# Appendix N - Service Closure or Adjustment to Service Delivery Pro Forma

|  |  |  |
| --- | --- | --- |
| Date:  Care Group & Location:  Name of staff proposing closure/adjustment:  Telephone:  Email: | | |
| **Service** | | |
| Click here to enter text. | | |
| **Proposal** | | |
|  | Service closure | |
|  | Adjustment to service delivery, as follows:  Click here to enter text. | |
| **Rationale for Closure or Adjustment** | | |
| **Patient Considerations** | | **Workforce Considerations** |
|  | |  |
| **Risks** | | |
| **Quality and Safety** | | **Workforce** |
|  | |  |
| **Performance** | | **Finance** |
|  | | Click here to enter text. |
| **Decision** | | |
|  | Approved | |
|  | Approved subject to the following amendments:  Click here to enter text. | |
|  | Declined | |