


xID	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, resourcing issues in the sector affecting service provision, 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>We do not share/receive information and intelligence with/from other organisations.</p> <p>Our processes and approach are bureaucratic and our legislative framework is a structural barrier to flexible working across care.</p> <p>The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving law.</p> <p>Failure to secure the legislative and Rule changes for FPP. Failure to engage the sector in the changes for FPP. Increasing cost of digital solutions Failure of delivery of digital solutions in time for go live</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, and hold hearings, with ongoing development of those systems.</p> <p>Resource modelling for calculating our staff base.</p> <p>Training and quality assurance and audit process in place for staff and panel decision making.</p> <p>Publicising hearing outcomes and decisions.</p> <p>Over recruitment of key posts, use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity.</p> <p>Liaison work with sector to ensure understanding of our frameworks and processes and to receive feedback to help us improve.</p> <p>Relationships and where necessary data-sharing agreements with other agencies to share intelligence for public protection.</p>	4	3	12 (Moderate)	↔	N	

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			<p>Consequence:</p> <p>A worker's fitness to practise is not assessed as they do not comply with registration requirements, or our registration process is too slow, or 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>Workers leave 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 others involved in regulation processes, 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>FPP</p> <p>Workers and employers do not understand the reduced timescale to register. Our systems are not ready to deliver the changes to registration and renewal processes on time.</p>					<p>Planned Mitigation and Controls</p> <p>Implement and embed fitness to practise help and support lines for witnesses and members of the public making a referral – Summer 2025 – Director of Regulation</p> <p>Implementation of the data and intelligence strategy to share intelligence with partner bodies, (linked to action in risk 4)</p> <p>Work with Police Scotland, Scottish Government, Disclosure Scotland and GTCS mapping information sharing processes – (Director of Regulation)</p> <p>FPP Mitigations</p> <p>Closely working with Sponsor team within OCSWA to progress the required legislative changes and changes to Rules.</p> <p>Close monitoring of development costs and potential repurposes of digital development costs in 2024/25 to ensure funding capacity remains available.</p> <p>Implementation date changed from April to June 2024 to ensure sufficient time to communicate with the workers and employers.</p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Formal consultations have taken place in relation to the changes. We have established an external working established to work with</p>						

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								<p>relating to Registration changes.</p> <p>Detailed communications plan targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Increased operational project review meetings with vendor and internal time to control delivery and timescale milestones.</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>Failure to ensure the sector understand the changing qualification aCPL and Return to Practice (RTP) requirements.</p> <p>Failure to engage and communicate the changes to the code of practice with the sector</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>Individuals are not able to complete qualifications.</p> <p>Failure to respond timeously to requests for data due to lack of correct skills/capacity</p> <p>Consequence:</p> <p>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.</p> <p>Reduced confidence of public protection.</p> <p>Existing qualifications and standards do not support new models of care.</p>	Director of Workforce, Education and Standards	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> <p>We are supporting the development a new Graduate Apprenticeship Route into Social Work.</p> <p>We are developing a new integrated health and social care SVQ qualification. The formal consultation closes 31 January 2024. The award will</p>	4	3	12 (Moderate)		N	

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			<p>Workers are unable to adhere to the SSSC Codes of Practice.</p> <p>Risk to our reputation with external partners when we cannot provide the information or data requested</p> <p>Workers do not understand the new CPL and RTP requirements and fail to maintain their registration.</p> <p>Workers do not adhere to the new codes because they do not know about them or understand them</p>					<p>be finalised for approval by SQA May 2024</p> <p>We have developed an improvement plan based on the registrant and learning resources surveys and our data insights research to inform how we target and promote our resources to different registrant groups.</p> <p>The new model of CPL, flexibility of qualifications we accept for registration and return to practice standards for social workers for will be implemented on 3 June 2024</p> <p>Working in partnership with Skills Development Scotland, SG and NES to develop a Skills Response Plan for Adult Social Care.</p> <p>Planning in progress with Sector Skills partners for NOS review to be completed by end of 2025</p> <p>Barriers to gaining qualifications i.e access to funding, raised at Ministerial Joint Social Services Taskforce Jan 2024 and priority actions with SG and key partners agreed to be completed within next 12 months.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Planned actions – It is to be noted not all these actions are at the sole</p>						

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								discretion of the SSSC to implement.						
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. Ineffective working relationships between Council members and Officers. Poor assurance mapping.</p> <p>FPP</p> <p>Failure to follow PMO methodology Failure to escalate project issues accordingly</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.</p> <p>. Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.</p> <p>FPP</p> <p>The project is delayed and we cannot support the delivery of the project milestones and meet legislative requirements. Workforce becomes confused about their responsibilities to register,CPL and RTP requirements.</p>	Director of Regulation)	4	4	16 (High)	<p>Existing mitigation and controls</p> <p>Governance improvement plan completed to Audit and Assurance Committee's satisfaction.</p> <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p> <p>Assurance mapping carried out and agreed by the Audit and Assurance Committee.</p> <p>Agreed internal audit plan up to 31 March 2025.</p> <p>Planned actions</p> <p>Option of one year contract extension with Henderson Loggie to 31 March 2025 (Director of Regulation by 31 March 2024).</p> <p>Two external Scottish Government Assurance exercises undertaken for project controls and digital development. Both audits highlighted clear strengths in project management and no major weaknesses.</p> <p>Increased internal project control meetings and increased frequency of Future Proofing Sponsor as we near go live.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for</p>	3	3	9 (Low)	↔	N	

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								employers. Regularly updated FPP information on website. Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.						
4	Communication and profile: Proportionate regulation	Cautious (12-15)	<p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p>Cause:</p> <p>People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage.</p> <p>Limited resource to communicate the role of SSSC and our key programmes including the Future Proofing Programme. Unable to respond timeously to requests for internal data due to lack of resource.</p> <p>FPP</p> <p>Consequence:</p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in design and delivery of strategic outcomes. Unable to implement the Scottish Approach to Service Design Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources. Risk to reputation with our external partners who rely on SSSC data. The value of registration is diminished. Conflict of interest with SG when consulting on fees. Insufficient communication and engagement of the Future Proofing Programme with low awareness of the changes affecting registrants and employers.</p>	Director of Strategy and Performance	3	4	12 (Moderate)	<p>Existing mitigation and controls</p> <p>Regular review of business plan objectives In line with budget monitoring (Operational Management Team)</p> <p>Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC</p> <p>Process in place to monitor activity on outcomes and inform future year budgets.</p> <p>New strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders (Director of Strategy & Performance)</p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Formal consultations have taken place in relation to the changes. We have established an external working established to work with relating to Registration changes.</p> <p>Implementation date changed from April to June 2024 to ensure sufficient time to communicate with the workers and employers.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate</p>	3	3	9 (Low)	↔	N	

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								<p>communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Planned actions</p> <p>Development of data and intelligence plan that will demonstrate how we input into national policy and decision making (March 2024)</p> <p>Ministerial launch of the codes of practice.</p> <p>Increased capacity at FPP online events from 100 places to 250 places due to high up take with option to add more sessions to the programme pre and post go live.</p>						
5	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</p> <p>Cause:</p> <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>Managers are unaware of their duties in relation to supporting staff.</p> <p>No consistent approach to leadership and management development.</p> <p>Insufficient staff to support business as usual which impacts on other members of staff.</p> <p>Large number of fixed term contracts supporting delivery.</p> <p>Business critical posts not recruited to.</p> <p>Single points of failure in several areas.</p> <p>Implications of delays of the NCS and Independent review</p>	Director of WES)	5	4	20 (High)	<p>Existing mitigation and controls</p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback eg Chief Executive webinars, EMT broadcasts, weekly bulletins, breaking news on intranet, meetings with the partnership forum, HR drop-in sessions, staff surveys, focus groups on</p>	4	3	12 (Moderate)	↔	N	

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			<p>Implications of unsettled 2022/23 pay award</p> <p>Unsuccessful recruitment</p> <p>Poor project management of future grading structure</p> <p>Consequence:</p> <p>High turnover of staff - staff leave the organisation due to uncertainty</p> <p>Loss of Investors in People status.</p> <p>Unable to deliver our statutory functions</p> <p>Unable to deliver strategic plan</p> <p>Unable to deliver FPP</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>Increase in staff suffering from stress related illness and increased absences.</p> <p>Unable to effectively maintain business as usual and deliver strategic outcomes if fixed term contracts are ended.</p> <p>Industrial action due to pay claim/ outcomes from rewards review.</p>					<p>particular issues, annual staff event.</p> <p>Internal Audit completed- no recommendations</p> <p>Planned actions</p> <p>Delivery of People Strategy action plan (Director of WES - deadline September 2024)</p> <p>Discuss with Scottish Government establishing a core budget at a level that we can employ sufficient permanent staff to continue to deliver the objectives in the strategic plan. (Chief Executive – March 2024)</p> <p>Discussion with Scottish Government and negotiation with UNISON re pay claim 2023/4 (Chief Executive– commenced March 2023)</p> <p>Interim IIP and IIYP assessments complete November 2023. Continue to be on track for GOLD IIP and we have achieved silver status for IIYP. Areas to consider will be embedded into people strategy.</p> <p>Internal Audit of SSSC workforce planning – complete. Assessed as good with one recommendation</p> <p>Equal Pay Audit planned concluded November 2023. No concerns to be addressed.</p>						
6	Finance and value for money: Financial management	Cautious (12-15)	<p>The SSSC fail to secure sufficient budget resources required to deliver the strategic plan.</p> <p>Cause:</p> <ul style="list-style-type: none"> Scottish Government do not increase permanent funding or 	Acting CEO)	4	5	20 (High)	<p>Existing mitigation and controls</p> <p>Financial Strategy that considers current position plus the next three years is in place and reviewed annually (last formal review in March</p>	4	4	16 (high)	↔	N	

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			<p>consent to adequate fee levels, or they reduce our Workforce Development Grant preventing us from enable us to resourcing delivery of our core statutory functions and strategic priorities.</p> <ul style="list-style-type: none"> • Single year funding settlements to support a three-year strategic plan. • Fee income is not in line with projections. • Late notification of Scottish Government budget allocations. • Removal of ability to hold reserves. • Ineffective financial planning, not aligned to strategic and business plans. • Already really efficient, no slack to make further savings • Any agreed increase in fees is offset by a reduction in grant in aid. • No compulsory redundancy policy affects ability to realise savings from staffing efficiencies • Scottish Government struggle to fund spend-to-save initiatives <p>Consequence:</p> <p>Compromising our ability to deliver our statutory functions / strategic plan, increasing other strategic risks Reliant on a number of temporary posts to deliver parts of the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.</p>					<p>2023) and audit of financial sustainability</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>Budget performance reviewed at directorate and Executive Management Team level monthly, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council.</p> <p>Resource models reviewed and updated and regularly compared to the actual position (Director of Regulation).</p> <p>Close communication with Scottish Government about budget and fee levels.</p> <p>EMT reviewing all recruitment decisions</p> <p>PMO monitoring of benefits realisation</p> <p>Planned actions</p> <p>Scottish Government (SG) has agreed to fund the deficit budget 2024/2025 budget submitted to Council in March.</p> <p>–Reduction in permanent staffing requirement in 2024/25 due to efficiencies created by Future Proofing. (Director of Regulation)</p> <p>.</p>						

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7	Operational and policy delivery: Business continuity and adaptation of service	Cautious (12-15)	<p>We fail to have the appropriate measures in place to protect against cyber security attacks</p> <p>Cause:</p> <p>Insufficient funds allocated to manage core IT infrastructure. Insufficient development investment to upgrade security and systems. Lack of staff, skills and knowledge. Insufficient horizon scanning of future threats. Lack of understanding and awareness by staff. Successful cyber attack.</p> <p>Consequence:</p> <p>Complete loss of use of core business systems. Loss of data and sensitive information. Major data breach. Financial fraud. Action by external stakeholders – ICO, SPSO, Audit Scotland. Financial penalties.</p>	Director of Strategy and Performance	4	5	20 (Very High)	<p>Cyber essentials accreditation.</p> <p>Regular mandatory cyber security training.</p> <p>ICT security policies in place.</p> <p>Positive internal audit Relevant insurances in place.</p> <p>Regular cyber security incident management testing plan in place.</p> <p>Regular pen testing carried out twice yearly.</p> <p>Regular cycle of phishing exercises carried out for all staff and reported to Council yearly.</p> <p>Planned actions</p> <p>Planned Digital Development Programme for 2024/2024</p>	3	4	12 (Moderate)	↔	N	

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 Minor breach of confidentiality. Only a single individual affected	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
		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.

