



# ANNUAL COMPLAINTS PERFORMANCE AND SERVICE IMPROVEMENT REPORT

April 2024 – March 2025

---

# Introduction

---

The Great Hospital sits on a 7-acre site in the centre of Norwich, providing homes for over 100 residents aged over 60 and is a registered provider of social housing. It has some 15 listed buildings and other heritage structures and is considered to be one of the most important groupings of heritage buildings in the UK. Resident accommodation is provided in a mixture of heritage and purpose-built modern housing.

As a registered charity, the stated charitable objectives are “the provision and maintenance in the city of Norwich of the parish church of St Helen and of the Almshouses known as the Great Hospital”. In essence this requires the Trustees to protect and conserve the properties, some of which may be used to house residents. Different aspects of the work of the Great Hospital are regulated by two external statutory bodies, the Charity Commission and the Regulator of Social Housing. In addition, Historic England has formal oversight of the management of the heritage buildings which are of national and international significance. The Great Hospital is also a member of the Almshouse Association.

In May 2024, the Great Hospital implemented significant changes to the services offered to residents, following an extensive consultation during February to April 2024. As part of these changes, the Great Hospital invested over £250k in a completely new personal alarm, door entry and smoke detection system installed in every building on the 7-acre site. Over £60k was also invested in new fire doors for residential accommodation and communal areas.

In November 2024 the Great Hospital appointed a conservation accredited engineer to oversee an extensive period of works to develop a formal Masterplan. This included topographical, drainage, drone and condition surveys. The Masterplan is crucial to enable the charity to understand, manage and deliver a sustainable, affordable programme of repair and maintenance.

We recognise that, in order to provide the best level of housing and support for our residents, we need to collaborate and show openness and transparency in the way we work together. Complaints, compliments and comments are a crucial part of this as they help us to learn what we are doing right, where we can improve and what we need to change.

## Our approach to complaints

---

- ❖ We recognise that complaints can and should be seen in a positive light and can help us to develop and improve our services.
- ❖ Our complaints policy is in alignment with the Housing Ombudsman Complaint Handling Code.
- ❖ We have always operated an 'open-door' policy, and we intend to keep this approach while, at the same time, enabling a transparent and open complaints process that is effective and fair.
- ❖ We continue to utilise an online maintenance service request system which means all service requests are logged and tracked, providing an audit trail and clear records.
- ❖ We have a detailed Resident Engagement database which provides an audit trail and clear records, as well as assisting staff with complaint investigation.
- ❖ We ensure that new residents are signposted to our complaints policy as well as contact details for the Housing Ombudsman.
- ❖ We have strengthened our understanding of the Housing Ombudsman Complaints Handling Code and reviewed our internal processes and staff roles to ensure we are compliant.

# Complaints Handling Performance

---

Between April 2024 – March 2025, the Great Hospital received no formal complaints and there were no findings of non-compliance received from the Housing Ombudsman.

The installation of a new and upgraded alarm and smoke detector system in every flat resulted in a change to the frequency of statutory testing. Previously, smoke detectors in accommodation were tested on an annual basis and are now required to be tested once every four weeks. Several residents verbally expressed their dissatisfaction about the increased testing, specifically relating to their quiet enjoyment of their property.

The number of detailed surveys carried out across the site as part of the creation of a formal Masterplan also resulted in dissatisfaction, again relating to quiet enjoyment. The surveys were carried out by external contractors and, although always accompanied by a member of our maintenance team, this meant unfamiliar people needing access to residents' flats.

## Learning and Outcomes

---

Although the significant improvements to the smoke detector units are crucial for ensuring resident safety, we recognise that the increased testing has resulted in an increased number of visits from maintenance staff and some of our residents are less comfortable with this than others. We listened to their concerns raised and although we are constrained by the statutory testing requirements, we put in place a schedule that means access to flats for the testing is exactly the same day and time, every four weeks. This helps the residents to manage their own schedules for those that like to be at home when the testing happens.

We were, at times, only given short notice by external contractors of their schedule for surveyors that needed access to flats. This led to us only being able to give residents 24 hours' notice which, although is in alignment with the notice stated in our handbook, we recognise is less than ideal. We have put a focus on increased communication to residents during the survey periods and the Estate Manager visits residents personally when requested to provide information about exactly what to expect and the reasons for the essential work. This has helped to assuage fears and fosters a greater understanding from residents about the difficulties that come with maintaining accommodation within a historic and listed site.

We recognise that our older community are very reluctant to proceed with a formal complaints process. We try to ensure that any barriers to the complaints process are addressed and broken down, but we also have a dedicated Engagement Team who are extremely visible and accessible to our residents and work to address any issues that arise, informally and quickly.

## Service Requests

---

We continue to provide an outstanding maintenance service from our own internal maintenance team as well as utilising outside contractors when necessary. In March of 2025 we moved our online Service Request logging system to Fault Fixers as it provided a more cost effective and efficient service than the previous provider. We are unable to provide numbers of service requests and timescales for this period as data was lost during the transition.

New residents are made aware of how to report service requests and our maintenance team are visible and accessible onsite daily. There is an on-call rota which requires a member of staff to attend site in an emergency.

## Governing Body Response

---

This report and the self-assessment were shared with the member responsible for complaints (MRC) in September 2025 and subsequently with the board of Trustees. Their response was as follows:

*The Care Committee receive regular reports from the Senior Management Team, detailing any complaints or concerns from residents. These reports are also shared with the full board who meet quarterly. The board is assured and satisfied that the Great Hospital management team is compliant with the Housing Ombudsman Complaint Handling Code, as evidenced by the self-assessment and annual complaints performance and service improvement report.*