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| **Name of establishment or agency** |  |
| **Address and postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Date Statement of Purpose written** |  |
| **Author** |  |

**Contents**

**Section 1 - The aims and objectives of your service**

The goals and desired outcomes for the service.

**Section 2 - Services, Treatments and Facilities**

Thedetails of the services, treatments and facilities provided by the service.

**Section 3 - Registered Manager details**

The name and contact information for the registered manager of the service.

**Section 4 - Registered Provider details**

The name and contact information for the registered provider.

**Section 5 – Staff details**

Details of the number of staff employed to work at the registered service.

Details of relevant qualifications and relevant experience.

**Section 6 – Organisational Structure**

Description / chart of the relationship between the registered provider and the service being registered.

**Section 7 - Patient views**

How the service seeks patient views in order to monitor the quality of the service provided.

**Section 8 - Opening Hours and Arrangements for Visiting**

Times when service will be open.

Arrangements for contact between any patients staying at the service and their relatives, friends and representatives, including where applicable any limitations on visiting hours.

**Section 9 - Complaints**

How to raise a complaint and timescales for dealing with the complaint.

**Section 10 - Privacy & Dignity**

How the service will respect the privacy and dignity of your patients *in line with the Equality Act 2010.*

**Section 11 - Date**

The date on which the Statement of Purpose was reviewed and the reasons for the review.

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| **SECTION 1 - AIMS AND OBJECTIVES OF THE ESTABLISHMENT OR AGENCY** |
| ***Prompt*** *- Explain the goals that your service has set for itself and include the outcomes or results that you will use to measure its success. You should also try to describe the specific impact you intend to have on the people who use your services and what benefits they can expect to experience as a result of accessing the services you provide*. ***-******Delete prompt once completed*** |
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| **SECTION 2 - SERVICES / TREATMENTS / FACILITIES** |
| ***Prompt -*** *Details of the services, treatments, age range and facilities you intend providing and how these will be provided referring to both the equipment and staff with the specialist skills to provide these. Describe the type of needs that the people who will use your services will have. Give details of specific health needs that you aim to meet. You should not include any personal or confidential details about individuals in the Statement of Purpose.* ***-******Delete prompt once completed*** |
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| **SECTION 3 - REGISTERED MANAGER (RM) DETAILS** | |
| Name |  |
| Address and postcode |  |
| Telephone number |  |
| Email address |  |
| Relevant qualifications | |
| Relevant experience | |

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| **If you are a sole trader, are the Registered Manager (RM) and Responsible Individual (RI) details the same?** *If yes, please ignore section 3. If no, please complete section 3.* | **YES / NO** |

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| **SECTION 4 - REGISTERED PROVIDER DETAILS** | | |
| Company name |  |
| Registered address and postcode |  |
| Telephone number |  |
| Email address |  |
| RI name |  |
| Relevant qualifications | |
| Relevant experience | |
| Roles and responsibilities within the organisation | |

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| **SECTION 5 - STAFF DETAILS** | | |
| Name | Position | Relevant qualifications / experience |
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| **SECTION 6 - ORGANISATIONAL STRUCTURE** |
| ***Prompt -***Organisation (such as a company) please insert the relationship between the registered provider and the service being registered. If you are a sole trader or work alone, please ignore this section. ***-******Delete prompt once completed*** |
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| **SECTION 7 - PATIENTS VIEWS** |
| ***Prompt*** *- describe how you will seek patient views in order to monitor the quality of the services you provide and how you intend to use this information*. ***-******Delete prompt once completed*** |
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| **SECTION 8 - OPENING HOURS / ARRANGEMENTS FOR VISITING** |
| ***Prompt*****-**provide opening hours and details of the arrangements for contact between any in-patients and their relatives, friends and representatives including where applicable any limitations on visiting hours. ***-******Delete prompt once completed*** |
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| **SECTION 9 - ARRANGEMENTS FOR DEALING WITH COMPLAINTS** |
| ***Prompt******-*** *How a patient can lodge a complaint and set out the timescales for responding. Please provide details about how to complain, who to complain to, how you will deal with a complaint and other sources of help if patient not happy with how you have dealt with the complaint.*  *You should ensure that your policy meets the requirements of* ***Regulation 24*** *of the Independent Health Care (Wales) 2011 Regulations.* ***- Delete prompt once completed*** |
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| **SECTION 10 - PRIVACY AND DIGNITY** |
| ***Prompt******-*** *How the service will respect the privacy and dignity of your patients in line with the Equality Act 2010.* ***- Delete prompt once completed*** |
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| **SECTION 11 – STATEMENT OF PURPOSE REVIEWS** |

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| --- | --- |
| Date Statement of Purpose reviewed |  |
| Category of changes made | Change of staff details  Change of Registered person(s)  Change of treatments  Change of setting/organisation details |
| Reviewed by |  |
| Date HIW notified of changes |  |

|  |  |
| --- | --- |
| Date Statement of Purpose reviewed |  |
| Category of changes made | Change of staff details  Change of Registered person(s)  Change of treatments  Change of setting/organisation details |
| Reviewed by |  |
| Date HIW notified of changes |  |

|  |  |
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