



Portus
Supported Housing

Policy Title: Escalations Protocol

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Review

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16/05/2026	N/A	Adam Reece, Interim Finance Director	Steve Fensom, Chief Executive	16/05/2029

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Approved by

Executive Team	
Group Audit & Risk Committee	27/05/2026
Board	



Escalation of material events – internal and external protocol

Purpose

The purpose of this document is to set out a protocol in relation to the escalation of material events within the organisation and, if necessary, onwards to the Regulator of Social Housing (RSH) or any other relevant body to ensure compliance with the requirements for openness and transparency as set out in the Regulatory Standards.

As part of its co-regulatory approach, the RSH expects that registered providers communicate with it in a timely manner on material issues that relate to non-compliance or potential non-compliance with the Regulatory Standards. This protocol also sets out guidance by which the Board of Portus Supported Housing Limited (PSH) will determine whether there has been, or could potentially be, a breach of the RSH's Economic and/or Consumer Standards.

This process is supported by communications mechanisms to ensure that all colleagues and Board members are aware of broader, external sector issues and the challenges these may present in terms of risk and the requirements of the regulatory agencies with which PSH works.

Scope

This protocol applies to all colleagues and Board Members of PSH, colleagues and Board Members of any of its subsidiaries and any independent members of the Group Audit and Risk Committee. For the avoidance of doubt, references to PSH throughout this document include all of PSH's subsidiaries.

What is a material event?

A material event is one which is likely to be of significance in relation to a failure, potential failure, breach, potential breach or non-compliance with a regulatory (Economic and/or Consumer Standards), legal, contractual or statutory requirement. This relates to all aspects of PSH's business and elements of its organisational structure.

PSH must consider the particular circumstances of the event, the level of risk and the potential impact on the organisation and take action which is commensurate with the materiality of the breach or failure.

The following three broad categories of incident terms describe example levels of escalation:

- **Minor incidents** refer to occurrences which tend to be low-level in potential or known seriousness, locally contained, with minimal impact on health and safety, service delivery, finances, or reputation. These incidents are normally responded to and resolved at operational management level, without recourse to senior officers. The relevant department lead officer may need to be involved in the resolution or response to minor incidents.



- **Reportable incidents** refer to events or occurrences with a moderate impact which go beyond resolution at local level and may need to be notified to the Executive Team. The Executive Team should normally be apprised of all reportable incidents, and consultation with legal or specialist advisors may be required to determine whether the incident is referable.
- **Notifiable incidents** refer to known or potentially significant or adverse incidents or events which warrant reporting to a higher level than the routine management route. Such incidents would normally require formal notification to the Chief Executive who, in conjunction with relevant Executive Team members, will decide whether escalation to the Board is required. Assistance and specialist advice from the relevant additional internal or external support may be sought.

The Impact Score matrix from PSH's Risk Register is appended to this protocol. Minor incidents would be those that have an impact within the insignificant or minor categories.

Reportable incidents correlate with the moderate category and notifiable incidents are those that fall within the major or critical categories.

If in doubt as to which category an incident falls under, colleagues should report it to a member of the Executive Team as if it met the reportable incident threshold. The Executive Team will then make an assessment as to whether it is a minor, reportable or notifiable incident.

In the majority of cases, notifiable incidents will have been previously escalated to a senior level in the organisation as reportable incidents. However, certain exceptions exist, particularly around the routine external reporting of certain health and safety incidents (i.e. to the Health & Safety Executive), issues being addressed by the Housing Ombudsman Services and security incidents (i.e. to the Police).

The relevant officer within PSH will monitor these incidents and will, in consultation with the Executive Team, identify any incidents that suggest serious internal control weaknesses and/or significant adverse consequences, which may need internal escalation.

Early notification of a material event to the RSH or any other relevant body should involve the Board having prior, but timely agreement of the way forward to resolve the presenting issues alongside the confirmation that PSH has the capacity, the capability and the resources necessary to do so.



Internal notification of material events

The aim of this protocol is to ensure that Board members are provided with sufficient information in a consistent and accessible format, to ensure that any material events are pre-empted and to facilitate a proactive approach to managing risk and service impacts. In particular, the protocol seeks to equip members with consistent awareness of the requirements of the regulator and in doing so, seeks to support consensus decision making on responses to challenges and, if appropriate, notifications of material events to the RSH or other regulatory or statutory body.

PSH's general approach in relation to any risks to compliance will be managed through its Risk and Assurance framework. Matters from across the business will be referred into the Executive Team member for the relevant operating area, who will maintain an active risk register covering their objectives, KPIs, and overall areas of responsibility. This process feeds into the risk monitoring undertaken by the Group Audit and Risk Committee.

The risk process is supported by an internal escalations procedure for specific events which provides a recording and alerts system. Those incidents which are linked to key risks and agreed tolerances will be reported to the Group Audit and Risk Committee for review. The Group Audit and Risk Committee will recommend those matters (including consideration of, but not limited to, the organisational risk register and risk appetite) which it considers to be "material" and requiring further consideration by the Board in terms of response and possible communication with the RSH.

In exceptional cases, the Chief Executive may notify significant, serious material breaches directly to the Board using the urgency protocols set out in the organisation's delegations framework.

Wider external sector risks and issues will be communicated to members using bespoke briefing notes and presentations provided by the Executive Team as and when appropriate.

Finally, as part of its leadership role, the Executive Team will work with the Board to manage the information and interfaces between the internal and external risk frameworks and environment, operational performance and outcomes, and strategic delivery to ensure appropriate reporting, action and communication is undertaken to ensure regulatory compliance is maintained. Board will receive reports in relation to active cases relating from the PSH Fraud and Whistleblowing Policies and other relevant policies.

Board will consider notification of a material event to the RSH (and/or any other statutory regulator) as follows:

- Review of information providing evidence of a breach or potential breach of the Economic and/or Consumer Standards – where performance, activity or conduct falls short of the required standards set by the Board or which PSH should meet as part of its legal, statutory or contractual obligations.



- Assessment of associated risk to the organisation, the social housing assets and those who live in them.
- Planned remedial activity, associated resource impact and the ability to deliver this in an appropriate, robust and timely manner.

Board will agree who will lead the notification, the associated information provision and its own ongoing reporting and monitoring requirements.

Internal communications with regulatory and statutory bodies

PSH is keen to ensure that all communications with regulatory and statutory bodies, including, but not exclusive to the RSH are undertaken in a timely and appropriate manner.

It is important that the Executive Team and, where appropriate, Board are aware of communications with regulatory and statutory bodies and are assured that these are dealt with in accordance with PSH standards and meet all requirements. In the absence of a separate Governance Team, the entire Executive Team holds the responsibility to provide assurance in relation to compliance.

All PSH colleagues must adhere to this protocol in relation to all forms of communications with regulatory and statutory bodies. This includes, but is not limited to:

- Meetings – formal or informal
- Visits or inspections
- Audit and investigatory visits
- Follow up letters and communications

If in doubt, PSH colleagues should follow the protocol and will be provided with advice and guidance from the Executive Team.



Guidance

1. If any PSH colleague has a meeting with a regulatory or statutory body, then advance notice of the date, time and purpose of that meeting should be provided to the Executive Team at least a week in advance of the meeting (or when notice is received of the meeting for short notice visits).
2. Any communication received from a regulatory or statutory body should be notified to the Executive Team in the form of a short email within 3 days of its receipt. This email should state:
 - The date and nature of the communication
 - Any actions required of PSH
 - The timeframe for response
 - The planned approach to deliver the response and any approvals required.
3. Any communication planned to be sent to a regulatory or statutory body whether in response to a meeting or communication must be sent to the Executive Team for review prior to submission to the regulatory or statutory body. Colleagues are responsible for updating the information provided to the Executive Team as appropriate.
4. The Executive Team will review each notification or communication and provide any support required in order to ensure compliance. Where appropriate the Executive team will follow up with colleagues to ensure responses are made on time.
5. All communications in respect of this protocol should be sent to an appropriate member of the Executive Team to ensure a prompt response is actioned.
6. A record of all communications in respect of this protocol will be held by the Executive Team and will be reported to the Group Audit and Risk Committee on a regular basis.



Appendix – Risk Register Impact Scores

Business area impacted	1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Critical
Financial Viability	Less than £50k	Minor financial loss, £50-100k.	Moderate financial loss, £100-250k.	Major financial loss, £250k-1m.	Severe financial loss over £1m.
Health & Safety	No injury incurred	Minor injury only requiring basic first aid	Injury requiring hospital treatment	Multiple serious injuries requiring professional medical treatment	Long term hospitalisation/fatalities
Legal/regulation	No legal/regulation implications	Minor legal/regulation implications but Regulator not informed	Limited legal/regulation implications. Need to inform the Regulator	Possible legal challenge or regulatory intervention	Illegal/clear regulatory breach
Operations	No impact on service delivery	Minor disruption to service delivery	Effective service delivery is disrupted	Effective service delivery is affected in one or more of PSH's areas	Effective service delivery is severely disrupted across all of PSH's areas
Reputation	No reputational damage	Slight reputational damage	Reputational damage is localised and moderate for PSH	Major adverse publicity resulting in public loss of confidence.	Potentially irrecoverable reputational damage, intervention by the Regulator

Minor incidents – insignificant or minor impact

Reportable incidents – moderate impact

Reportable incidents – major or critical impact

If in doubt as to which category of impact applies, report the incident to a member of the Executive Team