

## INSURANCE CLAIMS PROCEDURE

### 1.0 INTRODUCTION

- 1.1 This procedure details our arrangements for identifying and submitting claims under our current insurance policy.
- 1.2 The current responsibility for ensuring that a claim is initiated and followed up etc. lies with the following:

a)	for claims by or on behalf of service users	Director of Care and Support (section 3)
b)	for claims by or on behalf of staff	Director of People and Organisational Development (section 4)
c)	for claims regarding damage to ARK property	Head of Property Management (section 5)
d)	for all other claims, e.g. business continuity, theft	Head of Quality and Compliance (section 6)

For the internal arrangements for reporting on claims – see section 7.

- 1.3 This procedure supports our Insurances Policy G18.

### 2.0 NOTIFICATION OF POTENTIAL CLAIMS

- 2.1 As part of the arrangements with our current insurers, each quarter the Health & Safety Adviser will review the accident/incident statistics and will identify those which may possibly result in future claims, in particular from members of staff.
- 2.2 The Health & Safety Adviser will submit details of ARK’s quarterly accidents/incidents to our current insurance agents, Bruce Stevenson, in the agreed format, and will respond to any requests for additional information etc. The Health & Safety Adviser will also notify our insurance agents of any incidents which require to be reported to the Health and Safety Executive in terms of the Reporting of Injuries, Diseases or Dangerous Occurrences Regulations 1995.
- 2.3 The Head of Quality and Compliance will ensure that any other occurrences, which are not reported as incidents, but which are for example reported as ‘exceptions’ through ARK’s exception reporting process, and could potentially result in an insurance claim, are reported to our insurance agents, and will respond to any requests for additional information etc.
- 2.4 For details of the process Care and Support Managers should follow, see the flowchart (Appendix 1)

### 3.0 CLAIMS BY OR ON BEHALF OF SERVICE USERS

- 3.1 Claims by or on behalf of service users will generally result from an actual or alleged ‘lack of duty of care’, for example where the service user has an accident which may result in injury.

Such claims may involve other departments apart from Care and Support, for example if a contributing factor was the failure or delay by Maintenance staff to arrange for a repair to be carried out.

- 3.2 In Care Homes, service users may also claim for loss or damage to personal belongings, up to a total of £1,500 per individual.
- 3.3 Any claim by or on behalf of a service user will either be received directly by the Director of Care and Support, or be forwarded to the Director of Care and Support by the Chief Executive or a Care and Support Manager.
- 3.4 On receiving notification of a claim, the Director of Care and Support will:
  - email brief details to our current insurance agents together with a scanned copy of any correspondence received (in the absence of the Director of Care and Support the Head of Quality and Compliance will ensure that our agents are notified);
  - follow up the email with the original of any correspondence received;
  - liaise with the relevant Care and Support Manager to begin an investigation into the claim, e.g. reviewing the current Good Life Plan and any relevant Risk Assessments, obtaining staff reports and statements etc.

#### **Claim is supported by insurers**

- 3.5 Where it is agreed that the claim is covered by the current policy Bruce Stevenson will advise the Director of Care and Support what information etc. they require. Bruce Stevenson will also inform the current insurers who will normally, in the first instance, instruct an Investigator to investigate the incident with the Director of Care and Support.
- 3.6 Further action will depend on the outcome of investigations, and on legal advice and advice from our insurers regarding the settlement of the claim.
- 3.7 Where a claim has been lodged in court and there are specific deadlines to be met in terms of responding, providing information etc., the Chief Executive and Director of Care and Support will jointly ensure that we meet such deadlines.

Where court action is raised, our insurers will normally instruct solicitors to act on their behalf.

- 3.8 Where a claim is successful, our insurers will pay the agreed amount to the individual(s) concerned and will meet all other costs incurred.

#### **Claim is not supported by insurers**

- 3.9 Where our insurers advise that they will not support the claim, the Chief Executive will arrange for ARK's solicitors to be notified and will liaise with them and the Director of Care and Support regarding the handling of the claim.
- 3.10 Where it appears that the claim should be met in full or in part, the Executive Team will submit a recommendation to the Board of Management who will make the final decision.
- 3.11 The Finance department will action any decision regarding payment and will ensure that the details are coded correctly to the relevant expenditure heading.

#### **4.0 CLAIMS BY OR ON BEHALF OF MEMBERS OF STAFF**

4.1 Members of staff will usually have up to 3 years from the date of the alleged incident/accident to submit a claim for compensation or damages.

Claims may be notified either through the lodging of a writ in the Sheriff Court or High Court, in writing from a Solicitor acting on behalf of the member of staff, or by a member of staff writing directly to us.

4.2 Claims from or on behalf of members staff will be received by, or forwarded to, the Director of People and Organisational Development. On receipt of a claim the Director of People and Organisational Development will:

- email brief details to our current insurance agents, together with a scanned copy of any correspondence received;
- follow up the email in writing together with the original of any correspondence received;
- liaise with the relevant Manager(s) and staff to begin an investigation into the claim, e.g. reviewing training records, obtaining reports and statements etc.

4.3 Further action will follow paras. 3.5 to 3.8, or 3.9 to 3.11 above, depending on whether the claim is supported by our insurers or not.

#### **5.0 CLAIMS REGARDING DAMAGE TO ARK PROPERTY**

5.1 Any damage to ARK property should be reported to Maintenance staff who will determine whether or not the damage is covered by our current insurance policy, e.g. it is the result of a fire, flood or vandalism etc.

5.2 Where the damage is an insured item, the Maintenance Officer or Assistant will notify our insurance agents of the pending claim. Our agents will allocate a claim reference number and will advise whether or not an Assessor is to be involved in examining the damage, before work is instructed.

Emergency repairs will be notified by phone, followed up by the agents' Incident Report Form. Non-emergency repairs will be notified by submitting the Report Form.

5.3 When raising works orders the Maintenance Officer or Assistant will ensure that the 'insurance' field is selected and the insurance expense code is allocated, so that Finance staff may allocate the costs to the appropriate expenditure heading.

Full details of the process are in the Maintenance procedure entitled 'Insurance Claims – Damage to Properties' (M27).

5.4 Following satisfactory completion of the work and payment of contractors' invoices, the Maintenance Officer or Assistant will submit copies of the initial estimates and the final invoices to our insurance agents with a covering letter, ensuring that all submissions are identified with the relevant claim reference number.

Where required, the Maintenance Officer or Assistant will provide reasons for any difference between the initial estimate and final cost. There may also be discussion between our agents and Maintenance staff regarding details of the claim, before a final amount is agreed.

5.5 Following final agreement on the claim, our insurers will normally reimburse ARK by cheque with a covering letter. The Finance Assistant will process the cheque in

accordance with the 'Receipt of Income' procedure, ensuring that the payment is coded correctly so that it can be allocated to the correct income heading in the accounts.

- 5.6 The insurer's letter will be copied to the Maintenance Officer or Assistant, who will add it to the Insurance Claims folder held in the Maintenance Office (for further details see the Maintenance procedure 'Insurance Claims – Damage to Properties').

## **6.0 OTHER CLAIMS**

- 6.1 Other claims, such as for loss/theft of ARK equipment, business interruption, or claims by tenants, will be dealt with by the Head of Quality and Compliance.
- 6.2 In the case of loss/theft of equipment, the Head of Quality and Compliance will liaise with the relevant staff to obtain the reports etc. required for completing and submitting the relevant report Form.
- 6.3 In the case of business interruption costs, the compiling of reports and cost details will be dealt with by the relevant Directors/Managers. Thereafter the Head of Quality and Compliance will complete and submit the Report Form and liaise with our agents regarding any queries etc. on the amount(s) claimed etc.
- 6.4 Following agreement on a claim the insurers will normally reimburse ARK by cheque with a covering letter. The Finance Assistant will process the cheque in accordance with the 'Receipt of Income' procedure ensuring that the payment is coded correctly so that it can be allocated to the correct income heading in the accounts.

## **7.0 INTERNAL REPORTING**

- 7.1 All members of the Executive Team and Senior Leadership Team, as appropriate, will ensure that summary details of each current claim by a service user, member of staff or other party against ARK are reported to the Senior Leadership Team and thereafter to the Audit Sub-Committee and Board of Management as part of the 'Exceptions' reporting arrangements.
- 7.2 The Head of Property Management will ensure that summary details of any claim reported through the Maintenance or Housing Departments are, if appropriate, reported to the Senior Leadership Team through the 'Exceptions' reporting arrangements, and thereafter all claims will be reported to the Finance Sub-Committee as part of the Maintenance Department's regular statistical reporting.

## **8.0 IMPLEMENTATION & REVIEW**

- 8.1 The Chief Executive is responsible for ensuring that this procedure is implemented by all staff concerned.
- 8.2 The Chief Executive will ensure that this procedure is reviewed at least every three years.

<b>Approved by the Senior Leadership Team:</b>	<b>April 2017</b>
<b>Next review due by:</b>	<b>April 2020</b>
<b>Complies with:</b>	<b>Regulatory Standard 4</b>

**INCIDENTS INVOLVING MEMBERS OF STAFF  
AND/OR SERVICE USERS**

