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

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| --- |
| 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  |