



GREEN VALLEY ACADEMY

Compliance Policy

Approved: October 2026

DOCUMENT CONTROL

Reference	GVA-15
Policy owner	Quality and Compliance Lead
Approved by	Academic Board — 5 October 2026
Effective from	6 October 2026
Next review	August 2027
Applies to	All staff, contractors and activities of Green Valley Academy
Linked documents	All Academy policies; the University of Wolverhampton franchise agreement and academic regulations; Risk Management Policy; Fraud and Audit Assurance Policy

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1. PURPOSE AND APPROACH

- 1.1** This policy establishes the system through which Green Valley Academy identifies, discharges and evidences every legal, regulatory, contractual and partnership obligation to which it is subject. In an institution of GVA's size, compliance cannot be delegated to a department and forgotten it must operate as a shared discipline, embedded in every role, coordinated by one accountable postholder, and verified through a cycle of review that the governing body can see and test. This policy creates that system, comprising a single compliance register in which every material obligation is recorded against a named owner; a calendar of monitoring proportionate to GVA's scale; defined escalation duties when actual or potential non-compliance is identified; and an annual self-assessment through which the whole system is examined and improved. GVA's ambition is not bare compliance but demonstrable compliance: for every obligation, GVA should be able to show, on demand and without preparation, what the obligation is, who owns it, and where the evidence lies.

2. SCOPE

- 2.1** This policy applies to every activity carried on by or for GVA, including without limitation: the delivery, assessment and quality assurance of teaching under the University of Wolverhampton's regulations; admissions, marketing and recruitment, including consumer protection obligations; safeguarding and the Prevent duty; health and safety; data protection and information security; employment, immigration and right-to-work obligations; financial management, tax, fraud prevention and anti-money-laundering obligations; and the accuracy of every dataset, return and report provided to any external body. It binds all staff, all members of the Board of Directors and its committees, and all contractors and agents, and it applies to conduct carried out in GVA's name wherever it occurs.

3. KEY COMPLIANCE CONTACTS

- 3.1** Responsibility for each principal compliance area is assigned as follows, and the postholders named shall serve as the first point of contact for queries, concerns and external correspondence within their area.

Compliance area	Responsible postholder	Contact route
Overall coordination; compliance register; this policy	Quality and Compliance Lead	quality@greenvalleyacademy.co.uk
Safeguarding and Prevent	Wellbeing Team Leader (DSL)	safeguarding@greenvalleyacademy.co.uk
Data protection and information security	Data Protection Lead (Academic Registrar and Admissions Officer)	dataprotection@greenvalleyacademy.co.uk
Health and safety	Principal	healthsafety@greenvalleyacademy.co.uk
Admissions, consumer law and student contract	Academic Registrar and Admissions Officer	admissions@greenvalleyacademy.co.uk

Compliance area	Responsible postholder	Contact route
Partnership compliance (University of Wolverhampton)	Course Director with the Quality and Compliance Lead	quality@greenvalleyacademy.co.uk
Financial controls, fraud and anti-money laundering	Group Finance Lead (MLRO)	finance@greenvalleyacademy.co.uk

4. THE COMPLIANCE REGISTER

- 4.1** The Quality and Compliance Lead shall establish and maintain a single compliance register recording, for every material obligation: its source, whether statute, regulation, regulatory guidance, the franchise agreement, another contract, or GVA's own policy commitments; a plain-language statement of what the obligation requires; the named owner responsible for its discharge; the evidence which demonstrates compliance and where that evidence is held; the frequency and date of last review; and a red-amber-green status with commentary. The register shall be reviewed by the Operations Leadership Group at each monthly meeting, with amber and red items examined individually; it shall be reported each term to the Quality and Standards Committee, in respect of academic and partnership obligations, and to the Audit and Risk Committee, in respect of financial, data and control obligations; and it shall be baselined in full before teaching commences and thereafter kept continuously current, every new obligation — arising from a new law, a new contract or a new activity — being entered within ten working days of its identification.

5. CORE COMPLIANCE AREAS

- 5.1** Partnership and academic compliance requires that the BSc (Hons) Public Health with Foundation Year is delivered exactly as specified and regulated by the University of Wolverhampton: staffing appointments notified or approved as the partnership requires; assessment set, marked, moderated and returned in accordance with the University's regulations and calendar; data returns to the University complete, accurate and punctual; annual monitoring undertaken and actions closed; and review visits hosted with full and candid disclosure. The division of responsibility between GVA and the University of Wolverhampton for every area of academic operation is recorded in the relevant GVA policy governing that area, is being consolidated into a staff operating manual, and shall be confirmed with the University annually.
- 5.2** Admissions and consumer-protection compliance requires that every piece of published course information is accurate and approved under the Marketing, Recruitment and Admissions Compliance Policy; that offers, terms and fee disclosures comply with the Consumer Rights Act 2015 and the Consumer Contracts Regulations 2013 as implemented through the Admissions Policy, the Refund and Compensation Policy and the Student Contract; that entry criteria are applied exactly as published, with document verification and fraud referral operating on every application; and that every admissions decision is auditable, recording who decided, on what evidence and against which criteria. Safeguarding, health and safety, data protection and employment compliance are discharged through the Safeguarding and Prevent Policy, the Health and Safety Policy and the IT, Data Protection and Data Security Policy and through the safer-

recruitment and right-to-work controls operated with group HR, and the obligations and evidence for each are carried in the register.

- 5.3** Financial and funding integrity requires that the student data underpinning any public funding accessed through the awarding university's registration — enrolments, attendance, withdrawals and last dates of attendance — is accurate, reconciled and promptly reported; that the fraud, bribery and money-laundering controls of the Fraud and Audit Assurance Policy and the Financial Conduct and Anti-Money Laundering Policy are operated without exception; and that GVA's accounts, tax affairs and insurance are maintained with group finance support and audited annually.

6. ACCURACY OF EXTERNAL RETURNS

- 6.1** Every dataset, return, declaration or report provided to an external body — including the University of Wolverhampton, funding bodies, statutory agencies and regulators — shall be prepared from the student record system or other system of record; reconciled against source records by its owner; and signed off by both the responsible owner and the Principal before submission, the sign-off being recorded in the returns log together with the date, version and destination of the return. Where an error is discovered after submission, the recipient shall be notified and a correction provided without delay; the error shall be recorded with its cause, and recurring causes shall be addressed through the annual self-assessment. The knowing submission of false or misleading data to any external body is gross misconduct and shall additionally be handled under the Fraud and Audit Assurance Policy and, where public funds are engaged, reported as that policy requires.

7. MONITORING CYCLE AND SELF-ASSESSMENT

- 7.1** The monitoring cycle comprises four connected levels. Monthly, the Operations Leadership Group reviews the compliance register, forthcoming deadlines and open actions. Termly, the Quality and Standards Committee and the Audit and Risk Committee each review the register extract for their remit, together with any breach reported under Section 8 and the training completion record. Annually, each summer, the Quality and Compliance Lead shall conduct a full compliance self-assessment, testing a sample of obligations in each area against their evidence, reviewing every breach and near miss of the year, confirming that legal and regulatory changes have been captured, and reporting the results, with an improvement plan, to the Executive Board and the Audit and Risk Committee. Continuously, every policy owner is responsible for monitoring legal and regulatory change within their area, supported by the Quality and Compliance Lead and by such external advisers as GVA engages, and horizon-scanning shall be a standing item at each termly committee review.

8. ESCALATION AND BREACH HANDLING

- 8.1** Any member of staff who identifies actual or potential non-compliance in any area shall report it to the Quality and Compliance Lead, or through the Whistleblowing Policy where they prefer a protected or anonymous route, and no adverse consequence shall ever attach to a good-faith report. A material breach — one which could affect students'

interests, the partnership with the University of Wolverhampton, GVA's legal position, or any public funding — shall be escalated by the Quality and Compliance Lead to the Principal on the same working day, recorded in the breach log, and reported to the Executive Board and, where material, to the Audit and Risk Committee and to the University. Every breach shall receive a documented root-cause review and a corrective action with a named owner and deadline; the concealment of a breach, as distinct from the breach itself, is gross misconduct in every case.

9. TRAINING, RESPONSIBILITIES AND REVIEW

- 9.1** Every member of staff shall receive induction training covering this policy and the compliance obligations of their own role, refreshed annually; policy owners are responsible for training staff in the policies they own, with support from the Quality and Compliance Lead; and completion shall be recorded centrally and reported termly to the Executive Board. This policy shall be reviewed annually by the Quality and Compliance Lead, in the light of the annual self-assessment, and approved by the Board of Directors.
- 9.2** The compliance register must be populated and baselined before teaching commences. The Academy's baseline Compliance Register will be completed and reviewed by 4 September 2026. It will identify the Academy's principal regulatory and policy obligations, responsible owners, required controls and evidence, review dates, training requirements and any outstanding actions or risks. Thereafter, the Register will be maintained as a live compliance management record and reviewed regularly by the Quality and Compliance Lead.