



**Incident &**

**Accident**

**Analysis**

**Dashboard 2021**

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| **Service Name:** | | . | |
| **Registered Manager:** | | . | |
| **Address:** | | . | |
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| **Report Accountable Person:** | | . | |

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| **Annual Overview** |

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| **Accident Incident Annualised Rolling Total** | | **Notifications** |
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| **Peak Times Analysis** | | |
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| **Confirmed COVID – 19 Cases Annualised Rolling** | **Outcome** | |
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| **Confirmed Flu Annualised Rolling** | **Outcome** | |
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| **January Overview** |

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| **Accident Incident Annualised Rolling Total** | | | **Notifications** | | | |
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| **Peak Times Analysis** | | | | | | |
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| **Accidents & Incidents Actions** | | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | | |
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| Manager’s Signature: |  | Date: | |  | | |

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| **February Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **March Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **April Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **May Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **June Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **July Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **August Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **September Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **October Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **November Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
| Have any trends or themes been identified as a result of the analysis? | | | Yes | No | N/A |
| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **December Overview** |

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| **Accident Incident Annualised Rolling Total** | **Notifications** |
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| **Peak Times Analysis** | |
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| **Accidents & Incidents Actions** | | | | | |
| Has this been discussed/shared with the Governance Meetings? | | | Yes | No | N/A |
| If yes, what date was this discussed at the Management Meeting? | | | | | |
| If yes, what date was this discussed at the Staff Meeting? | | | | | |
| Have staffing levels been reviewed around peak times analysis? | | | Yes | No | N/A |
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| Have any actions been added to meeting minutes/Action Plans? | | | Yes | No | N/A |
| **Summary of Discussions / Analysis / Actions** | | | | | |
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| Manager’s Signature: |  | Date: |  | | |

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| **Accidents & Incidents Action Planning** | | | | | |
| Date | Action | Priority | By Who | By When | Complete |
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