

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
1	Regulatory or compliance	Averse (risk score 25)	<p>We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Cause:</p> <p>We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to:</p> <ul style="list-style-type: none"> Insufficient staff as a result of external factors we cannot control such as the Scottish Abuse Inquiry, COVID-19, difficulty recruiting or errors in our resource model assumptions Ineffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third parties Legislation or third party policies preventing us from obtaining necessary information. <p>Our processes and approach are bureaucratic Our legislative framework is a structural barrier to flexible working across care.</p> <p>Legislative and process changes due to COVID-19 means that people are working unregistered or without their fitness to practise being assessed.</p> <p>The impact of COVID-19 means that other agencies are unable to provide us with the information we need to make fitness to practise decisions or we are unable to hold a fitness to practise hearing.</p> <p>Failing to respond proportionately to COVID-19 means that limited workforce capacity is spent responding to regulatory requirements.</p> <p>Consequence:</p>	Director of Regulation	5	4	20 (High)	<p>Existing Mitigation and Controls</p> <p>Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency.</p> <p>Digital systems to manage our processes and casework, with ongoing development of those systems</p> <p>Resource modelling for calculating our staff base.</p> <p>Quality assurance and audit process in place for staff and panel decision making.</p> <p>Publicising hearing outcomes and decisions.</p> <p>Use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity.</p> <p>Use of technology to hold online hearings.</p> <p>Planned Mitigation and Controls</p> <p>Implementation of Opt-in Hearings which will reduce the number of hearings held – has been affected by Covid-19 due to Scottish Gov resources. Estimated implementation of 1 April 2021. – Owner Director of Regulation</p> <p>Implementation of revised thresholds. 2020/21. Owner - Director of Regulation</p>	4	3	12 (Moderate)	↔	N	

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					Impact	Probability	Score		Impact	Probability	Score			
			<p>A worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>A worker leaves the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p>					<p>Service redesign project – postponed until 21/22 due to lack of capacity and subject to budget. Owner – Director of Regulation</p> <p>Discussions with Scottish Government about reverting 12-month rule back to six-month rule. Estimated implementation Summer 2021. – Owner – Director of Regulation</p> <p>Change to the structure of our register– long-term project for completion by 2022. delayed due to COVID-19. – Owner – Director of Regulation</p> <p>Work with Police Scotland and Crown Office Procurator Fiscal Service on information sharing and decisions – Summer 2021 – Director of Regulation</p>						
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p>Cause:</p> <p>Our contribution to developing resources does not meet the needs of registrants and employers.</p> <p>Our standards don't meet the needs of employers.</p> <p>Limited funding for individuals and employers to support formal learning.</p> <p>Our legislative framework is a structural barrier to flexible working across care.</p> <p>Individuals are not able to complete qualifications.</p> <p>Extension to qualification condition timescale due to COVID-19.</p>	Director of Development and Innovation	4	4	16 (High)	<p>Existing controls</p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p>Published career pathways resources to promote a career in social care which link to qualifications funding and registration.</p>	4	3	12 (Moderate)	↔	N	


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			Consequence: Workers are not registered or removed from the register, leading to gaps in service delivery which affects the delivery of care to people using services. Reduced confidence of public protection. Existing qualifications and standards do not support new models of care. Workers are unable to adhere to the SSSC Codes of Practice.					Planned actions – Is it to be noted not all these actions are at the sole discretion of the SSSC to implement. With UK Skills for Care and Development Partnership, and the Sector Skills Council we are reviewing whether the current National Occupational Standards (NOS), continue to meet the needs of employers and the workforce post COVID-19. (Head of Learning and Development Team) Deliver the recommendations from the review of the qualified status of our registered workforce. (Head of Learning and Development Team) Working with partners to develop a simulated first practice placement module for social workers. (Head of Learning and Development Team - March 2021) Working with partners to develop an interim award and a pathway for HNC students unable to complete the SVQ to meet registration requirements. (Head of Learning and Development Team - February 2021) Deliver recommendations from Root Cause Analysis of Care Homes. (Head of Learning and Development Team - March 2021)						

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					Impact	Probability	Score		Impact	Probability	Score			
								<p>Developing new careers toolkit and new social services apprenticeship guidance. (Workforce Planning Manager – March 2021)</p> <p>Continue to investigate and promote funding opportunities. (Workforce Planning Manager – March 2021)</p> <p>Workforce Skills Survey to identify any skills gaps and training/learning needs. (Workforce Intelligence Manager and Head of Workforce Planning – March 2021 onwards)</p>						
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Cause:</p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Lack of management. Ineffective working relationships between Council members and Officers. Poor assurance mapping.</p> <p>Consequence:</p> <p>Loss of credibility. Conflicts of interest. Fraud. Data breach/loss. Information and records management does not comply with legislative requirements. Reduced quality of challenge and oversight. Reduced public confidence. Qualified audit. Further section 22 action. Failure to deliver strategic objectives.</p>	Director of Finance and Resources	4	4	16 (High)	<p>Existing mitigation and controls</p> <p>Governance improvement plan completed to Audit and Assurance Committee's satisfaction.</p> <p>Shared services review ongoing – report on governance arrangements will be tabled at Council meeting on 27 May</p> <p>Policy library review complete.</p> <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p> <p>Positive internal audit response to Corporate Governance review with two minor recommendations.</p>	3	3	9 (Low)	↔	N	

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					Impact	Probability	Score		Impact	Probability	Score			
								Planned actions Carry out review of policies per agreed timetable. Assurance mapping exercise to be carried out during 2021. Further discussion required about Committee restructure with Council.						
4	Operational and Policy Delivery: Developing new process, systems and projects	Hungry (1-4)	We fail to plan and resource our activities to deliver our digital strategy. Cause: Poor project options appraisal, scoping and business case development. Insufficient funds allocated. Lack of staff, skills and knowledge. Lack of project management and governance. Lack of IT policies. Delays to project starts due to COVID-19. Budget for 2021/22 allocation not sufficient. Consequence: Projects not completed; digital strategy outcomes not delivered/strategic outcomes not achieved. Reduced confidence in system processing. Failure to register people on time. Potential loss of data. ICT downtime. Vulnerable to cyber attacks	Director of Strategy and Performance	4	3	12 (Moderate)	Existing mitigation and controls Digital Programme for 2020/21 developed and agreed at Digital Sponsor. Procurement project to re-provision maintenance and development contract – May 2021. (Head of Digital) Planned actions Publish new Digital Strategy - June 2020 – delayed due to COVID-19 planned for early 2021. (Director of Strategy and Performance)	2	2	4 (Very low)	↔	N	
5	Communication and profile: Proportionate regulation	Cautious (12-15)	We fail to provide value to our stakeholders and demonstrate our impact. Cause: Impact of the Independent care review. Use of complex and formal language. People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage. We don't lead nationally on core SSSC functions.	Director of Strategy and Performance	3	4	12 (Moderate)	Existing mitigation and controls User research underway to be completed by January 2021. (Head of Communications) . Regular review of business plan objectives quarterly due to COVID-19 activity. (Operational Management Team)	3	3	9 (Low)	↔	N	

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					Impact	Probability	Score		Impact	Probability	Score			
			<p>Limited ability/resource to market the role of SSSC. Increased scrutiny due to decision making around COVID-19 at a national level.</p> <p>Consequence:</p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in delivery of strategic outcomes not achieved. Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources.</p>					<p>Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC</p> <p>Planned actions</p> <p>Review of outcomes-based budgeting for next financial year underway. (Director of Finance and Resources - March 2021)</p> <p>Planned development session with Council Members to review stakeholder map and engagement framework. (Head of Strategic Communications - April 2021)</p> <p>New two year Communications Strategy to be approved at May Council (Head of Strategic Communications May 2021)</p> <p>Implementation of programme of works to 'measure our impact' by embedding clear evaluation processes in all out work (Head of P&I April 2022)</p> <p>Development of SSSC equalities data and potential publication of data held about the sector to support and drive policy changes (Dir of S&P April 2022)</p>						
6	People and culture: Organisational development	Averse (25)	<p>We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Cause:</p>	Director of Finance and Resources	5	4	20 (High)	<p>Existing mitigation and controls</p> <p>Organisational Development review completed and six areas of high priority work have been developed and workstream projects are underway. (Head of Organisational</p>	3	4	12 (Moderate)	↔	N	

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					Impact	Probability	Score		Impact	Probability	Score			
			<p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level.</p> <p>Lack of effective monitoring of workload and capacity.</p> <p>Lack of an effective staff learning and development plan.</p> <p>Managers are unaware of their duties in relation to supporting staff.</p> <p>Lack of managed mandatory training programme.</p> <p>No consistent approach to development discussions.</p> <p>No consistent approach to leadership and management development.</p> <p>No mentoring programme for new staff.</p> <p>Outcomes of job evaluation.</p> <p>Continued restrictions due to COVID-19.</p> <p>High number of vacant posts to support business as usual which impacts on other members of staff.</p> <p>Consequence:</p> <p>High turnover of staff.</p> <p>Loss of Investors in People status.</p> <p>Inability to deliver our strategic objectives.</p> <p>Dismissal of staff due to poor performance.</p> <p>Unfair/constructive dismissal claim.</p> <p>Legal claim under Equalities Act.</p> <p>Reputational damage.</p> <p>Reduced ability to influence change and policy development.</p> <p>COVID-19 restrictions impact on staff motivation and cause fatigue.</p> <p>Increased in staff suffering from stress related illness and increased absences.</p>					<p>Development – December 2021)</p> <p>Evolve Programme Board established to oversee delivery of workstreams.</p> <p>Planned actions</p> <p>Organisational Development operational plan being established.</p> <p>(Head of Organisational Development – March 2021)</p> <p>Leadership and management training to be delivered (half of managers trained in March 2021) - (Head of Organisational Development – December 2021)</p> <p>Scoping project underway for pay and grading structure.</p> <p>(Director of Finance and Resources – May 2021)</p> <p>Full pay and grading review project to commence.</p> <p>(Director Finance and Resources – to be agreed at Council meeting on 27 May 2021)</p> <p>Reinforcement of 'do what you can' message following latest lockdown restrictions and work deadlines managed accordingly. (Each member of Executive Management Team and Operational Management Team – ongoing)</p> <p>Report to Council with analysis of staff impact and impact on business activity (May 2021)</p> <p>Development discussion process reviewed and will</p>						

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					Impact	Probability	Score		Impact	Probability	Score			
								launch in April (Line managers – April 2021)						
7	Finance and value for money: Financial management	Cautious (12-15)	<p>The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Cause:</p> <p>Inability to convince Scottish Government as main funding source of our strategic priorities. Single year funding settlements to support a three-year strategic plan. The SSSC does not have up to date, comprehensive, forward looking financial plans aligned to the strategic plan. Failure to meet financial targets. Fee income is not in line with projections. Grant in Aid is reduced. Late notification of Scottish Government budget allocations. Financial implications of the COVID-19 pandemic affecting public finances.</p> <p>Consequence:</p> <p>Adverse impact on our ability to deliver our strategic objectives. Reputational damage. Reduced confidence in our protection arrangements. Reduced future funding. Reduced ability to influence change and policy development.</p>	Director of Finance and Resources	4	5	20 (High)	<p>Existing mitigation and controls</p> <p>Financial Strategy that considers current position plus the next six years is in place and reviewed annually (last reviewed in June 2019; date of next review to be agreed by Council).</p> <p>Information on planned activity for the next six years is not available, which makes it difficult to produce a robust Financial Strategy. Agreed that long term planning and budgeting sessions will be held with EMT in May and Council members in July.</p> <p>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</p> <p>2021/22 budget agreed at Council in March 2021.</p> <p>Budget performance reviewed at directorate and Executive Management Team level on a monthly basis, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>Strategic finance capacity bolstered by the appointment of a Director of Finance and Resources to work exclusively for the SSSC. Senior Accountant role in shared services agreed.</p>	4	43	1612 (High/moderate)		N	

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					Impact	Probability	Score		Impact	Probability	Score			
								<p>Outcome based budget planning was introduced for the first time in 2021/22.</p> <p>Resource models reviewed and updated and regularly compared to the actual position.</p> <p>Planned actions</p> <p>Financial strategy review to include scenario planning and longer-term business and financial planning being integrated. (Director Strategy and Performance and Director of Finance and Resources – March 2022).</p> <p>Development of a revised fees policy. (Director of Strategy and Performance – autumn 2021).</p> <p>Close monitoring of the impact of COVID-19 on the progress of projects and the collection of fee income. Scottish Government agreed in December 2020 that reminders to chase outstanding fees could recommence. (Director of Regulation and Director of Finance and Resources)</p> <p>Internal audit of resource model to be finalised and recommendations implemented (Director of Regulation and Director of Finance and Resources – September 2021)</p> <p>Indicative budgets for 2022/23 and 2023/24 identify budget gaps. Discussions with EMT, SG and Council required</p>						

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					Impact	Probability	Score		Impact	Probability	Score			
								to achieve balanced budget (Chief Executive and Director of F&R March 2022)						
8	Operational and policy delivery: Business continuity and adaptation of service	Minimalist (16-20)	<p>The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.</p> <p>Cause:</p> <p>Revision of BCP was suspended pending completion of the digital transformation programme.</p> <p>Availability of resources to take forward the updating of business impact assessments and recovery plans.</p> <p>Untested plans.</p> <p>Plans not taking account of recent increased threats – cyber-attacks on public sector</p> <p>Consequence:</p> <p>Modified audit options.</p> <p>Loss of front line services to registrants with no recovery plan.</p> <p>Mismanagement of major incident.</p> <p>Data and information loss and loss of access to core systems</p>	Chief Executive	4	5	20 (High)	<p>Existing mitigation and controls</p> <p>Due to COVID-19 our plans were updated, and a new process has been defined earlier than planned.</p> <p>Action records and debriefing templates are being used to define the new process which will be rolled out earlier than expected in August 2020.</p> <p>Planned actions</p> <p>Timetable for future testing of plans to be agreed. (Head of Performance and Improvement – December 2020)</p> <p>Cyber security - monitoring of attacks on other organisations and review of mitigating actions to ensure SSSC systems are process are cyber compliant (Head of Digital)</p> <p>Planned cyber security internal audit for 2021/22</p>	2	2	4 (Very low)	↔	N	
9	Operational and policy delivery: Business continuity and adaptation of service	Minimalist (16-20)	<p>The SSSC is unable to operate effectively and efficiently due to effects of global pandemic COVID-19.</p> <p>Cause:</p> <p>COVID-19 flu pandemic.</p> <p>Delivery of services operating in an uncertain environment with changes to practice and controls.</p> <p>Direct instruction from Scottish Government to respond to sector needs.</p> <p>Additional business required to be delivered as directed by Scottish Government.</p>	Chief Executive	5	5	25 (Very high)	<p>Existing mitigation and controls</p> <p>Please refer to business impact assessment for breakdown of operational risks. Other actions include:</p> <p>Recovery plan process now active and return to business as usual is being pursued in accordance with Scottish Government Route Map.</p> <p>New areas of work have been identified and business plans</p>	3	3	9 (Low)	↔	N	

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			Reintroduction of home-schooling. Consequence: Staff capacity is significantly reduced. Financial losses due to not chasing fees. Business Plan objectives will not be achieved. Increase the demand on SSSC service due to temporary changes to regulation. Impact on the availability of staff to run core services. Third-party staffing levels may not be sustained to support SSSC core functions. Risk to the safety of service users by changing our approach to regulation to increase capacity in the sector. Inability to flex our statutory functions which creates a barrier to the workforce being able to respond to the pandemic. Our infrastructure and working practices do not support home working. Our staff are not supported and do not feel valued.					reviewed to take account of the needs of the sector considering the COVID-19 response. Planned Actions Regular strategic and operational response meetings remain in place.						

RISK SCORING MATRIX

Table 1 Impact scores

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident An event which impacts on a small number of stakeholders	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Mismanagement of cases with long-term effects and impacts of service users	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of stakeholders
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications if unresolved Reduced performance rating if unresolved	Service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major implications if findings are not acted on	Non-compliance with national standards with significant risk if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of service Gross failure of findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/Governance/inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Qualified audit	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including losses and claims	Loss or compensation of under £1,000	Loss of up to £25k of budget Loss or compensation less than £10,000	Loss of £25k+ to £100k of budget Loss or compensation between £10,000 and £50,000	Uncertain delivery of key objective/Loss of £100k+ to £500k of budget Loss or compensation between £50,000 and £1150,000 Purchasers failing to pay on time	Non-delivery of key objective/Loss of >£500k of budget Failure to meet specification/slippage Loss of contract / payment by results Loss or compensation >£150,000
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Breaches of confidentiality involving person identifiable data (PID), including data loss	No significant reflection on any individuals or body. Media interest very unlikely	Damage to an individual's reputation. Possible media interest, e.g. celebrity involved	Damage to a team's reputation. Some local media interest that may not go public	Damage to a service reputation/ low key local media coverage Damage to an organisation's reputation/ local media coverage	Damage to SSSC reputation/ National media coverage. Serious breach with potential for ID theft or over 1000 people affected
	Minor breach of confidentiality. Only a single individual affected	Potentially serious breach. Less than 5 people affected or risk assessed as low, e.g. files were encrypted.	Serious potential breach & risk assessed high, e.g. unencrypted file lost. Up to 20 people affected.	Serious breach of confidentiality, e.g. up to 100 people affected	

Table 2 Probability score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency of occurrence.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Table 3 Risk rating = consequence x likelihood (C x L)

Consequence scores (C)	Likelihood scores (L)				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 5	VERY LOW risk
6 - 10	LOW risk
12 - 15	MODERATE risk
16 - 20	HIGH risk
25	VERY HIGH risk

Risk appetites, as agreed by Council, can be aligned to the above matrix as follows:

Risk grade	Risk appetite
VERY LOW risk	HUNGRY
LOW risk	OPEN
MODERATE risk	CAUTIOUS
HIGH risk	MINIMALIST
VERY HIGH risk	AVERSE

For example, a risk heading which has been assigned a risk appetite of 'minimalist' should not exceed an overall risk grade of high.

Instructions for use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
3. Calculate the risk rating by multiplying the consequence score by the likelihood score:
 $C \text{ (consequence)} \times L \text{ (likelihood)} = R \text{ (risk score)}$
4. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

Scoring system in the trend column of the summary tables

In the trend section up to 6 months is judged as 'improving' greater than six months is 'gradually improving' and 'steady' is self explanatory.

