local delivery so we understand the burden of disease for populations. Because North Queensland is not the same as Canberra, is not the same as Sydney, is not the same as Perth. Let's start to think about what are the particular health issues that are in that space. And of course the deal we did with COAG earlier in the year really did actually move the agenda forward in that public hospital arrangement, where we're thinking about different ways of actually looking at the demand within the system.

So that's sort of where we are with health. Now I want to sort of divert a little bit from that now, because it's been quite an interesting journey. But what has driven me to this point, I think, is something I want to really touch on. I want to land on some of the lessons that I have learned in my life, that I think are important to the public service, and it's not because it's me. It's because I actually think we as leaders in the health system need to do this step up and out stuff, where we actually start to talk more broadly about what is of value, and what value we can actually bring to the public service more broadly.

So Gordon mentioned my career as he introduced me. I have quite a different background, and I've worked in quite a number of spaces and you know, just quickly, I was born in Rockhampton. Scary thing. I was driving in this morning and I was talking to Rockhampton on the radio, on ABC radio, and I thought this is a bit scary, but talking about the uni up there and the different issues that go on in a small country town in central Queensland. I started work in Queensland Railway and I thought that was my career forever and a day because that's what people did. I worked between Brisbane and Rocky for about 14 years. Everyone thought I had my career mapped out, I was doing all these wonderful things, but at the end of the day I had this… I don't know… itchy feeling and I thought 'I need to do something different', so I did. I eventually moved into Queensland Health and it was a lateral move. Everyone criticised me and said, 'why did you do that? You were on this
trajectory, you’re doing wonderful things in the railway, why would you want to do that?’ Because I wasn’t enjoying it anymore, was the simple answer, and I think there’s a message there; if you’re not enjoying things, why keep doing them? Because you’re not going to do it well, in my view.

So there’s a whole lot of those things that have happened across my lifetime, but the journey touches on a range of anecdotes now. Different things that have happened to me in different places that have probably really informed me in my whole thinking, and I quite often say to people, ‘I am my life’s experience and my life has been different to yours – no less important or more important – just different. And it gets back to my difference comment. The fact that, you know, I do a few things well, I do a few things less well, and I’m not going to talk about the rest. But I am not the fount of all knowledge. Never ever thought I was. I think collectively in this room we’ve got the brainpower to do anything we want. We just have to be able to harness it and drive the agenda. And that’s the whole philosophy that I’ve sort of developed I think, over many, many years in different places that I try and bring to the workplace.

Let me just start with my first anecdote. My first CEO gig was in an area health service in New South Wales. It was actually one of those tap on the shoulder jobs that you hear about. ‘We want you to go in here and we want you to look at a couple of problems we’ve got.’ The budget, the media, the structure the services, the people.

Not much wrong with it all. You go in and you immerse yourself in what’s actually happening. Some really interesting things. They told me how bad the budget was. Well it was probably about twice as bad as what they thought. What do you do about it? How do you come up with a plan of attack? What was the problem? How are we dealing with it?

The reality is we weren't dealing with it. The reality is we were probably doing some really stupid things. So how do we deal with that? Media – great stuff. I'll come back to the media, because that was one of the most fascinating things in that experience. Structure – hadn’t worked, hadn’t changed in years. Wasn’t really actually focused on the clinical service delivery that was actually required. How do you deal with that? People, I was told everyone’s useless, get a new crew. This is what I’ve been told. So the message is, don’t necessarily listen to everything you’re told, and I’ll come back to why. Because things are not always as they seem on the surface.

So for the people side of things, I actually do a lot of work with that group of executive who were there. I did move some people. Some people did leave the organisation, and some people were saying, ‘well I'm not… I don't think I'm up to that,’ and I said ‘well I think you are, and I want you to think about that.’ One case, I left a job open for three months while I did my job and that job. It was a critical job for me, it was clinical operations in a hospital context. Critical for me. But I thought this bloke would be perfect. He didn't think so.

It took him three months. When he came around and he said to me, ‘alright I've been watching how you operate, I'm prepared to give it a try.’ First lesson was: he was supposed to be useless. That person replaced me as the CEO when I left. Investing in people, understand what their skills are, understand where they're best placed, and anything can happen. He replaced me, he was there for the next four or five years. So things can happen and can change. The media – and this is not a negative
media story, and in fact most of my media stories are always positive so any of you here in the audience today, take that note. But first weekend – it was a small country town. First weekend, walking down the street, everyone was saying hello, and I thought, ‘Gee – this is a friendly place. I love friendly places.’ Walk into the newsagents, everyone said hello, bloke behind the counter said hello. And I thought, ‘oh yeah, again, friendly place.’ And then I just happened to look to the side; and you know how in the old days - you probably don't see them much these days - you used to have these big banner pages, and it was a picture of me. Everyone knew who I was. But the caption took it all: The Job Nobody Wanted.

And I thought ‘oh my God, what do I do, what do I do now?’ And I suppose the takeaway was: they cared about their health services. They cared about what was going on in that community. And I just happened to be the face at that particular point in time, to the point where I'd just arrived and all of a sudden there was this front page story. And it has sort of stayed with me, and I've remembered it again since I've been back in health in the Commonwealth context, because I remember the impact that had on me. I remember the impacts of a whole lot of patient, a whole lot of family, a whole lot of health practitioner issues, that you actually deal with at a coal face level, that you don't necessarily get to deal with in this rarefied atmosphere of Canberra. But the policy decisions we make have got a direct impact on people everywhere. And it's something I've never forgotten.

Moving on. 2006. So in a couple of weeks' time I'll celebrate the end of my tenth year in Canberra. I came in as a Deputy Secretary in Defence. If you think that was easy… Very, very different to the states. In some cases, very, very different to the rest of the Commonwealth. It is a large complex beast. Sometimes said to be tribal. And again, I don't say that in a negative sense. But culturally, different parts of Defence are different. You've got to actually think differently when you're actually dealing with different parts. And, quite frankly, it's not as simple as saying army, air force, navy, is army, air force, navy civilians. It's special forces, it's commandos, it's SAS, it's…and it keeps going. There are many, many facets. Unless you understand that, you really are missing half the picture.

So I think Defence was when I first started really thinking about the notion of stewardship, and what does that actually mean? Because a lot of the time, and I've seen this in many organisations, everyone goes to, ‘I own this piece’. And I was trying to say, ‘you don't. None of us do.’ But we are stewards for our time, in a particular space. So, most of the organisations that I've worked in since have heard me rattle on quite often about ‘we are stewards of our system, we're not owners of it. We are here from a point in time perspective. How do we actually think about our organisations from that perspective?’ Because if you think about stewardship versus ownership, it's a different model. You're forced to actually go down different pathways.

February 2010. Gordon's introduction said I worked as a Deputy Secretary in the Department of Climate Change and Energy Efficiency. The real reason is, I was rung up one day to go and do the rectification work around the home insulation program. That was a fascinating point in history, for a whole range of reasons. And I used to say to the staff there at that time, ‘look, yes it's difficult, whole lot of things are going on.’ We were confronted with a whole lot of hysteria to be honest. But at the core of it was four young people died and there were house fires and so on and so forth. But
what I used to say to staff, 'this will be the best professional development you will ever get.' They didn't believe me at the time because they were in pain. The first seven or eight weeks of that was quite amazing, we were engrossed in trying to think about, how do we actually get the system out of where it is and we come up with a rectification program? But the reality was we were facing a couple of critical issues. Facilitation was the focus. We forgot about governance, we forgot about compliance. They were there, but we just probably didn't go where we needed to go. Data, and performance metrics. We didn't understand we were in trouble until we were well and truly in trouble. You have to get better at those sorts of things. It's really, again, quite a critical point in time.

One of the things I did notice about data there, and I have seen it in a couple of other places I've been - is you can ask ‘what is the data around X?’ and you'll get three, four, five versions of the truth. So a key message for all of these things is ‘what is the single version of truth?’ And if you can't find it early, work on it, because it will become quite critical for you. So the lesson for me was really around that whole notion of data, metrics, governance, make sure you get your compliance activities ready. As boring as some of these things sound, they are quite fundamental to your success. No matter what you do. And I have to say, that has lived with me ever since, quite strongly.

One of the other things I think I really did learn there was the notion of courage. And it's courage around your decision making. It's courage around how you deal with a whole range of complex issues where everybody has a view. I remember one meeting where 25 people in the room had about 35 views, and I was then asked to sort of go away and find a solution. Pretty hard. Courage to actually call it. Courage to deal with it. And I'll come back to that a little bit later.

So December 2011, moving into ‘12, I moved into Immigration. Another easy job. I suppose at that time in history - so if you think back to late '11, early '12 - that time in history, that set of political, logistical, and humanitarian challenges, the challenges were quite significant. Things were starting to move. And we had to actually start to think differently, because we were quite traditional. We were a very relationship and rules based organisation, because that's the nature of assessment in a lot of the immigration space. Now immigration is always probably characterised as boat arrivals. Immigration is about social, economic, national security, and foreign policy. It covers all of it. We focus on one bit of it, particularly in the public arena, but it is quite a significant portfolio in a policy sense. It is probably the only portfolio that actually goes across all of those policy domains. So you've got to think quite laterally when you're dealing with these issues.

So what I saw was an organisation that was exceptional at responding to the crisis, the need that was there right in front of them. What it wasn't so good at is actually changing the thinking because of that rules-type environment. So again, trying to create an environment where people thought they were allowed to think differently, and I could use a million examples at immigration but I want to steer clear from some of those for the moment, but I think the key - some of the key things - there were, how do we create a permission culture? A culture where people thought they had the permission to try something different. How do we come up with solutions? Boat arrivals, boat decreases - changes. That landscape changed dramatically over a three-year period that I was there. Dramatically. But we had to try different things,
and we did. We made mistakes, as you do. But we learned from those mistakes. We hardened our resolve about doing what we had to do. To say it doesn't challenge you, your whole mindset, would be a mistruth. Because it does. But you are a public servant delivering in a very contested policy space. You need to truly understand, that's the environment you're in.

If you're not comfortable in that environment, don't do it. That would be another lesson. Don't do it, because you are charged with making things right for a group of people that have some pretty sad circumstances. What I found happened there is that ability to move and change their thinking energised people. I remember one particular thing that we did really fundamentally changed the way we looked at a particular operation. It finished on a Saturday. On Sunday afternoon I started to receive emails from the people who'd been dealing with this to say, 'we can do this again. We can shift our thinking on a range of issues. We can come up with solutions.' So people were enthused, they wanted to actually say 'well let's actually tweak here, tweak there, move on and we can actually do that.' And it worked. And I think at that time things were pretty good. I think I learned a lot about myself during that time. I think watching how the team developed strategies and approaches was quite a humbling experience in a lot of ways, because that team went the hundred yards when they needed to go that hundred yards. They did a fantastic job. And these people were dealing with the real impacts on a whole range of people in our society. So you learn a lot about yourself when you're confronted with some of those sorts of things.

So, back to Health. October '14, and again another different world. Twenty months in - I think it's about 20 months now, I think one of the things I'm probably most proud of is that we have a team approach – a team of people who don't get off on one-upping each other, who get off on thinking about the strategic policy implications of what we are actually saying. We've been able to create – and look, it's not perfect, nothing is perfect – but we've been able to create an environment where I think when one responds another is just there behind waiting, and when that happens we move the other way around. I think what's really going on is people have learnt how to lead from the front, and to lead from behind. All good leaders need to work out when you need to be in front and when you need to be just a little bit behind, including me.

Again, going back to my comment, not the fount of all knowledge, I don't want to be leading on the latest clinical practice. There are experts out there who know that, but I want to facilitate an environment that allows them to do that. And I think that's really the skill that I bring to the job – is my ability to build a team, my ability to be able to facilitate an environment that people feel comfortable, the feel supported, they feel they have the permission, and in some cases the courage to do what they need to do.

So I do believe we have that 'garden bed' of ideas that I talked about. I do believe we have quite a collaborative understanding amongst ourselves, and amongst the stakeholders. You don't have to love your stakeholders. You don't have to always agree with your stakeholders. But if you don't listen to them, you miss most of the picture, and I think that's one of the real lessons I have learnt, because you know, in my past, I have been quite narrow in my thinking, no doubt about it. But I've learnt over time that if you actually can suck all that information in and understand it and massage it, and everyone's going to come with their own self-interest. Everyone's got
self-interest. But if you can leave that at the door for five seconds you might be able to actually come up with some pretty interesting ways forward.

So, what have I learnt through that little track through history; not only about organisations but about myself. And how working across so many contested policy spaces which has been my history over the last probably ten years at least. So what have I learnt? For me, team. Team is fundamental. If you can build the skills, if you can develop people, and you can trust people, they'll go to the ends of the earth for you, and they'll back you when things are tight, and as you would appreciate I've been in some pretty tight spots, and I'm in a few right now, but people will support you. Trust becomes quite critical.

I mentioned develop people. You develop people not to keep them forever. Develop people and have the courage to let them go if they want to. People come to me quite often and say, you know, I think they're expecting me to say, ‘no, don't go.’ If they want to go, they'll go with my blessing and I'll support them and I'll do whatever I can, because my view is breadth of experience is something that is quite fundamental to our growth. And if you go and you learn more skills, if you're really passionate about health, you'll come back, after you've learnt those skills, and if you don't, you'll contribute to a much better public service or private sector or wherever you end up, and I think that is really a critical issue.

And if I go back to my area health service example about the fellow who followed me as CEO, make sure you make your own decisions about your team. Don't let others make it for you. Don't always think because they're doing that job, that that's the only job they can do, or that's the best job that they can do. People make decisions about career for all sorts of reasons. Sometimes they're logical reasons. Sometimes they need a bit of help to understand that that is illogical. Sometimes they won't like that. But you as a leader owe it to them to probably point that out.

Difference – I talked at the start about difference. I talk quite often in the department about difference. We have a range of strong networks and activities within the department and it goes to Aboriginal and Torres Strait islanders, it goes to our disability network, it'll go to our multicultural groups and it will go to the LGBTI community and network. People have different perspectives, and if you think about what I bring to the job is working across many different spaces over states and territories and in the Commonwealth. Many different industries. I bring a particular strength. People from different parts of the world will bring different experiences. People from different parts of the community will bring different experiences. None better or worse than the other, but again, it's that collective good of difference that I think really does shift the thinking.

Another little one for me is: leaders listen and watch more than they talk, and if you really concentrate on listening and watching to what's going on around you, it is amazing what people will tell you. You know, I talk a bit in the organisation about my lift conversations, because I force conversations in the lift. I'm an introvert. I hate some of this stuff but I've taught myself: if I want to be good at what I do I need to do things. So I talk to people in the lifts, and they will tell me anything and some things I really don't want to know. But they do. And it was interesting recently catching up with the grads – I love talking to the grads. I catch up with some of the grads – and
this was probably last year, so if any of my current grads are in the room, it was last year's crew, but…

There was a function at Parliament House and one of them came up to me and says, ‘oh, we’ve been learning how to talk to Martin in the lift, can I do it in Parliament House?’ And I thought, ‘oh there you go, something’s working.’ It’s really an interesting dynamic when you talk to people and you listen to their stories, how it actually shapes. From that we created something that we call in health, our Behaviours in Action. It literally started like that. Just conversations. We then moved to, you know, I want to actually understand a little bit more about behaviour in the workplace and then we had a whole lot of people who just went off and started stuff and they come back to me with behaviours in action. It’s worked a treat. Absolutely brilliant, in my view.

So around some of those things, don't presume others don't have good ideas. We sometimes think we're the smartest people. Others have good ideas. And they could be your stakeholders, they could be your staff, they could be your next door neighbour, but just don't presume immediately.

Another one for me is embrace that permission culture, one where people are prepared to try different things, where we can make mistakes. Remember things do go wrong. They go wrong every single day. We don't want to shift blame.

Now I'll use a personal example from Health. In the '15-'16 Budget, we do a Budget lock up, where we have 400 of our closest friends come to talk about the Budget. It was a pretty interesting experience, me standing up like this with 400 of my closest friends, who I was telling we were just going to slash budgets all over the place, and we didn't give them any information. Budget lock up, [they] think you’re going to give them something. They got there, and we had made mistakes. We had underestimated a whole range of issues. We forgot what was actually happening, and I got annihilated. I stood up on that stage for about an hour and got absolutely pilloried, smashed. Woke up the next morning to the media which was giving me another touch up. I turn up at Estimates not long after that, and of course, what was the line of questioning? It was, ‘why, how did you bugger that up?’

And you know, and then it started, well, who’s responsible? Because they were trying to blame somebody. I just simply said, ‘I am the Secretary. I make those decisions. It is my responsibility and that's it.’ ‘Oh, but somebody must have done something wrong.’ I said, ‘I am the Secretary. I obviously did a lot wrong, but I will get it right next time.’ Shut everything down. But it is about, don't shift the blame. Don't blame the poor person out there who's feeling like crap, to be honest, because they knew they made a mistake. They knew there were problems.

But I also knew, the fact that - how they were seeing this, they wouldn't do it again. ‘16-'17 Budget: absolutely brilliant. Worked a treat. We had the information. We had stalls where they could actually go and ask their questions. Complete 180 turn-around. Same people, same issue. Don't shift blame.

Back to the home insulation. Balance your facilitation and your governance. We always love a can-do person, that's great. But remember your governance. Remember also to engage with risk in that context. Don't just leave it, engage with it.
Don't be risk averse, don't be risk mad. Manage it, understand it, deal with it, right upfront. Get that balance between that innovation, that risk, that facilitation, that governance. All very, very important. Another one of mine is – it goes back to something I said a little bit earlier – around, don't presume others don't have good ideas as well. It's also: share information and data. For the greater good. Don't hide things, because information is power. We've done some really interesting things in this space, where traditionally we don't give it out. Well I said, we're going to give it out, full stop. And then I get the usual advice that tells me I'm stupid. Then you ask a different question.

‘If I'm going to do this, how am I going to do it properly, so everyone is protected?’ You've got to remember, ask the right questions. I suppose one of the other things that really comes with some of this, is: you need to remain calm, and if you're not calm, those around you won't be calm, and they'll actually be worse most of the time, because if the boss is a little bit frantic, there must be a problem. I find myself, and you know, if I go back to some of the Immigration days, people used to quite often say to me, ‘how can you be so calm? The world is melting down around you, you know, how do you...’ I said, ‘what's it going to achieve? What's going to happen if I get wound up and think the world is dying for me?’ You'll feel that, others will feel that, and we won't get the right answer. So remain calm.

I think, just wrapping up, I mentioned courage earlier, and I want to sort of finish a little bit on courage, and say, you do have to have the courage sometimes in your jobs to pursue ideas. There will be people and processes and things that will actually discourage you in some cases. But have that courage. You know, sometimes you will also have to have the courage to say no. And what I quite often say to people is I can say ‘no’ in more ways and languages than anyone has ever heard without ever saying no. You've just got to understand how you do that. You've got to have the courage though sometimes to say no to powerful people. Or important people. And this really is one of those important messages.

You just have to have courage on so many levels to be, I believe, successful. Gets back to engage with risk. Now you don't want to be the naysayer, and I'm not saying that for one second, but there are things that will come up in your work life where you'll think, ‘holy-dooley, this is a little interesting.’ You need to have the courage to probably say no, but also - probably also come up with the alternative. Otherwise you won't survive long. But there are some moments, and I could probably recount a few times in my life where I've actually made the decision to move. If I go back to when I left Queensland to New South Wales. Probably the reason I did that was I was just jaded, sick to death of a whole lot of things that were happening. I decided ‘hmm, job's come up in New South Wales, that sounds interesting, let's go.’ And I haven't changed since. I've kept doing a whole lot of different things.

So at the end of that, I think what plays really, really well, is you need to be authentic. If you're not authentic, people will see through you very, very quickly. So I might leave it there, and I do hope you have questions, and I don't care where you want to go with your questions. I'm pretty much open to wherever - wherever you want to go, because again, part of authenticity is being honest, even if I don't know the answer, being honest about that, but also giving your views on how things can move. So thank you all.
GORDON DE BROUWER: So we'll open up for questions now. Could you just raise your hand — there's microphones around the room — and introduce yourself.

QUESTION: Hello, my name's Beth, I'm Dep Sec of the CPSU. Thank you for your presentation, I really enjoyed it. I found it very interesting as I'm sure the whole audience did. I was reflecting on your speech, and I was thinking about some of the really positive terminology that you used, you know, and you've been speaking about developing a culture that gives permission, an evidence based approach to policy development, embracing and seeking out diversity, and all these things are really positive and wonderful, and I must say in my experience of Health has been that it has markedly changed under your leadership, for the better, so I can see all of those in lived experience.

But I would be interested to hear from you if you're able, to reflect on how you balance your role as Secretary, given government policy, APSC reforms and a difficult space where your view of how to manage a good team, and a strong team, and a viable team can be really challenged by policy and agendas that don't fit with your own, and I imagine that's a really difficult leadership space.

MARTIN BOWLES: Thanks Beth. Look, you're right, there are a whole lot of challenges that are put in our paths all the time, and not everyone's going to have the same view as me on everything, and that's again, fine. For me it is about respecting all of those issues that are out there. And one of the things, you know, if I go into particularly the people space, which is really where you're going, there are a whole lot of rules out there, and there's a whole lot of guidelines out there. We quite often mix them up, we quite often put our own hoops and hurdles in place that are not necessarily the rules. They're the ones we've created over time.

So if I use the data example, if I go into it a little bit more, we have this notion that everyone said 'you can't give MBS and PBS data out because of privacy reasons, and all these other reasons you can't do things.' Well if I just believed that, we'd be still not giving it out. The reality is, I asked some different questions. If I want to do this, how do I do it? So you get away from black letter thinking, and you get to a point where there are black letter issues, but if you think about it differently, can you actually facilitate a different outcome?

In Health, and in Immigration, and other places for that matter, we have shifted our thinking on a range of those people related things. Because what we did was we embraced the people themselves to generate a lot of the conversations. And look, yes we will come up against some things from an APSC perspective, but they're looking at things from a whole of public service perspective. I'm looking at things from a Health perspective, at this particular point. The issue though is how do we all, as leaders, start to step it up? Because if we start to step it up, and we talk about some of these issues, ultimately we start to understand them better, and we have a chance at getting a better outcome.

So I mean, I'm not again negative about having some of those things in place, in fact we need the checks and balances in our system, otherwise there are things that will happen that are inappropriate out there. So we've got to recognise that, but we can't be constrained by one track thinking on them. There are ways of dealing with most things in this world, you just have to think differently. Sometimes you have to
challenge yourself around some of those things. So you know, there's no one answer to your question, and I suppose for me it is one of the critical leadership elements for us all is, how do we challenge the norms?

Not to buck the system, but how do we challenge the norms to get the best outcome we possibly can for our people and our organisation? And you know, I talked a lot about the team, and I'm not talking about one particular group of people necessarily, it's the whole approach. It's how do we actually make things better for each other to get the outcomes we need?

GORDON DE BROUWER: Any other questions?

QUESTION: Hi, I'm Judy Schneider and I come from a social policy research background. Martin, I understand that you've invested in your data analysis capability, and I was just wondering, has that been going long enough for you to get some returns, and I was wondering if you could talk a bit about that.

MARTIN BOWLES: Thank you. Yes, I have invested quite heavily in whole data analytics, and more and more so now into behavioural insights and behavioural economics technologies. I actually think our world is at a tipping point in a range of ways, and if I look at Health, the amount of data that we have is just phenomenal. We don't use it anywhere near enough, and I have invested in trying to put data analytics, the whole behavioural stuff, the research, the evaluation at the centre of our thinking. So when we look at an issue we look an issue, we look at the data. I mentioned we're doing the Medical Benefits Schedule review work, that's all based on data analytics of what's actually happening out there.

I actually believe we need to actually keep going and expanding in those space and say, we need the clever people to ask the right questions, and when we ask those questions, and we've done this in mental health, for instance, we've asked questions that we dreamt up, if you like, based on our history, based on sometimes gut feel. And at one level they're right, but the deeper you go, the more questions that get raised. And the deeper you go, the more streamlined your level of questioning becomes. So the solution, while the overarching is still true, the solutions to getting a difference up here is probably a lot narrower than we actually currently think.

So investing in understanding data and understanding how data links to policy outcomes, I think is pretty much where we need to go into the future. We've been doing a lot of work with the Australian Institute of Health and Welfare, which is one of my portfolio agencies. We're trying to really reinvigorate the AIHW to be one of those really critical bodies where data is linked, anonymously and - but for policy outcomes. I don't think we've necessarily done that as well as we could.

I think part of that, it sort of goes to that notion of what I said before, we don't want to share sometimes. Well, we're going to have to get over that. Now, from a research background you could ask me - your next question could be, 'well why don't you give it to me?' And I think you have to get there - I just don't think we're quite there yet. Now we can get there in certain limited cases, but I think we need to work out what are the things in this sense that are personal to me and I don't want you to know about, and how is that protected. What are the things about me that I want to share
with some people, like my doctor, so they can help me be as good as I possibly can be.

And then there's data about me that nobody really cares about and nobody knows it's me, but will actually help us come up with the next cure for ... whatever. The whole notion of open data. And I think we've got to get there. And I think there's a lot of talk at the moment around that, and I think it's quite positive. We've got a lot of activity in this space and I think it's all very, very positive. So I think we're on the pathway. As I said this is the space where I think the tipping point is there and I said if we make the right decisions in some of these areas we can fundamentally rethink our policy positions on a range of issues.

GORDON DE BROUWER: Okay can I just take the last question.

QUESTION: Hello Martin. I'm Stef. I'm from Health.

MARTIN BOWLES: I remember you, Stef. Its one F.

QUESTION: It's one F. Yes it is.
As a senior leader you must understand that people will be asking you your opinion and your advice and direction and you are a strong and informative leader. How do you keep your leadership team aware of the importance of listening to other people and not only sharing ideas but accepting them as well?

MARTIN BOWLES: Thanks Stef. Stef and I go back a little way when she asked me some other questions. Stef with one F. I'll never forget it.

I talked about listening and watching before. When I sometimes say to my deputies 'I've just heard blah and this is happening,' and they say to me, 'what do you mean?' I say, 'well I've been out and about and this is what people are telling me.' It's absolutely amazing what peer pressure does to people. Because if they're not up with it, they want to be up with it and it's amazing how quickly they get up with it. So part of it is just how you culturally drive behaviours. I quite often say, 'my words and actions need to be like that.' [together] As soon as they [part], no one's going to believe me. So get it back to there [together].... I say, 'if your words and actions start there [together] and end up there, [apart] we've got a problem.'

And I think sometimes it gets to a point where people were waiting for me to do the next big whatever, and I just say to people, well that may happen, but it may not happen. What are you doing about it? How are you playing that particular card? Because leadership has to go through the organisation, and to be honest, Health, I think in some parts of Health it's brilliant the way it goes. Other parts…and we stop.

We know that because we're actively investing in that. We're looking at what's happening from the survey data, a whole range of different things. This notion of ‘watch and listen’ and how do people actually engage with that conversation. That’s how you have to do it. And again, one of the things over my career is I’d say peer pressure is probably the greatest thing that will change behaviour. People always want to be seen as doing ‘the right thing’, or being ‘as good as’… particularly people who have aspirations for high office and things like that. That's the way we're made. So you work on how we actually drive some of those things and you know, that might
be a bit Machiavellian in some ways but you have to actually move your organisation forward with that.

GORDON DE BROUWER: Thank you very much for your generous time. These are big events, they’re really valuable and your comments have been very generous. I think what you revealed about yourself is again that you’re a principled, practical problem solver, in the way you talked about it. Again, you’re a real dynamic leader. I think people, myself and others, would find it inspirational, the way you talked about difference and diversity, having courage, and the role of the team and your role in that. So I think you’ve shown yourself to be a great leader, and again, why your colleagues, the Secretaries Board respects you so much. So I’ve got a small gift, which is always alcohol.

MARTIN BOWLES: Thank you very much, a pleasure…

ENDS