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| **Role title:** | Claims Assistant | **Responsible to:** | Claims Team Lead |
| **Division:** | Member Claims and Cases | **Department:** | Claims Handling |
| **Direct Reports and Level:** | None | **Scope:** | Global Claims Handling although defined jurisdictions. |
| **Scale:** | 0 People£0 Budget |
| **Regulated Function(s):** | No |
| **Evaluation Level** | Core 1 | **Role Family** | Legal |

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| **Overall Role Purpose** |
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| The Member Claims and Cases Division is at the forefront of protecting the careers, reputation and financial risk of our members worldwide. The purpose of the role is to support to the provision of operationally efficient claims handling services for members which is trusted and valued and provides fair treatment and outcomes.  |

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|  **Accountabilities (RACI)** | **Measures of Success/KPI’s** |
| **Service Delivery*** Support in the delivery of claims files in accordance with governance, policy and process, helping to ensure quality and fair outcomes for the member and the membership fund
* Where applicable, support the delivery of regulated claims activities which complies with the necessary regulatory standards for operating in Lloyd’s markets.
* Proactively support claims files and work effectively alongside file handlers to deliver within agreed SLAs, ensuring maximum efficiency is achieved whilst providing an excellent service to the member
* Assist and advise members where possible to ensure an efficient member service, escalating technical or advice matters as required and using such opportunities to build confidence and competence in role
* Support Claims Handling/Triage projects/initiatives ensuring delivery of projects to time, cost and quality and that can demonstrate a return on investment
 | * Department Plan delivery Vs Plan
* Delivery of projects to plan
* Financial performance Vs plan
* Operational performance (KPI’s) V plan
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| **Financial*** Support the management of spend incurred serving members in accordance with MPS organisation governance and policy
* Support the timely and efficient processing of financial correspondence on claims, to ensure compliance to agreed timescales.
 | * Reduction in third party spend
* Operational budget vs Plan
* Operational performance (KPI’s) Vs plan
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| **Member** * Support the management of informal complaints / expressions of dissatisfaction to achieve first touch resolution for our members and in accordance with policy standards and process ensuring fair outcomes for members, the membership fund
* Seek opportunities to continuously improve ways of working and contribute to team, department and divisional continuous improvement projects aimed to drive operational efficiency and great member experiences and outcomes
* Deliver at all times fair treatment and outcomes for members and compliance with associated policies and standards set out by Council, its committees and delegated authorities

Using the most appropriate channel of communication to keep members regularly informed.  Ensuring this advice and support is technically accurate, reflects policy and relevant codes of practice, with outcomes delivered in a professional and empathetic manner | * Net promoter score
* Member feedback
* Member Experience Scores
* Complaints metrics Vs plan
* Quality monitoring / Outcomes testing scores / compliance testing and internal audit scores
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| **People*** Take accountability for own training, competence, performance and engagement of self and colleagues ensuring clarity of accountabilities, compliance with MPS values, governance, legislation, policy and process standards.
* Take learnings from all Quality Monitoring and Outcome and Quality Assurance results to enhance own performance and quality service and outcomes for members
* Build key relationships with internal and external stakeholders as necessary, liaising on cases to enhance quality service, outcomes for members and own personal development
* As own competence develops actively share learnings, knowledge and best practice with colleagues.
 | * Delivery of Personal Development Plan to plan
* One to one / performance review meetings Vs Plan
* Quality monitoring / Outcomes testing scores / compliance testing and internal audit scores
* Progression against the competency framework
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| **Risk*** Identify and report risks and issues identified within Claims Handling/Triage and across MPS to enable resolution and mitigation of potential impact on MPS, members and colleagues.
* Adhere to appropriate business policies, processes, controls and regulatory requirements (as applicable) to ensure case handling within risk appetite
* Support and advise as appropriate on case files, using own judgement on when to escalate to the file handler, considering the requirements of the individual case and member
* Comply with applicable professional ethical guidance and all relevant internal policy and procedures, including those relating to health and safety, data protection, IT security and all those contained within the staff handbook.
 | * Risk & Control Self- Assessments
* Quality monitoring outcomes / compliance to Training and Competence Scheme
* Outcome testing results
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| **Responsibilities (RACI)** |
| * Undertake other duties and tasks appropriate to the grade or role that may be requested.
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| **Key Governance Responsibilities** |
| N/A |

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| **Leadership Framework Competencies** | **Level** |
| Fresh Thinking | Leading Self |
| Building Capability in Self and Others | Leading Self |
| Influencing Others | Leading Self |
| Collaborating for Results | Leading Self |
| Leading Self and Others | Leading Self |
| Commercial and Risk Thinking  | Leading Self |

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|  | **Knowledge and Qualifications** | **Skills** | **Experience** |
| **Essential** |  | * Excellent oral, written and interpersonal skills, able to demonstrate empathy and manage difficult conversations
* Able to provide a pragmatic approach to problem solving and work autonomously to ensure effective case handling.
* Prioritisation and time management to deliver to SLAs
* Ability to embrace change in relation to practices and procedures for the improvement of MPS’s business needs.
 | * Customer service / member management
* Administration of varying complexity
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| **Desirable** | Knowledge of Medical and Dental terminology | * Competent IT / case management system
 | * Experience in healthcare or legal background
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