NDIS Governance Health Check

This resource was developed to support organisations to look at the NDIS quality and safeguarding requirements for the **governing body and key personnel.** It can be used to gain insight into the confidence and capabilities of individual Board directors and/or executives as well as the governing body as a whole.

All NDIS registered providers, must meet certain NDIS Quality and Safeguards Commission (NDIS Commission) requirements to become registered and maintain their registration - see Factsheet: What does the NDIS Commission mean for providers?.

The NDIS Practice Standards (Practice Standards) and the NDIS Rules (Rules) outline specific requirements for key personnel and the governing body of any NDIS registered provider. Compliance with the Practice Standards and the Rules form part of the terms of registration.

This resource includes information on:

- **NDIS Registered Provider requirements - Responsibilities of the governing body**
- **Sources of evidence and gathering evidence**
- **Compliance with the NDIS Code of Conduct**
- **Compliance with the Practice Standards Quality Indicators**
- **Suitability Compliance - Key personnel and workers in 'risk assessed' roles**
- **NDIS Workers Screening Check for Workers in Risk Assessed Roles**
- **Area of Interest Form and supporting resources for Board members.**

NDIS Registered Provider Requirements - Responsibilities of the Governing Body.

Compliance with NDIS requirements for providers may seem like an operational responsibility, but the role of the Board and governing body are integral to the compliance of organisations. The table below compares NDIS Registered provider obligations and requirements against some Role of the board identified by the Australian Institute of Company Directors (AICD).

NDIS Registered Provider Requirements	AICD Roles and Responsibilities of the Board
• **Comply with the NDIS Code of Conduct**	• Assuring a prudential and ethical base to the organisation's conduct and activities having regard to the relevant interests of its stakeholders. • Ensuring the organisation's affairs are conducted with transparency and accountability.
• **Demonstrate compliance with the NDIS Practice Standards** for the categories of registration including through a quality audit. • If applicable, this includes meeting **Behaviour support** and NDIS Commission reporting requirements)	• Reviewing and approving the organisation's internal compliance and control systems. • Assuring risks faced by the organisation are identified and overseeing that appropriate control and monitoring systems are in place to manage the impact of risks. • Approving the organisation's budgets and business plans. • Overseeing the design, implementation and periodic review of appropriate and effective policies, processes, and codes for the organisation. • Driving organisational performance so as to deliver member value or benefit.

NDIS Registered Provider Requirements	AICD Roles and Responsibilities of the Board
• **Maintain complaints and incident management systems**, including notification of reportable incidents.	• Overseeing member and stakeholder engagement, reporting and information flows. • Assuring that the organisation's financial and other reporting mechanisms are designed to result in adequate, accurate and timely information being provided to the Board.
• **Comply with registration conditions.** • **Fulfil Workers Screening** and suitability requirements. • **Notify the NDIS Commission of changes or events** affecting registration.	• Ensuring the organisation develops and implements systems, processes, and procedures to enable it to comply with its legal, regulatory and industry obligations.

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NDIS Governance Health Check Instructions

This NDIS governance health check is a self-assessment tool for a Board and/or executive team, developed to evaluate the governing body and key personnel against the NDIS Quality and Safeguarding requirements. The tool is designed to reflect on the maturity of an organisation's commitment and its readiness to comply with the governance and operational management requirements of an organisation that delivers high quality and safe NDIS supports and services. It also identifies areas for continuous improvement and assists with developing an action plan.

The tool can be used independently, through interviews and conversations or in a facilitated group session, depending on the size and structure of your organisation. Having different stakeholders involved in providing and gathering evidence to inform your NDIS governance health check, will provide a more representative and valuable cross section of information.

Each section provides an opportunity to reflect and assess against a required criterion.

- **Responsibilities:** Review what is required under the NDIS Commission compliance requirements.
- **Actions and behaviours:** Note the actions and behaviours already demonstrated by the organisation.
- **Evidence of requirements:** Document evidence of the requirements – see evidence samples on the next page.
- **Gaps:** Capture gaps and areas of improvement.
- **Review:** Analyse the results to identify specific strengths and areas for targeted improvement. Log this on your Continuous Improvement/Quality Improvement Register and continue to review it.

Questions to reflect on: At the end of each section there are 3 additional questions for reflection and discussion.

Sources of Evidence

The following table shows sources of evidence that could be gathered and used for the self-assessment.

Organisational Evidence	Director Evidence
- Policy, systems, and procedures - Records e.g., HR, induction, training. - Insurances. - Compliance with terms of registration. - Strategic plan. - Operational plan. - Financial reporting and dashboards. - Registers: E.g., risk, continuous improvement, worker screening, incidents, complaints. - Agendas and minutes e.g., team meetings, leadership meetings. - Feedback from people with disability and their networks. - Other reports.	- Qualifications. - Mandatory NDIS training. - Formal training: skills & knowledge. - Informal training: skills & knowledge. - Senior experience. - Board subcommittee. - Board policies e.g., conflict of interest, delegations, declaration of fit and proper officers. - Board papers and reports. - Agendas and minutes of Board meetings.

Gathering evidence could include:

1. Asking Board members and other members of the governing body, to allocate time to consider their qualifications, skills, knowledge, and experience in response to each of the requirements.
2. Asking workers responsible for quality and safeguarding to gather evidence of policies and procedures that support governance and operational management.
3. Examining your relevant complaints, serious incidents, or other feedback mechanisms. Seek feedback from senior managers, frontline workers, and people with disability.

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Compliance with the NDIS Code of Conduct

The NDIS Code of Conduct applies to both registered and unregistered NDIS providers. NDIS providers must be compliant with the Code of Conduct in delivery of all NDIS funded supports and services. NDIS providers are expected to support their workers to understand and apply the Code of Conduct in their roles.

Responsibilities	Actions / Behaviours How I / We do this?	Evidence Where can this be found?	Gaps Improvements?
1. Act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions.			
2. Respect the privacy of people with disability.			
3. Provide supports and services in a safe and competent manner with care and skill.			

Responsibilities	Actions / Behaviours How I / We do this?	Evidence Where can this be found?	Gaps Improvements?
4. Act with integrity, honesty, and transparency.			
5. Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability.			
6. Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse of people with disability.			
7. Take all reasonable steps to prevent and respond to sexual misconduct.			

Questions to reflect on:

- Is the board familiar with the Code of Conduct?
- What does the Board know about the Convention on the Rights of Persons with Disabilities (CRPD) and how to ensure the rights of people with disability are always upheld in the delivery of supports and services?
- Is the Board aware of penalties for breaches in the Code of Conduct, for example civil penalties, criminal charges or banning orders for a person or organisations delivering NDIS Services? (see NDIS Commission: Compliance and Enforcement Policy)
- How does the governing body monitor and evaluate actual or perceived conflicts of interest, the risks they present to people with disability, and the organisation?

For full details of the NDIS Code of Conduct see: Code of Conduct Legislation and The NDIS Code of Conduct - Guidance for service providers

Compliance with the Practice Standards Quality Indicators

The Practice Standards are the benchmark for registered NDIS providers to assess their performance and to demonstrate how they deliver high quality and safe supports. Registered providers are expected to demonstrated compliance against the Practice Standards they are registered for. The Practice Standards and quality indicators below are from Standard 2 of the Core Module and focus on indicators which apply to the governing body responsibilities. For a full list see NDIS Practice Standards and Quality Indicators.

Practice Standard: Governance and Operational Management

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
The governing body provide opportunities for people with disability to contribute and have input into governance and policy and processes relevant to support provision and protection of participant rights.			
A defined structure is implemented to meet the governing body's financial, legislative, regulatory, and contractual responsibilities, and to monitor and respond to quality and safeguarding matters.			
Skills and knowledge to govern effectively are identified, and relevant training is undertaken by members to address any gaps.			

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
Strategic and business planning considers legislative requirements, organisational risks, other NDIS requirements, participants' and workers' needs and the wider organisational environment.			
The management team's performance is monitored including responses to individual issues, to drive continuous improvement in management practices.			
The management team is suitably qualified and/or experienced, with clearly defined responsibility, authority, and accountability for the provision of supports.			
Documented systems of delegated responsibility and authority for absences			

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
Perceived and actual conflicts of interest are proactively managed and documented, including through organisational policies.			

Questions to reflect on:

- Are there any gaps in skills or knowledge that need to be addressed to ensure the governing body is equipped to provide strategic direction and ensure the organisation complies with legal, regulatory and industry obligations?
- Is there a plan to show how any gaps are being addressed?
- Does the governing body have adequate line of sight over complaints, incidents and risks that occur and does this information inform decision-making?
- Does the governing body meaningfully promote and encourage the involvement of people with disability in the organisation's governance and policy development?
- Are the processes for engaging people with disability documented and followed?

Practice Standard: Risk Management

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
Risks to the organisation - including risks to participants, financial, work health and safety, and risks associated with provision of supports - are identified, analysed, prioritised, and treated.			
A documented risk management system, relevant and proportionate to size and scale of the organisation and scope and complexity of supports is maintained.			
The risk management system covers management of incidents, complaints, finance, governance and operations, human resources, information, work health and safety and emergency and disaster management.			
Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.			

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
Supports and services are provided in a way which is consistent with the risk management system.			
Appropriate insurance is in place, including professional indemnity, public liability, and accident insurance.			

Questions to reflect on:

- Is the governing body confident that operational risks are properly identified, analysed, prioritised, and treated adequately to manage the impact of these risks?
- How would this be evidenced if required?
- Is the governing body confident that the risk management system is proportionate to the size, scale, and complexity of supports and services being delivered?

Practice Standard: Quality Management

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
A quality management system relevant and proportionate to size and scale of organisation and scope and complexity of supports is maintained.			
The system defines how to meet requirements of legislation and standards. The system is reviewed and updated as required to improve support delivery.			
The quality management system has a documented program of internal audits relevant and proportionate to size and scale of organisation and scope and complexity of supports.			
The quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.			

Questions to reflect on:

- Are there any areas in the quality management systems that require more investment to achieve organisational objectives?
- Do the systems result in accurate and timely information being provided to the governing body?
- Does the information provided allow the governing body to monitor performance and drive continuous improvement?
- How is feedback from people with disability being captured and used to inform continuous improvement?

Practice Standard: Emergency and Disaster Management

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
Continuity plans include ensuring the continuity of supports critical to the health, safety, and wellbeing of participants before during and after an emergency or disaster.			
Emergency planning includes how the organisation prepares for and will respond, making changes to participants' supports, adapting and rapidly responding to changes and interruptions to supports and communicating changes to participants and their networks.			

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
The governing body develops emergency and disaster management plans, consults with participants and their support networks about the plans and puts the plans in place.			
The plans explain and guide how the governing body will respond to, and oversee the response, to an emergency or disaster.			
Mechanisms are in place for the governing body to actively test and adjust the plans, in the context of a particular kind of emergency or disaster.			
The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.			

Responsibilities outlined in the Practice Standards	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
The governing body regularly reviews the plans and consults with participants and their networks about the reviews of plans.			
The plans are communicated to workers, participants, and their support networks.			
Workers are trained in the implementation of plans.			

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Questions to reflect on:
- Are people with disability and their networks involved in the development and review of emergency and disaster management plans and how is this evidenced?
- Does the organisation have an appropriate system in place to assess individual supports and services and the impact on the wellbeing of people with disability if services are disrupted?
- Does the governing body have oversight of testing and review of continuity and emergency plans?
- Are plans in place to identify, source, and induct a workforce if workforce disruptions occur in an emergency or disaster?
- Are there clear delegation processes in place for personnel who take over in the absence of a decision maker?

Suitability Compliance - Key personnel and workers in 'risk assessed' roles.

The NDIS Commission require registered NDIS providers and their key personnel to undergo an assessment to determine their suitability to deliver NDIS supports and services.

Who are key personnel?

Key personnel are individuals who hold key executive, management, or operational positions in an organisation, such as directors, managers, Board members, CEO or Chairperson. The NDIS Act 2013 defines key personnel as:

- a member of the group of persons responsible for the executive decisions
- any other person having authority or responsibility for (or significant influence over) planning, directing, or controlling the activities.

When assessing suitability, at registration application and registration renewal, the NDIS Commission uses a list of criteria which organisations can use when considering appointment and ongoing suitability of the people they employ in personnel roles.

Key Personnel Suitability Checklist

As part of the organisations risk management, key personnel should be screened to consider, are they or have they been:

☐ **Subject to a banning order** by the NDIS Commission

☐ **Convicted of an indictable offence**

☐ **Insolvent under administration**

☐ **Subject of adverse findings or enforcement action** by a department or an authority (or other body), relating to the quality or regulation of services provided to people with disability, older people, and children

☐ **Disqualified from managing corporations** under Corporations Act 2001

☐ **Subject of any findings or judgement in relation to fraud, misrepresentation, or dishonesty** (including party to any current proceedings)

☐ **Subject of adverse findings or enforcement** action by Australian Securities and Investments Commission, Australian Charities and Not-for-profits Commission, Australian Competition and Consumer Commission Australian Prudential Regulation Authority, Australian Crime Commission, a work health, and safety authority

Tip: The NDIS Commission uses the same key personnel criteria when assessing a provider's application for registration and will additionally look at whether the provider has previously been registered and any other matter they consider relevant. Changes to Key Personnel must be notified to the NDIS Commission. For more information see NDIS Commission Suitability assessment process guide and NDIS Commission Key personnel definition webpage.

NDIS Workers Screening Check for Workers in Risk Assessed Roles

The NDIS Workers Screening Check is an assessment of whether staff in 'risk assessed' roles pose a risk to people with disability.
A risk assessed role as defined by the NDIS Act and Rules is one which:

- is a key personnel role for example, a CEO or a Board member.
- involves the direct delivery of specified supports and services to a person with disability.
- is likely to require 'more than incidental contact' with people with disability.

Workers' screening clearances last for 5 years. They are subject to ongoing monitoring against police and relevant information. If the NDIS Commission received new information that suggest workers pose a risk they may be excluded before the check expires.

Supporting documentation for evaluating risk assessed roles can be found:
- NDIS Commission Worker screening requirements (registered NDIS providers) webpage
- Department of Communities NDIS Worker Screening website

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Key Personnel and Risk Assessed Roles

Responsibilities	Actions / Behaviours How I / We do this.	Evidence Where can this be found?	Gaps Improvements?
1. Key personnel are screened and suitable to be involved in the provision of supports or services.			
2. All workers in risk assessed roles are identified and hold a valid acceptable Worker Screening Check.			
3. All workers in risk assessed roles have completed the Worker Orientation Module 'Quality, Safety and You' and it is included in the induction.			

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Questions to reflect on:

- Are mechanisms in place to avoid becoming non-compliant, such as mechanisms which trigger reporting to the NDIS Commission when there are changes in key personnel and that trigger new Workers Screening Checks to be completed within required timeframes?

Area of Interest Form and supporting resources for Board members

Name:

What would you like to know more about to support your role as a Board member?

Topic	Yes	Some supporting resources
National Disability Insurance Scheme and how it works.		• NDS: Fundamentals for Boards - This document aims to support individuals and organisations looking to make sure they are as prepared and informed as they can be, to do right by the organisations and the people that the organisation supports.
The compliance framework and role of the NDIS Commission		• NDIS Commission Factsheet: What does it mean for NDIS Providers? About the NDIS Commission and what they oversee. • NDIS Commission: Practice Standards and Quality Indicators - The benchmark for providers to assess their performance, and to demonstrate how they provide high quality and safe supports and services to NDIS participants. • NDS: Practice Standards Interpretive Guide - An interpretive guide is for organisations preparing to re-register as a NDIS provider. The aim is to help providers that are required to meet Certification requirements with the NDIS Commission, to interpret and better understand the requirements of the NDIS Practice Standards Core Module and associated quality indicators.
Preventing abuse, violence, and neglect of people with disability.		• NDS: Safeguarding for Boards – A guide developed for Boards of Management of disability service providers. It is intended to assist you to have a better understanding of abuse, neglect and violence experienced by people with disabilities.

Topic	Yes	Some supporting resources
NDIS Code of Conduct.		• [NDIS Commission: Code of conduct guidance for providers](#) - Information and examples for providers about what the Code of Conduct means in Practice. • [DRC Research Report: Complaint mechanisms: Reporting pathways for violence, abuse, neglect, and exploitation](#) - Disability Royal Commission report unpacking complaint mechanisms, human rights and complaints, experiences of complaints in relation of prevention of abuse and neglect.
Complaints and continuous improvement.		• [NDIS Commission: Complaint handling guidelines for providers](#) - Responsibilities of NDIS Providers for complaints management and resolution. • [NDIS Commission Factsheet: Continuous improvement continuum](#) - Describes the most common range of continuous improvement activities that NDIS providers do. • [Disability Services Commissioner: Complaints Good Practice and Audit Tool](#) - Complaints systems and practice self-audit tool and complaints culture survey. • [NDS: Complaint and Feedback Manual](#) - Complaint and Feedback Register to monitor complaints being managed and currently provide a record of the process followed and outcomes. It also provides a reporting tool for management to review trends.
Understanding and managing organisational risk.		• [NDS: Risk Management and Controls for Disability Services](#) - Practical self-assessment tool that provides a framework to support planning of risk control activities for small, medium, and large Community Service Organisations

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Topic	Yes	Some supporting resources
Implementing behaviour supports plans and restrictive practices.		• NDIS Commission: Understanding behaviour support and restrictive practices - for providers - Resources on PBS and RP.
Monitoring organisational performance and financial position.		• NDS: Key Financial Ratios Tool - Toolkit to look at high level financial ratios to identify where the business may be underperforming.
Role of the Board.		• Vic Gov: Board governance - An overview of the Board's role in the public sector context. • AICD: Role of board director - Roles and responsibilities of boards and the boards' role in governance.
Understanding the audit process		• NDIS Commission: Understanding what is involved in an audit - Quality audits, certification and verification audits • NDIS Commission Factsheet: Principles for Audit Reports - Factsheet on audit reports and insight into what is expected in an audit report.
Involving and engaging people with disability in service design, delivery, and review.		• NDS Factsheet: Involvement of participants in the governance operations and leadership - Information about providing opportunities for people with disability to contribute to the governance of the organisation. • NDS Factsheet: NDIS Commission requirements on Information providers are required to provide - A checklist of information the NDIS Quality and Safeguards Commission has determined registered providers must give to all people with disability accessing services.

Topic	Yes	Some supporting resources
Other?		• [NDS: Governance Structure and Charter Resources](#) - Risk Management resource. • [NDS: Board Member Recruitment Project Toolkit](#) - Templates and processes that organisations could adapt and use in their Board recruitment. • [NDS: Reflections from the Sector – A Case Study webinar with Leisure Networks](#) – On their NDIS transformation and Board composition and the Board's role.

Please note: This tool was last updated in June 2023. National Disability Services Limited (NDS) believes that the information contained in this publication is correct at the time of publishing. However, NDS reserves the right to vary any of this publication without further notice. This resource will need to be adapted to meet the specific needs of your organisation and the people who use your services. The information provided in this publication should not be relied upon instead of other legal, medical, financial, or professional advice. Please always refer to online documents for latest versions including the NDIS Practice Standards.

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