



GREEN VALLEY ACADEMY

Risk Management Policy

Approved: October 2026

DOCUMENT CONTROL

Reference	GVA-11
Policy owner	Principal (register); Board of Directors and Audit and Risk Committee (oversight)
Approved by	Board of Directors — October 2026
Effective from	5 October 2026
Next review	October 2027
Applies to	All activities, decisions and functions of GVA
Linked documents	Fraud and Audit Assurance Policy; Compliance Policy; Safeguarding and Prevent Policy; the committee terms of reference in the Governance and Committee Structure

CONTENTS

DOCUMENT CONTROL

1. PURPOSE AND APPROACH
2. THE RISK REGISTER AND SCORING
3. GOVERNANCE CYCLE
4. RESPONSIBILITIES AND REVIEW

If page numbers do not display, right-click the contents and select "Update Field".

1. PURPOSE AND APPROACH

- 1.1** This policy establishes how GVA identifies, assesses, mitigates, monitors and reports risk, so that the Board of Directors governs on evidence rather than assumption and so that no threat to students, staff, the partnership with the University of Wolverhampton, or GVA's own sustainability accumulates unnoticed. Risk management at GVA is proportionate to a small institution but disciplined in form: one institutional risk register, owned at the top; named ownership of every risk; a standing place on every Board and Audit and Risk Committee agenda; and an annual approval of the risk appetite within which management operates. Risk is treated as the companion of planning, not its enemy: every significant new activity — a proposed course, a partnership development, a system change — enters the register with its assessment before approval, and the register is the first document consulted when circumstances change.

2. THE RISK REGISTER AND SCORING

- 2.1** The Principal maintains the institutional risk register, which shall cover, as a minimum: partnership and franchise risk, including compliance with the University of Wolverhampton's requirements; student recruitment and retention; quality of delivery and student outcomes; safeguarding and Prevent; financial sustainability and cash flow; estates, health and safety at The Atrium; data protection and cyber security; staffing and key-person dependency; and regulatory and legal compliance. Each risk records: a plain-language description of the risk and its consequences; the named owner by designation; the inherent likelihood and impact, each scored one to five; the controls currently in place; the residual score after controls; the further mitigations planned, with owners and dates; and the direction of travel since last review. Risks scoring fifteen or above on residual assessment are rated red and reported to the Chair of the Board between meetings; and no risk may be removed from the register except by decision of the Audit and Risk Committee recorded with reasons.

3. GOVERNANCE CYCLE

- 3.1** The Executive Board and Operations Leadership Group review the register monthly, testing whether controls are operating and mitigations progressing; each committee reviews at every meeting the thematic risks within its remit — the Safeguarding and Prevent Committee its safeguarding risks, the Quality and Standards Committee its quality risks, the Finance Committee its financial risks; the Audit and Risk Committee reviews the full register at each of its meetings, approves changes of scoring and closure, and commissions deeper assurance where a risk's controls are doubted; and the Board of Directors reviews the full register at every meeting and approves, annually, both the register and GVA's risk appetite statement, which defines the level of risk GVA will accept in pursuit of its objectives and the levels which trigger escalation. Every invocation of a continuity, safeguarding, fraud or data-breach procedure automatically generates a register entry and a post-event review.

4. RESPONSIBILITIES AND REVIEW

- 4.1** The Board of Directors owns risk governance and the appetite; the Audit and Risk Committee owns scrutiny and assurance; the Principal owns the register and its currency; every risk owner is personally responsible for the controls and mitigations recorded against their name and for reporting change without waiting for a meeting; and every member of staff is responsible for raising risk concerns through management, through the Quality and Compliance Lead, or through the Whistleblowing Policy where a protected route is preferred. This policy is reviewed annually by the Audit and Risk Committee and approved by the Board of Directors.