

Risk	Date raised	Risk Description	Impact 5 high 1 little	Likelihood 5 high 1 low	Risk Factor 25 high	Actions & Mitigations	Responsible officer/ team	Review frequency	Impact 5 high 1 little	Likelihood 5 high 1 low	Current Risk 25 high
<b>Curriculum, educational outcomes and wellbeing of pupils</b>											
Pupils are making progress in line with or above comparable averages [ CASPA and SATS]	T	Poor pupil progress in comparison to peers with similar needs. Physiological/ emotional needs not addressed. Poor quality teaching/learning./engagement	5	2	10	Rigorous programme to ensure good progress.Meet physiological/ emotional needs -food, warmth, safety, care, self-worth etc Work closely with colleagues, Teaching Schools, NAS, Quality Marks, DFE to ensure that practice is cutting edge, externally validated and moderated.	LS	T	5	1	5
Appropriate balanced Curriculum	A	Ofsted framework September 2019. Curriculum does not meet the needs of the children; curriculum doesn't meet Best practice guidance	5	2	10	Full curricular review in-line with Ofsted/Best Practice guidance. Work closely with colleagues, Teaching Schools, NAS, Quality Marks, LCC, DFE to ensure that practice is cutting edge, externally validated and moderated.	LS	T	5	1	5
Pupil Premium funding is being spent correctly and published	T	Funding targeted to make the most impact- social and academic development for disadvantaged pupils. .Miss updates to Best Practice protocols/ updates	5	2	10	Work closely with Teaching Schools, DFE guidance, MAT policies and Buddying system to ensure that PP operates within national Best Practice guidance and is fully compliant Accessing research projects; EEF	LS	T	5	1	5
The personal development, well being and behavior of pupils	T	Cognitive progress is prioritised over whole child development – child fails to thrive.	5	2	10	The curriculum, assessment and support systems used by the academy support and evidence 'whole-child' development and progress	LS	T	5	1	5
SEND – Designated and trained staffing	A	Weak staff training and CPL opportunities. Staff do not have the skills that they need to ensure that the youngsters and their families have access to the best provision possible.	5	2	10	Local Offer audits. Growthmindset ethos CPD prioritised Move towards generic provision- staff training implications. Staff working alongside colleagues in other	LS	T	5	1	5

						establishments [buddying systems] NAS affiliation					
Attendance/Exclusions	T	Low attendance; exclusions Families struggle to organize their lives to get their children to school. Mental health issues prevent child attendance Families don't prioritise school attendance	5	2	10	Regular engagement with all families First day call Effective multi-agency working Flexible working ; accommodating care needs/ speech/ physio/medical / social care appointments etc. Regular reports to LGB Use of CPOMS to more easily identify patterns and triggers Monitoring national and regional comparative data [ covid]	LS	T	5	1	5
Ofsted Inspection, external reviews are positive	T	Poor Ofsted rating. School doesn't meet children's need School doesn't operate with Ofsted guidance	5	2	10	First class self-evaluation in place- validated externally. Working with Quality marks; multi-agency working; seeking stakeholder views; working with colleague schools, Teaching schools, NAS, national research etc.	SLT/ Govs	T	5	1	5
Academy Self Evaluation in place	A	School evaluation doesn't accurately reflect what is happening	5	2	10	Working with colleague schools and institutions [ national bodies] – external validation and moderation Intent, Implement, Impact on going review- curriculum is robust and meets the needs of our current youngsters and can be modified for future groups.	SLT	T	5	1	5
<b>Complying with statutory and regularity requirements including safeguarding</b>											
Child Protection regulations inc Prevent	A	LCC focus on CP Not operating within Best Practice principles /guidance	5	3	15	Annual programme of updating and reviewing training, policies and everyday practice in line with LCC guidance. External review, NAS, Health checks, Buddying systems, UoLAT Access to Educare -rolling prog of updates and opportunities to reflect and enhance school practice.	SLT/Govs	T	5	2	10

Employment regulations	A	Failure to ensure that we meet the legislative requirements for all of our staff	4	2	8	Using The Key, DFE, HR, LCC, UoLAT to ensure best practice provision	LS/SBM CEO	A	5	1	5
Curriculum and assessment regulations	A	Unable to meet the changing curricular and assessment statutory requirements	4	2	8	Ensure that we access all DFE update materials; attend all LCC/DFE update briefings-cascade; working with colleague schools/Teaching schools; research	SLT/ Govs	A	4	1	4
SEN Policy	A	Not aware of SEND updates	4	2	8	The Key – professional association [ NASEN]. Working with colleagues and professional organisations Policy compliant.	SLT	A	4	1	4
Health and Safety requirements	A	Failure to meet statutory requirements; failure to act on annual inspection findings; failure to ensure a safe environment	5	2	10	Regular visual checks Pro-active use of annual report from external consultants. Annual training updates via Educare	SLT/Govs	T	5	1	5
Data Protection Registration	T	Non-compliance Systems not in place to support compliance	5	2	10	Working within Best Practice guidance Peer review	SLT/SBM/ Govs	A	5	1	5
Web Requirements	T	Non-compliance Website is not user friendly	5	2	10	Annual review and more frequent subject to government requirements and Best practice guidance	SLT/ Office Team	A	5	1	5
LA/DfE/ESFA returns	A	Academy is non-compliant	5	2	10	Attend update conferences The Key Liaise with colleagues – Ops Board; Special heads etc. CEO/Principals monitoring.	LS/SMB/CEO	A	5	1	5
<b>Financial</b>											
Management Accounting	M	A failure to comply with financial regulations or to changes in DFE/EFA procedures	4	2	8	Trust appoints experience accountants and auditors. Ensure regular reviews of regulation; check for updates. Review areas of potential concern External monitoring and audit	LS, SBM, Governing Board, CEO	A	4	1	4
Loss of pupil premium funding	A	Failure to fill places resulting in loss of budget	5	2	10	Pro-active marketing. Close liaison with LCC and surrounding providers.	LS, SLT, Governing Board, CEO	A	4	1	4
Staff redundancies	T	Staff redundancies or competency processes can be very costly	5	2	10	Monitor LCC Outreach contract % year budget predictions	LS, SLT, Governing Board, CEO	A	5	1	4

						Monitor permanent/temporary staffing costs; apprentice funding					
Inability to set a balanced budget	T	Budget insufficient to meet the annual running costs of the school	5	2	10	Predicting future funding; securing pupil numbers; advanced planning staffing	LS, SBM, Governing Board, CEO	T	5	1	5
Ensuring appropriate sign off for purchases	T	Protocols not followed/not compliant with Trust /auditors recommendations.	4	2	8	Internal systems checks External audit	LS, SBM, SLT, Governing Board, CEO	T	3	1	3
Unexpected significant expenditure	T	No contingency Inadequate insurances	4	2	8	Budget planning Contingency Insurances	LS, SBM, Governing Board, CEO	T	4	1	4
<b>Building and Environment risks</b>											
Annual Health and Safety Inspection	A	Failure to identify or to address key risks	5	2	10	External audit-priorities areas as identified; regular update training; monitoring or systems Outcomes and reports scrutinized by LGB.	LS, Site Manager, SLT Governing Board,	T	5	1	5
Maintenance Plan	T	Plan is not current	4	2	8	Regular monitoring and review	Site Manager SLT	A	4	1	4
Playground and outdoor equipment	A	Failure to make regular checks Failure to have annual external checks Failure to supervise adequately Failure to teach the children how to use the equipment safely	5	3	15	Visual check before each session Annual external checks Appropriate staffing supervision Teaching the children how to use equipment safely	Site Manager SLT	Monthly	5	1	5
Risk with flat roofs	A	The academy has some flat roofs	5	2	10	Repair work completed Nov 2016-regular monitoring Ensure timely CIF bids {KS2 roof Jan 21-unsuccessful}	Site Manager, SLT, Governing Board,	T	3	2	6
Asbestos	A	3 areas with low risk asbestos- all identified and labelled	5	3	15	External checks in place Regular internal checks Asbestos Return to DFE completed. Maintain upto date register	Site Manager , SLTGoverning Board,	Monthly	4	2	8
Premises Security	A	Failure to have controlled access and out-of-hours security	5	2	10	Ensure that all staff are aware of the systems and protocols and that they are adhered to. External servicing e.g. alarms, electronic gates	Site Manager , SLTGoverning Board,	T	4	2	8

Perimeter security/ safeguarding fencing	A	Perimeter breach or damage caused	5	2	10	Regular checks	Site Manager	Monthly	3	2	6
Car Parking	A	Insufficient to keep children/staff safe	5	3	15	Designated parking areas; designated double parking; system in place for collecting/dropping off children LCC monitored Travel Plan up to date	SLT/ Governing Board	Monthly	5	2	10
Management of new buildings	M	Any proposed new building will be away from the main site – minimize disruption to pupils education/ safeguarding/ health and safety risk.	5	3	15	Externally monitored Internal management plan and Health and safety Plan devised in conjunction with contractors and academy.	Site Manager, SLT, Governing Board,	Daily	5	2	10
<b>Operational risk</b>											
Teacher recruitment	A	Failure to appoint high quality staff	5	3	15	SCITT in place SCITT providers using GHA for training and familiarisation programmes ECT appointed for Sept 21 Close links with universities Student placements always on offer	LS/ SLT Governing Board	A	4	2	8
Staff Training	M	Failure to allocate funding and time to operate within our Growthmindset ethos Failure to work within Best practice standards	5	2	10	Work within school ethos; Staff Voice Staff self-evaluation Performance management reviews IIP assessments	LS, SLT, Governing Board	M	5	1	5
Pupil recruitment	T	Failure to fill allocated places	5	2	10	Ensure that the school is operating at the very highest levels of best practice standards and that this is publicised Consistently over subscribed. Working within QM status	LS, SLT, Governing Board	T	5	1	5
Hot meal provision	A	In-house provision Failure to recruit/ cover illness	5	2		Programme of training/ shadowing Regular SLT support Maintain links with other service providers e.g. Priory School Retain contact with LCC Food Hygiene rating Food in schools award Regular seeking of stakeholder views	SLT/ Kitchen lead	T	4	2	8

Academy closure due to bad weather / pandemic	A	Closure of the academy due to bad weather, heating failure, pandemic etc.	5	3	15	Emergency Action plan regularly updated and shared with all staff, transport services, LCC, pupils and families. Accessible to all via website, Tapestry and paper format.	LS, SLT, Site staff	Monthly	3	2	6
Relationship with parent/ carers	A	Failure to meet the needs and expectations of families is a constant risk	5	2	10	Working with all interested parties, sharing ethos and values ; raise profile of the school Working within LPPA QM	SLT and all staff and Governing Board	Monthly	3	2	6
Relationship with other schools	A	Failure to retain positive relationships with colleague schools	5	2	10	Buddying systems; close liaison; partnership working; with former Teaching Schools involvement; Outreach supporting	SLT and all staff	T	3	2	6
Out of School Visits	A	Failure to work within policy and Best Practice protocols	5	2	10	Working within LOfC protocols- QM and within LCC guidance	SLT; Educational visits lead	T	3	2	6
Business Continuity	A	Failure of BCP to foresee and address major disruptions to the smooth running of the academy	5	2	10	Regular reviews and updates Off site backup	SLT, SBM, Governing board	A	5	1	5
Reputational Risk	M	Move towards generic provision; reputational risk; parental dissatisfaction; apparent decline in academic/social progress	5	3	15	Contextual understanding QM status Skills audit Publicity	SLT, SBM, Governing Board	T	4	2	8
Governance	T	Governance follows Best practice guidance	5	2	10	Ensure that Governance follows Best Practice guidance Membership of NGA, The Key; access to training and development opportunities; Educare courses etc.	LS, SLT, Governing Board	T	5	1	5
Admissions Policy	A	Current policy is dependent on number of places purchased from LCC [ currently to physical capacity of the school]	5	2	10	AS physical capacity increases liaise to determine if LCC wishes to purchase all places; establish links with surrounding out-county areas	SLT, LS Governing Board	A	5	1	5
Changing academy status	A	Converting schools- low risk Sponsored academy =higher risk. Move to new Trust= very low risk	5	2	10	Due diligence – All Needs. Strategic plan to address future needs of the school and Trust and to ensure that GHA is 'future-proof.' Strengthen strategic contribution to the on-going development of the Trust	LS, SLT, SBM, Governing Board	A	5	1	5

8.1 Communications with parents/carers and pupils	Sept. 2021	Failure to communicate effectively with parent/carers and pupils will limit pupils engagement with learning therefore exacerbate our provision of good education.	3	3	9	Through communication with parent/carers using Tapestry and personal contact we will support our families to do the very best for their youngsters. Specific information and documents will be uploaded to the school website /Tapestry	Ex.Principal Vice-Principal	Weekly	2	2	4
8.2 Managing the Press and social media	Sept. 2021	Negative material in the press or on social media could impact on attendance.	3	3	9	Continue with positive press releases- QM LPPA Jan 2021 Use Tapestry to keep in constant contact with all families.	Ex. Principal Vice-Principal	Daily	2	2	4
9.Testing											
9.1 Preparation	Sept 2021	N/A									
9.2 Managing the process	Sept 2021	N/A									

Reference Staff responsible:

- LS- Louise Stanton Ex.Principal
- SLT- Strategic Leadership Team
- DG/Site Manager
- SBM Vanessa Lambert
- Governing Board- Jon Boor Chair
- CEO- Andy Breckon

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**Guidance for completing the Risk Register**

The Operations Board should reassess the Risk Register on a termly basis. It will be presented to the Audit Committee annually and then received by the Trust Board. They may ask for more regular reports for high factors (16 to 25) registered activity. The Operations Board will annually review the document. Principals are encouraged to added additional categories which are appropriate for their specific academy.

- Column 1 - **Risk**. This has been divided into 7 key headings for risk to be classified and in the risk column a simple heading is required. The template as the basic headings and Principals may add other items they consider as a risk; for example GHA not retaining it NAS accreditation.
- Column 2 - The **date raised**, however some risks such as ‘pupils making progress’ will be annual so simply insert A, termly T and monthly M in this column.
- Column 3 - The **Risk Description** should be concise, but capable of being understood.
- Column 4 - The **Impact** of this occurring on the Academy or the Trust; for example being judged inadequate by Ofsted could lead to the academy being removed from the Trust, thus very high impact possible 5. [1 - insignificant, 2 - minor, 3 - moderate, 4 - serious and 5 - very serious.]
- Column 5 – The **Likelihood** is the chances of that risk occurring; for example if our performance in terms of standards and progress is good the likelihood of the risk is very low 1. [1 – very low, 2 - low, 3 – medium, 4 – high and 5 very high.]

Column 6 - **Risk Factor** is a combination of the impact and likelihood, which are multiplied to create this factor. [1 to 6 is low risk, 8 to 15 medium risk and 16 to 25 is high risk and must be assessed on a regular basis to prevent failure]. The risk tolerance matrix illustrates high RED, medium YELLOW and low GREEN.

Column 7 – The **Actions and Mitigation** should be short and concise describing what is been done to address the risk.

Column 8 - The CEO may appoint a **responsible person or team** to take the lead on each risk. If the risk factor is above 6.

Column 9 – This should indicate the **review frequency**, which is required to monitor the actions and mitigation.

Column 10 - The **Impact** of this occurring on the Academy or the Trust **after** the Actions and Mitigations in column 7 have been taken into account. This is scored on the same basis as column 4.

Column 11 - The **Likelihood** is the chances of that risk occurring **after** the Actions and Mitigations in column 7 have been taken into account. This is scored on the same basis as column 5.

Column 12 – This is the **current risk** assessment after actions and mitigations, which will hopefully show a reduction. **Current Risk** is a combination of the impact (column 10) and likelihood (column 11), which are multiplied to create this factor.

Risk Tolerance Matrix						
Likelihood	5 Very High	Low	2 Minor	3 Moderate	4 Serious	5 Very Serious
	4 High					
	3 Medium					
	2 Low					
	1 Very Low					
	1 Insignificant					
	<b>Impact</b>					

NOTE: Once a risk has been reasonably resolved then it should be removed, for example the boiler at HPA was high on consequences and on likelihood so would have had a 20 on the risk factor. Boiler replaced and established six months afterwards should be removed.

It is important that academies systematically deal with risk. Most risks can be **treated** by taking action or applying controls, following analysis some risks may be **tolerated** as cost of taking action outweighs the benefits, some risks may need to be **transferred** for example insured against that risk and in some cases risk may be so uncontrollable that the activity is **terminated**.

Staff must be prepared to escalate a risk if in their profession view it is beyond their control. Risk register must always be linked to the academy Business Continuity