

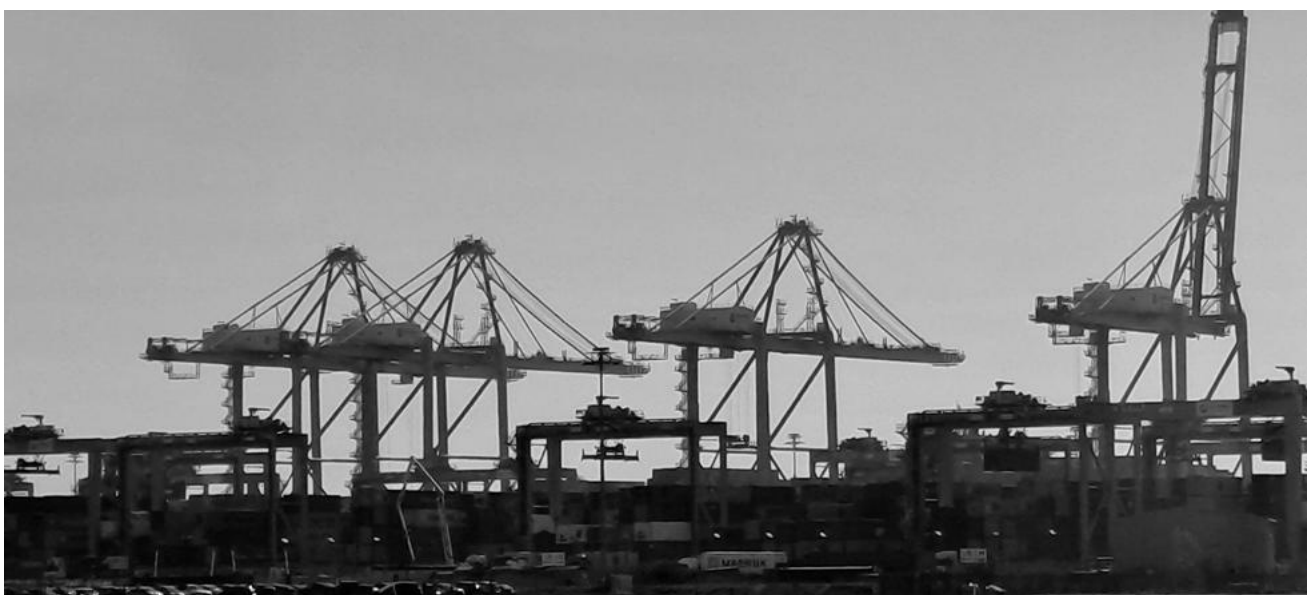


PORT SKILLS & SAFETY

IMPROVING STANDARDS THROUGH COLLABORATION

Port Industry Health and Safety Statistics

2025



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QUICK LOOK

Metric	Change
<ul style="list-style-type: none"> Data coverage: Data supplied from 25 contributing members (24 supplying full year data and one member providing contributions from June onwards). There was an average of 17,792 workers (direct and indirect employees) from all contributing members. <small>(2024: average 20,652 direct and indirect employees)</small> 	▼ 14%
<ul style="list-style-type: none"> One fatality reported from contributing members. <small>(0 fatalities reported from contributing members in 2024. Two fatalities in wider UK port sector in 2024)</small> 	▲ +1
<ul style="list-style-type: none"> 213 Lost Time Injuries (LTI) in 2025. <small>(178 in 2024)</small> 	▲ 20%
<ul style="list-style-type: none"> Lost Time Injury Rate per 100 workers = 1.19. <small>(0.86 in 2024)</small> 	▲ 38%
<ul style="list-style-type: none"> Lost Time Injury Frequency Rate (LTIFR) per 1 million work hours (direct and indirect workers) = 5.10. <small>(4.78 in 2024)</small> 	▲ 7%
<ul style="list-style-type: none"> Total Injury Rate (TIR) per 1 million work hours (direct and indirect workers) = 7.21. <small>(7.44 in 2024)</small> 	▼ 3%
<ul style="list-style-type: none"> RIDDOR total reportable injuries = 137. ** <small>(105 in 2024)</small> 	▲ 30%
<ul style="list-style-type: none"> RIDDOR Over 7 Day Injuries = 104. ** <small>(78 in 2024)</small> 	▲ 33%
<ul style="list-style-type: none"> RIDDOR Specified Injuries = 32. ** <small>(26 in 2024)</small> 	▲ 23%
<ul style="list-style-type: none"> Total RIDDOR Report Incidence Rate per 100 workers = 0.73. <small>(0.51 in 2024)</small> 	▲ 43%
<ul style="list-style-type: none"> 130 High Potential Incidents (HiPo) Incidents in 2025. <small>(68 in 2024)</small> 	▲ 91%

** RIDDOR reportable injuries include those reported by ports providing annual, high-level returns. For more detail refer to [Figure 15](#) within Section 8, Supplementary returns.

• **Top five incident locations** for reported lost time injuries:

2025	2024
<ol style="list-style-type: none"> Berth/Quay alongside vessel. Open storage area. Ship – Container. Marine (afloat). Roadway/parking area – with public access. 	<ol style="list-style-type: none"> Ship – Container. Berth/Quay alongside vessel. On cargo handling equipment Roadway/parking area – with public access. Engineering works and stores

• **Top five immediate cause** categories for lost time injuries:

2025	2024
1. Slipped, tripped, or fell on same level.	1. Slipped, tripped, or fell on same level.
2. Hit something fixed or stationary.	2. Injured whilst handling, lifting, or carrying.
3. Injured whilst handling, lifting, or carrying.	3. Hit by moving, flying, or falling object.
4. Driving related.	4. Another type of accident
5. Contact with sharp objects (e.g. nips of fingers/hands)	5. Caught between objects (e.g. nips of fingers/hands).

• **Top five body parts** reported as injured:

2025	2024
<ol style="list-style-type: none"> Legs Fingers Back Head Hand 	<ol style="list-style-type: none"> Fingers Legs Back Head Hand



SUMMARY AND LOOK AHEAD

2025 SUMMARY

OVERALL PERFORMANCE AND EMERGING TRENDS

The 2025 dataset presents a more challenging picture than the previous year. Although the longer-term LTIFR trend remains downward, several key indicators deteriorated in 2025, including the number of lost time injuries, the LTI incidence rate, RIDDOR-reportable incidents, the RIDDOR incidence rate, and the average number of days lost per LTI. This suggests that the improvement seen in 2024 should be treated with caution and that the sector should avoid relying on single-year movements as evidence of sustained progress.

It is also important to recognise that changes in reported incident numbers do not always reflect a simple change in underlying risk. As organisations mature in their safety culture, reporting can become more open, consistent, and accurate, particularly where workers are encouraged to recognise and report incidents, near misses, and emerging risks. This can create a period where reported figures appear to worsen before longer-term improvements become visible. Data reported during 2026 will be reviewed throughout the reporting year to understand whether the 2025 results represent a sustained change in risk profile, a shift in reporting culture, or a combination of both.

Data was supplied by monthly contributing port members covering an average workforce of 17,792 direct and indirect workers. This was lower than the 2024 reported workforce, meaning that the increase in injury and RIDDOR numbers is particularly important when viewed alongside rate-based measures. In simple terms, 2025 saw more reported harm against a smaller reported workforce. This reinforces the importance of using rates, severity, and context alongside incident counts when assessing performance.

One fatality was reported by a contributing member in 2025. While one event cannot be treated as a trend, any fatality must be viewed as a significant reminder of the inherent risks within port operations. It also reinforces the need to maintain focus on serious and fatal risk controls, particularly in dynamic operational environments where people, plant, vehicles, vessels, cargo, and changing workplace conditions interact.

Lost time injuries increased from 178 in 2024 to 213 in 2025. The LTI incidence rate also increased, from 0.86 to 1.19 LTIs per 100 workers. The LTIFR increased from 4.78 to 5.10 per million hours worked. This is still below the higher rates reported earlier in the trend period, and the longer-term direction remains broadly positive, but the 2025 increase should not be dismissed. It indicates that continued improvement is not guaranteed and that core operational risks require sustained attention.

The increase in injury severity is also notable. There were 5,271 days lost from 213 LTIs, giving an LTI severity rate of 24.75 days lost per LTI, compared with 16.97 in 2024. This is a relatively crude measure and can be affected by absence management, availability of alternative duties, and

differences in recording practice. However, the increase suggests that the injuries reported in 2025 resulted, on average, in longer periods away from normal work. This strengthens the case for looking not only at how often injuries occur, but also at the nature and consequences of those injuries.

RIDDOR-reportable incidents also increased in 2025. There were 137 RIDDOR-reportable incidents, compared with 105 in 2024, and the RIDDOR incidence rate increased from 0.51 to 0.73 per 100 workers. The majority were over-7-day injuries, with 104 reported in 2025. There were also 32 specified injuries, one fatality, one dangerous occurrence, and one reportable occupational disease. This increase in statutory-reportable events, alongside the increase in LTIs and severity, points to a year in which more serious harm outcomes were more prominent within the contributing dataset.

The Total Injury Rate reduced slightly, from 7.44 to 7.21 per million hours worked. This shows the importance of considering injury classification and exposure hours, rather than relying on one measure alone. However, the reduction in TIR should not obscure the rise in LTIs, RIDDORs, and injury severity. The more useful interpretation is that the 2025 picture is mixed: some lower-severity categories reduced, while more serious outcome indicators worsened.

LEADING INDICATORS AND OPERATIONAL RISK THEMES

Leading indicator data also needs careful interpretation. Near miss reporting remained broadly similar to 2024, with 1,333 near miss incidents reported in 2025. However, reporting remains inconsistent, with some members not reporting near misses and others reporting only the most significant cases. Health and safety observations reduced overall, and safe/positive observations fell notably compared with 2024. At the same time, unsafe/negative observations increased. This may reflect better identification of unsafe conditions and behaviours, but it may also indicate reduced positive engagement or differences in how observation programmes are being used. The value of this data lies less in the total number of observations and more in whether the sector is using the information to identify recurring themes, hold practical workforce conversations, and act before harm occurs. PSS will also use these themes to inform future resources, member engagement, Safety in Ports guidance reviews, and areas for further sector discussion.

The location and immediate cause data point to familiar but important operational themes. LTIs were concentrated in berth/quay alongside vessel, open storage areas, and container ship operations. These environments involve active interfaces between people, vehicles, plant, vessels, cargo, and changing work conditions. The increase in open storage area LTIs is particularly notable and should prompt further consideration by members of traffic routes, segregation, housekeeping, underfoot conditions, lighting, supervision, and task planning in these areas. PSS revised and updated SiP001: Port and terminal planning, in early 2026 which may assist with this.

Slips, trips, and falls on the same level remained the most common immediate cause of LTIs. However, the most striking increase was in injuries caused by hitting something fixed or stationary. Manual handling, being hit by moving, flying, or falling objects, driving-related events, and contact with sharp objects also featured prominently.

Taken together, these causes show that many LTIs continue to arise from routine operational tasks and conditions, where risk can become normalised if controls are not actively maintained. This includes movement around the workplace, interaction with objects and equipment, manual handling, workplace transport, and working in busy cargo environments.

LEARNING, PREVENTION, AND SECTOR FOCUS AREAS

The body part analysis supports this interpretation. Back, finger, ankle, leg, and head injuries were the most frequently recorded body parts for LTIs in 2025. This aligns with the prominence of slips, trips, falls, manual handling, contact, and entrapment-type risks. This suggests that the sectors' prevention activity should not be limited to broad awareness campaigns, but should consider the practical detail of how work is planned, supervised, and carried out on the ground.

The introduction of potential severity reporting provides one of the most useful developments in the 2025 dataset. Thirteen incidents were recorded where the potential severity was fatal, despite the actual outcome being less severe. This is important because it shifts attention from actual harm alone to the strength of critical controls. Incidents with limited actual harm may still provide some of the most valuable learning if a more serious outcome was reasonably possible.

PSS and members should continue to develop this area of reporting, as it provides a stronger basis for serious and fatal risk learning, shared discussion, and targeted intervention.

The Safety in Port classifications also support the wider themes in the report. The most frequently referenced guidance areas were workplace transport, Ro-Ro and Sto-Ro operations, general cargo, and container handling. These are also the SiPs where PSS is prioritising reviews and refreshes as they highlight where incidents are most commonly associated with operational activity and where practical, current, and accessible guidance can provide the greatest value.

SUPPLEMENTARY REPORTING

This year, supplementary RIDDOR-only reporting was requested from all PSS port members in order to deliver a more accurate sector-safety overview, rather than relying only on those ports able to contribute to monthly data reporting.

Thirteen members provided high-level returns, representing an additional average headcount of 1,102 workers and a further eight RIDDOR-reportable incidents. These figures have been kept separate from the main rate-based analysis, as they do not include the full supporting dataset needed for reliable benchmarking.

When considered separately, they indicate a RIDDOR incidence rate of 0.73 per 100 workers, which is equal to the core dataset rate. This suggests that the additional returns do not materially change the overall RIDDOR picture, but they do improve visibility of statutory-reportable harm across a wider section of the membership. The supplementary returns also showed a different RIDDOR profile from the core dataset, with a higher proportion of specified injuries and fewer over-7-day injuries. This should not be over-interpreted due to the small number of supplementary incidents, but it reinforces the value of regular monthly reporting in understanding both the scale and nature of statutory-reportable harm.

The exercise demonstrates that useful intelligence can be obtained from members unable to complete monthly submissions, while also strengthening the case for improving routine monthly participation so that future analysis can include a fuller range of incident, workforce, hours-worked, near-miss, and observation data.

SAFER TOMORROW

Looking ahead, the priority for the port sector should be to use the 2025 findings as a prompt for focused review and action. This should include renewed attention on core operational environments, particularly berth/quay activity, open storage areas, vessel interfaces, container operations, and workplace transport. It should also include continued focus on slips, trips, and falls; manual handling; contact with fixed and moving objects; hand and finger injury prevention; and the practical controls needed to manage serious and fatal risks.

PSS will continue to support members through the Safety in Port guidance programme, member working groups, data sharing, and targeted sector activity. The 2025 findings should help inform priorities for guidance review, safety alerts, benchmarking discussions, and collaborative learning. In particular, the developing use of potential severity data provides an opportunity to move beyond retrospective injury counting and towards a stronger understanding of where critical controls are being tested.

Improving the quality, consistency, and completeness of data submission remains essential. Better participation will improve the reliability of sector benchmarking and allow PSS to provide more meaningful insight into trends, rates, and emerging risks. However, the aim should not simply be to collect more data. The value of the annual statistics lies in using that data to support better questions, better conversations, and more targeted action across the sector.

Overall, 2025 should be viewed as a year that reinforces the need for sustained attention to fundamental operational risk controls. The longer-term trend in LTIFR remains encouraging, but the increases in LTIs, RIDDORs, severity, and fatality-potential incidents show that there is no room for complacency. The sector has the data, guidance, and collaborative structures needed to respond. The challenge for 2026 is to turn that insight into visible, practical improvement in the places where work is carried out.



SECTION 1 – LEADING INDICATORS

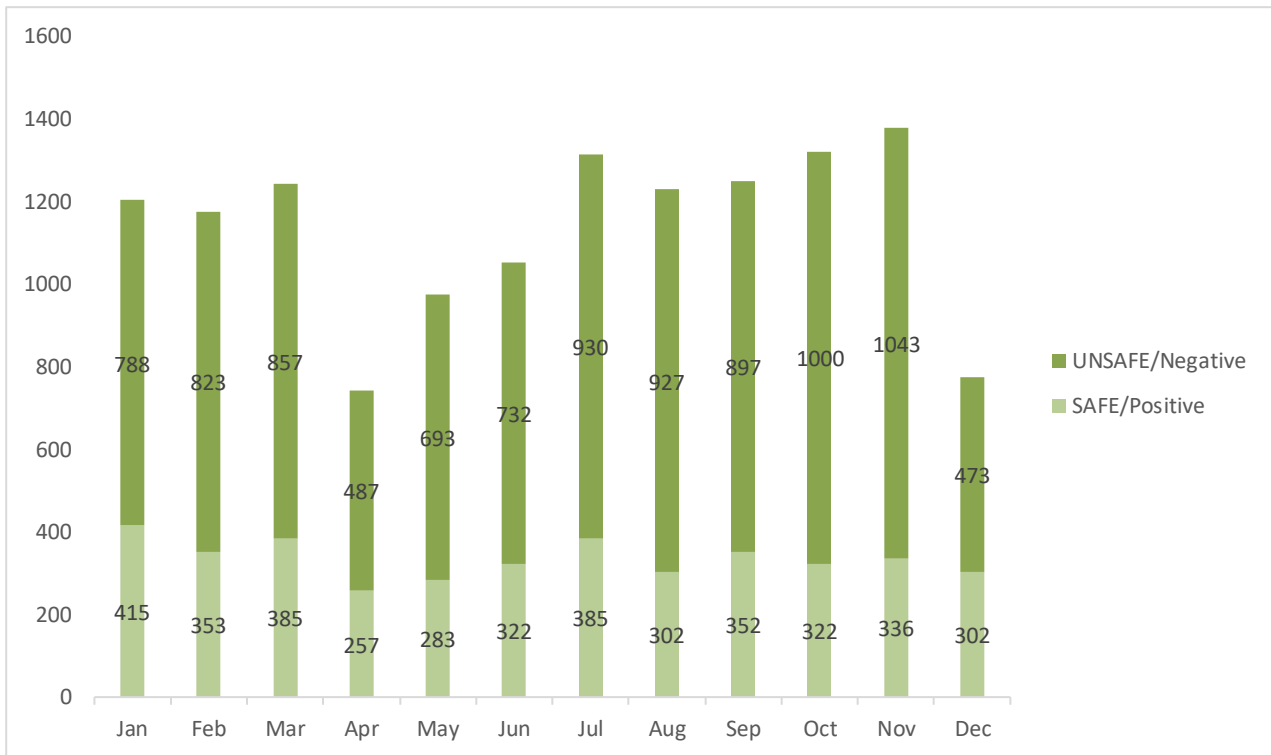
There were 1,333 near miss incidents recorded in 2025 from 25 contributing members. Note that some contributing members do not report near misses. Others report only the most significant NMI, rather than all.

There were 303 considered as high potential NMI i.e. under different circumstances these may have led to serious, potentially life threatening or life changing injuries.

Contributing members report potential cause categories for near miss incidents. The top five i.e. most frequently reported potential cause categories for NMI in 2025 were:

1. Potential driving related incidents – collisions etc.
2. Potentially hit by moving, flying, or falling object.
3. Potentially hit something fixed or static.
4. Potential slip, trip, or fall on same level.
5. Potential contact with moving machinery/materials.

FIGURE 2: 2025 BREAKDOWN OF HEALTH AND SAFETY OBSERVATIONS



The chart above shows the breakdown of health and safety observations in 2025. The overall reporting trend follows a similar pattern to 2024, with reductions in overall numbers of observations reported in the months of April, May, and December.

In 2025, a total of 13,664 observations were recorded, comprising 4,014 safe/positive and 9,650 unsafe/negative entries. This represents an overall decrease from 14,811 total observations in 2024, although the number of unsafe/negative observations increased compared with the 7,890 recorded in 2024. Safe/positive observations decreased by 42%, from 6,921 in 2024 to 4,014 in 2025.

To support year-on-year comparison, an observations-per-worker rate has been calculated. While this is not a perfect measure, due to differing levels of participation between ports and individuals, it provides a useful indicator of observation reporting is being used across participating ports.

Observation rates peaked in 2020 and 2021, likely influenced by increased Covid-related activity and reporting. Following a sharp reduction in 2022, rates have remained well below pre-Covid levels and have fluctuated slightly over the last three years. The 2025 rate of 0.06 observations per worker is lower than the 2024 rate of 0.07 and remains below the 2018 and 2019 rates of

0.08 and 0.12 respectively.

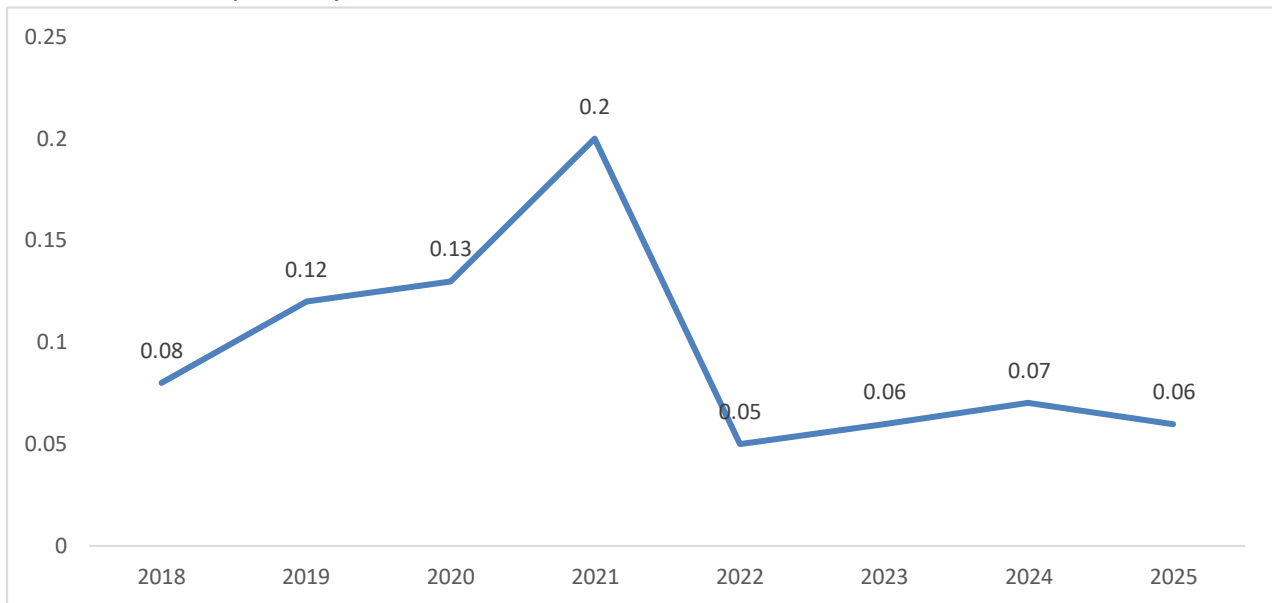


FIGURE 3: AVERAGE HEALTH & SAFETY OBSERVATIONS PER WORKER (2018-2025)

Health and safety observations remain an important source of proactive risk information. However, the value of observation reporting is not only in the number of observations recorded, but in the quality and content of those observations.

The greatest benefit can be drawn where observation data to identify recurring themes, understand where safe working practices are being reinforced, and recognise where conditions, behaviours, or systems may need attention. Used well, observations can support earlier intervention, targeted conversations with the workforce, and practical improvements before incidents occur.



SECTION 2 – INJURY AND RIDDOR BREAKDOWN

The figures below show the number of incidents and the classification breakdown from 2025 based on the main dataset supplied by monthly contributing members. Supplementary high-level RIDDOR data submitted by additional ports is presented separately and is not included in the figures in this section unless specifically stated.

PSS members use the following definition for Lost Time Incidents: A Lost Time Injury (LTI) is a work-related injury or disease that resulted in: time lost from work of at least one day beyond the day of the accident or incident.

TABLE 1: INJURY CLASSIFICATION (2025 VS 2024)

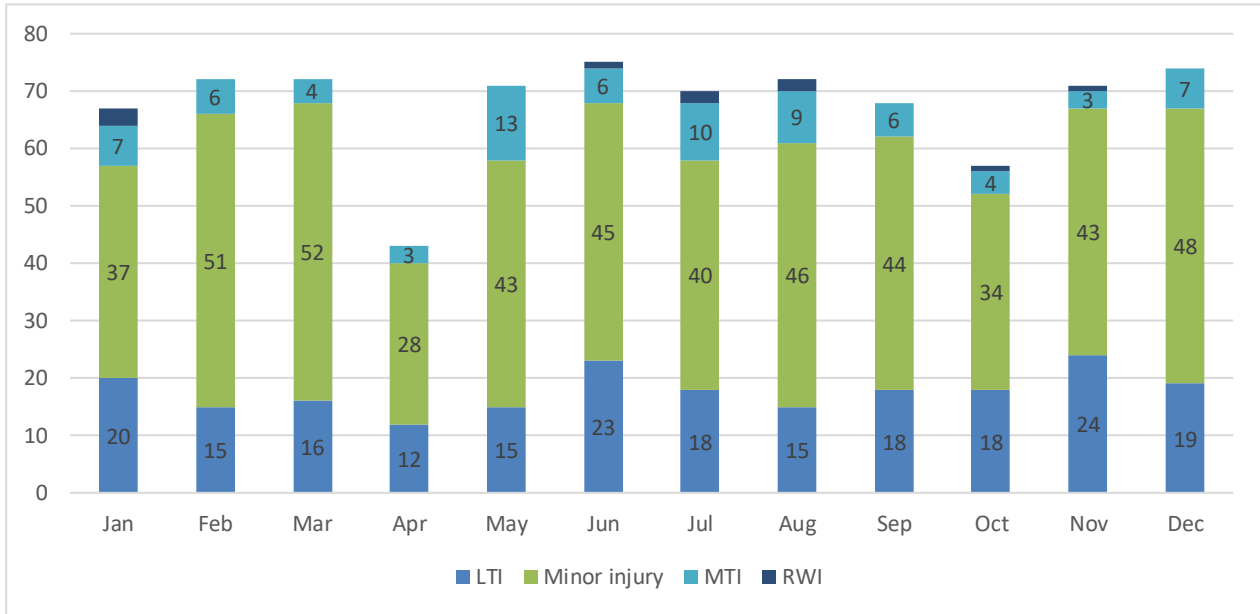
Type	Injury Count (2025)	Injury Count (2024)
Lost Time Injury (LTI)	213	178
Minor Injury	511	691
First aid injury	318	(not captured separately in 2024)
Medical Treatment Injury (MTI)	78	91
Restricted Work Injury (RWI)	10	8
Total	1130	968

Note: First aid injuries were not captured as a separate injury classification in the 2024 dataset; therefore, direct year-on-year comparison is not available for this category. All injury definitions are provided at the end of this document.

In absolute numbers, there were 25 more lost time incidents recorded in 2025 than 2024. The number of minor injuries and medical treatment injuries decreased in 2025 vs 2024. Restricted work cases were almost identical.

LTI rates are discussed in the following section and provide a more meaningful year-on-year comparison because they account for changes in workforce size. The average number of workers employed by contributing members reduced by 14% from 2025 to 2024, returning to levels similar to 2023

FIGURE 4: INJURY BREAKDOWN/CLASSIFICATION BY MONTH (2025)



More first aid injuries were reported in July, August and September, with the distribution of other types of injures being similar across months in 2025. The fewest incidents were reported in April.

TABLE 2: LOST TIME INJURIES (LTI) & INCIDENCE RATE / 100 WORKERS

Headcount is average across all contributing members.

	Change 2024/2025	2025	2024	2023	2022	2021	2020
Average Headcount (Direct and Indirect)	▼14%	17792	20652	18314	14894	12671	12583
Total LTIs Reported	▲20%	213	178	193	237	169	216
LTI Incidence per 100 Workers	▲38%	1.19	0.86	1.05	1.59	1.33	1.72

There were 213 LTIs reported in 2025, a 20% increase from 178 in 2024. Over the same period, the total average headcount across contributing members decreased by 14%, resulting in a 38% increase in the LTI incidence rate, from 0.86 to 1.19 LTIs per 100 workers.

This represents a deterioration compared with 2024 and shows the importance of considering both incident numbers and workforce size when reviewing performance. Although the 2025 rate remains below the levels reported in 2020, 2021, and 2022, it reverses the improvement seen in 2023 and 2024 bringing the rate closer to the longer-term average. This suggests that the reduction in 2024 should be treated with some caution and that continued focus is needed to understand whether 2025 represents a short-term fluctuation or an emerging upward trend.

TABLE 3: RIDDOR REPORTED INCIDENTS & INCIDENCE RATE / 100 WORKERS

	Change 2024/ 2025	2025	2024	2023	2022	2021	2020
Average Headcount (Direct and Indirect)	▼ 14%	17792	20652	18314	14894	12671	12583
Total RIDDOR Reported	▲ 23%	129	105	106	91	70	91
RIDDOR Incidence per 100 Workers	▲ 43%	0.73	0.51	0.58	0.61	0.55	0.72

Total RIDDOR reportable incidents are the total number of incidents which were flagged with a RIDDOR category including 'Fatality', 'over 7-Day injury' or 'Specified Injuries'. Occupational diseases and 'Dangerous Occurrences' were counted separately.

In 2025, 129 RIDDOR-reportable injuries were recorded in the main dataset, a 23% increase from 105 in 2024. Over the same period, the average headcount across contributing members decreased by 14%, resulting in a 43% increase in the RIDDOR incidence rate, from 0.51 to 0.73 incidents per 100 workers.

This represents a deterioration compared with 2024 and places the 2025 rate slightly above the previous high point in this reporting period, recorded in 2020. The increase is therefore notable not only because more RIDDOR incidents were reported, but because they occurred against a smaller reported workforce. This reinforces the importance of reviewing both absolute incident numbers and normalised rates when assessing sector performance.

There were 102 RIDDOR over 7-day injuries, 26 RIDDOR specified injuries, and one fatality reported in 2025. In addition, one RIDDOR dangerous occurrence was reported in 2025 (compared to seven in 2024). This was a failure of lifting equipment. There was one case of reportable disease: a diagnosis of carpal tunnel syndrome.

There were 5,271 lost days' work from 213 lost time injuries in 2025.

The LTI severity rate, calculated as days lost per LTI, was 24.75 in 2025, compared with 16.97 in 2024. Recording of days lost, and the introduction of a severity rate, began in 2023 and was not collected previously.

Although this is a relatively crude measure, the increase suggests that LTIs reported in 2025 resulted in a higher average number of days lost than those reported in 2024. This may indicate an increase in injury severity, although the measure can also be influenced by factors such as recovery time, the nature of the work being undertaken, availability of suitable alternative duties, and differences in absence recording practices.



SECTION 3 – RATES

The HSE identify two formulas for injury rates: incidence and frequency.

An INCIDENCE rate gives injuries per set number of employees, normally 100,000.

PSS uses ‘per 100 employees’ because of the relatively small population size.

A FREQUENCY rate gives injuries per million hours worked.

This is a common figure used for benchmarking across industries.

Lost Time Injury FREQUENCY Rate (LTIFR) per million hours worked.

$$\frac{\text{Number of reported LTIs per year}}{\text{Total hours worked during year}} \times 1,000,000$$

TABLE 4: LOST TIME INJURY FREQUENCY RATE (LTIFR) (2020-2025)

All LTI Reported	Combined Data (Direct + Indirect Employees)					
	2025	2024	2023	2022	2021	2020
Total Hours Worked (million)	41.75m	37.24m	35.67m	32.20m	26.49m	26.09m
Total Lost Time Injuries (LTI)	213	178	193	237	169	216
LTIFR per million work hours	5.10	4.78	5.41	7.36	6.38	8.28
	▲7%	▼12%	▼26%	▲15%	▼23%	▼24%

Note 1: Work hours were not collected for the dashboard before 2022. Where work hours were not provided, a standardised work hours calculation has been made using a working week of 40 hours multiplied by number of personnel (direct and indirect).

Note 2: This data now represents the combined LTIFR i.e. combined work hours and LTI numbers for both direct and indirect employees on site. Annual reports before 2022 were based only on direct employees.

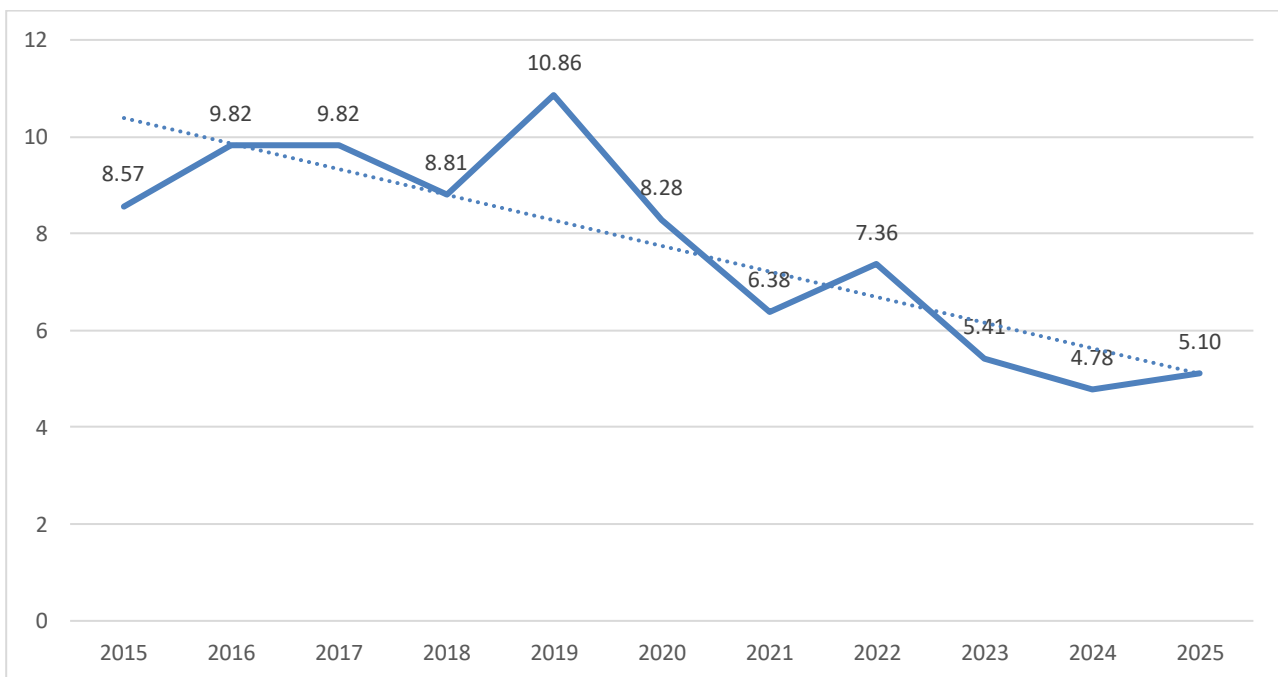
The combined LTIFR for 2025 was 5.10 per million hours worked, compared with 4.78 in 2024. This represents a 7% increase and reflects the rise in LTIs from 178 in 2024 to 213 in 2025, despite an increase in total hours worked.

Total hours worked increased from 37.24 million in 2024 to 41.75 million in 2025. This should be taken into account when reviewing incident frequency, as the increase in hours worked means the sector recorded more exposure during the reporting period. The LTIFR provides a more consistent basis for comparison than LTI counts alone, although it remains sensitive to changes in reporting participation, workforce composition, and the distribution of work activity across contributing members.

Figure 5 shows the LTIFR trend from 2015 to 2025, with an added trendline. Although the rate increased in 2025, the longer-term trend remains downward. The 2025 LTIFR of 5.10 is substantially lower than the highest rate in the period, which was 10.86 in 2019, and remains below the rates reported between 2015 and 2023.

The increase from 2024 to 2025 should therefore be viewed in context. It represents a deterioration compared with the previous year and should prompt further review, particularly when considered alongside the increase in LTI incidence per 100 workers. However, it does not yet indicate a reversal of the longer-term downward trend shown across the reporting period.

FIGURE 5: LTIFR (1M WORK HOURS) (2015-2025)



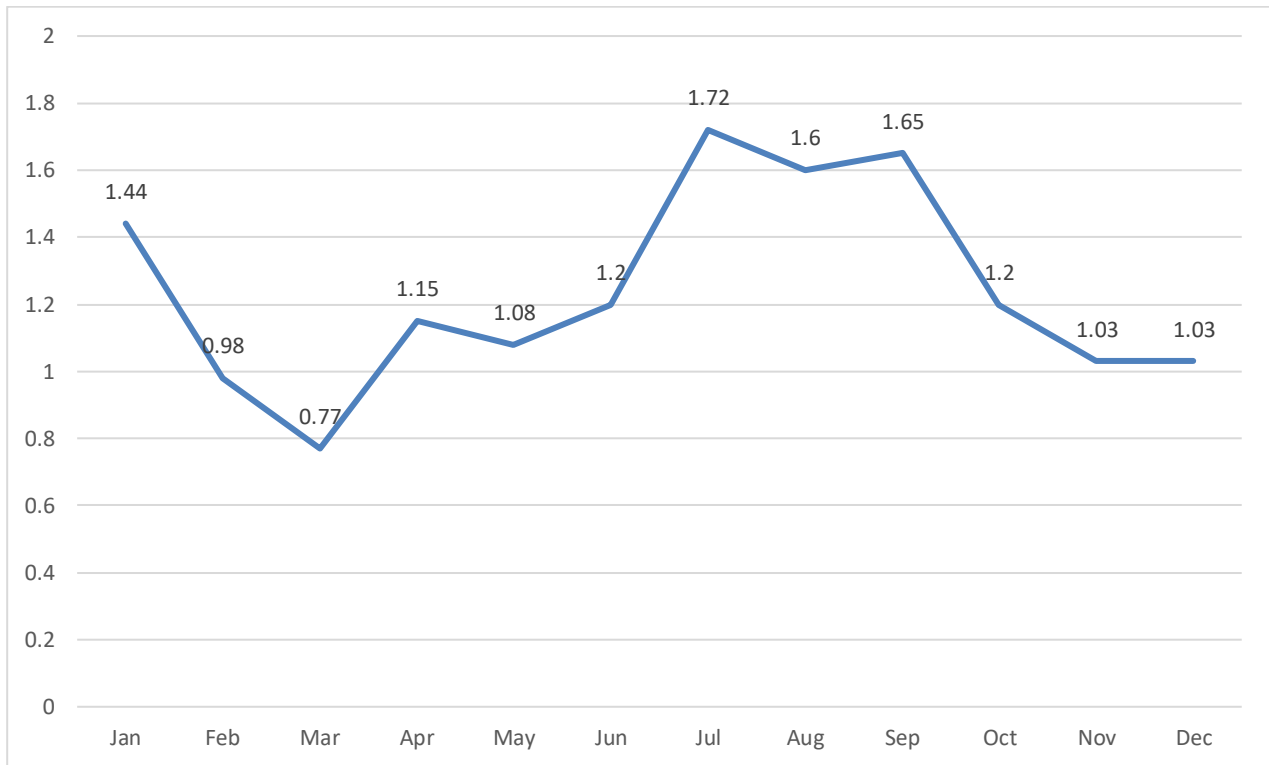
The Total Injury Rate (TIR) was introduced in 2023 and provides a rate of reported injuries per million hours worked. For this report, TIR includes lost time injuries (LTIs), restricted work injuries (RWIs), and medical treatment injuries (MTIs). Minor injuries and first aid injuries are reported separately and are not included in this measure.

The combined TIR for 2025, for direct and indirect workers, was 7.21 per million hours worked, compared with 7.44 in 2024. This represents a 3% reduction.

Although the total number of LTIs increased in 2025, the overall TIR reduced slightly due to the increase in total hours worked and a reduction in reported MTIs. This demonstrates the importance of considering both injury classification and exposure hours when interpreting injury trends. A rise in one injury category may not result in an overall increase in the rate where there are changes in other injury categories or in the total number of hours worked.

Figure 6 shows the monthly TIR during 2025. The rate increased through the middle of the year, peaking in July, before reducing in the final quarter. This suggests that the annual rate may mask variation across the year, and that review of monthly injury patterns remains useful for identifying periods where further analysis may be needed.

FIGURE 6: TIR (1M WORK HOURS) (2025)

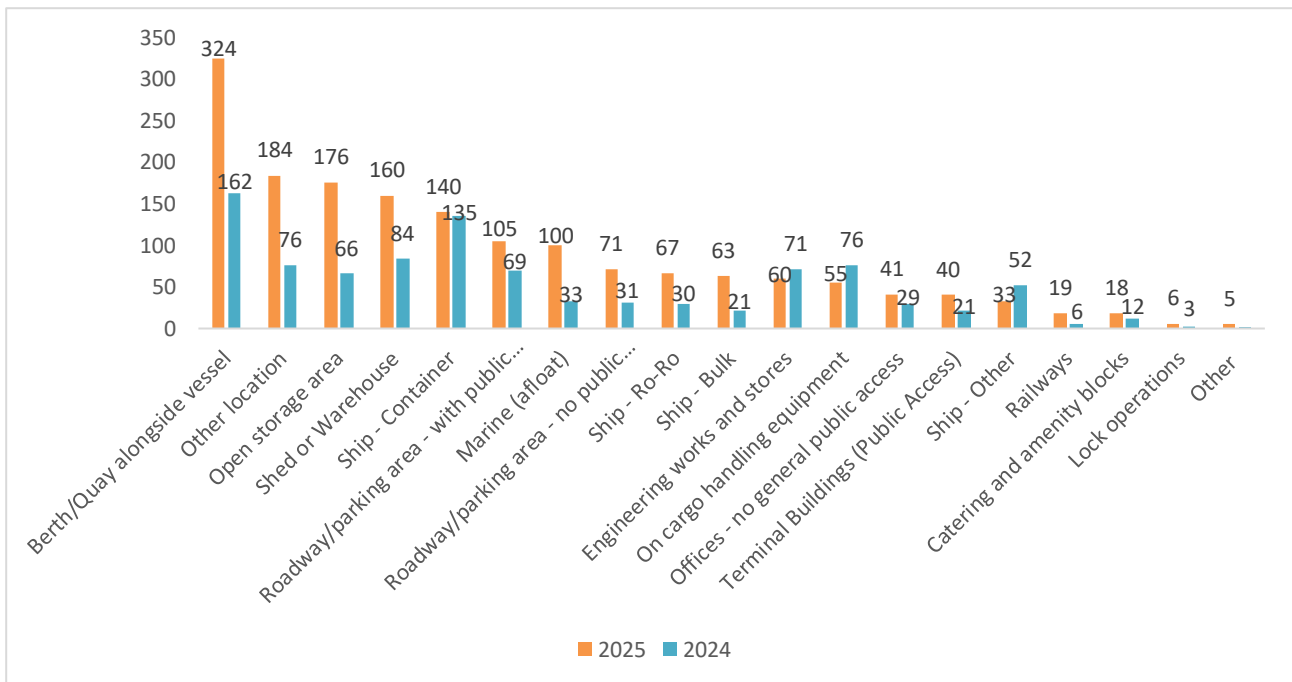




SECTION 4 – INCIDENT LOCATIONS

The most common incident locations in 2025 were berth/quay alongside vessel, other location, open storage area, shed or warehouse, and ship-container. Berth/quay alongside vessel remained the highest reported location and increased notably from 162 incidents in 2024 to 324 in 2025.

FIGURE 7: ALL INCIDENTS BY LOCATION (2024-2025)



Open storage areas and sheds or warehouses also recorded substantial increases compared with 2024. Incidents in open storage areas increased from 66 to 176, while incidents in sheds or warehouses increased from 84 to 160. Ship-container remained a consistently high reporting location, with 140 incidents in 2025 compared with 135 in 2024.

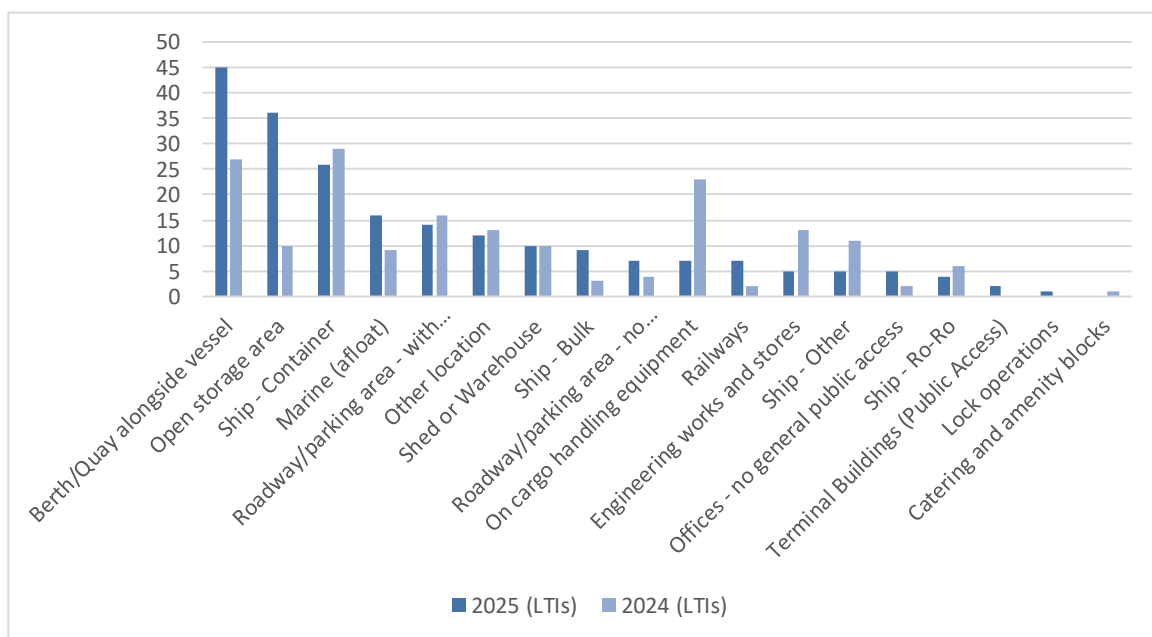
When looking specifically at lost time injuries, berth/quay alongside vessel recorded the highest number, with 45 LTIs in 2025 compared with 27 in 2024. Open storage areas recorded the second highest number of LTIs, increasing from 10 in 2024 to 36 in 2025. Container ships recorded the third highest number of LTIs, with 26 in 2025 compared with 29 in 2024.

The data indicates that LTIs continue to be concentrated in core operational environments, particularly vessel interface areas, open storage areas, and shipboard cargo operations. These locations involve dynamic work activity and often include multiple parties, vehicle movements, cargo handling, changing work conditions, and interaction between people and plant. The increase in LTIs at berth/quay alongside vessel and open storage areas suggests these locations should remain a focus for further analysis and targeted control measures.

TABLE 5: LOST TIME INJURIES BY LOCATION (2024-2025)

<i>Location in descending order of frequency for current year</i>	2025 (LTIs)	2024 (LTIs)
Berth/Quay alongside vessel	45	27
Open storage area	36	10
Ship - Container	26	29
Marine (afloat)	16	9
Roadway/parking area - with public access	14	16
Other location	12	13
Shed or Warehouse	10	10
Ship - Bulk	9	3
Roadway/parking area - no public access	7	4
On cargo handling equipment	7	23
Railways	7	2
Engineering works and stores	5	13
Ship - Other	5	11
Offices - no general public access	5	2
Ship - Ro-Ro	4	6
Terminal Buildings (Public Access)	2	0
Lock operations	1	0
Catering and amenity blocks	0	1

FIGURE 8: LOST TIME INJURIES BY LOCATIONS (2024-2025)



Total LTIs increased by 20% in 2025 compared with 2024, interrupting the previous downward trend. Berth/quay alongside vessel recorded the highest number of LTIs, followed by open storage areas and container ships. The increase in open storage area LTIs was particularly notable, with more than three times the number recorded in 2024.



SECTION 5 – IMMEDIATE CAUSES

The top five immediate causes of all reported incidents in 2025 (see Figure 9 below) were:

1. Hit something fixed or stationary.
2. Slipped, tripped or fell on same level.
3. Hit by moving, flying or falling object.
4. Injured whilst handling, lifting or carrying.
5. Contact with sharp objects (eg nips of fingers/hands).

FIGURE 9: ALL INCIDENTS BY IMMEDIATE CAUSES (2024-2025)

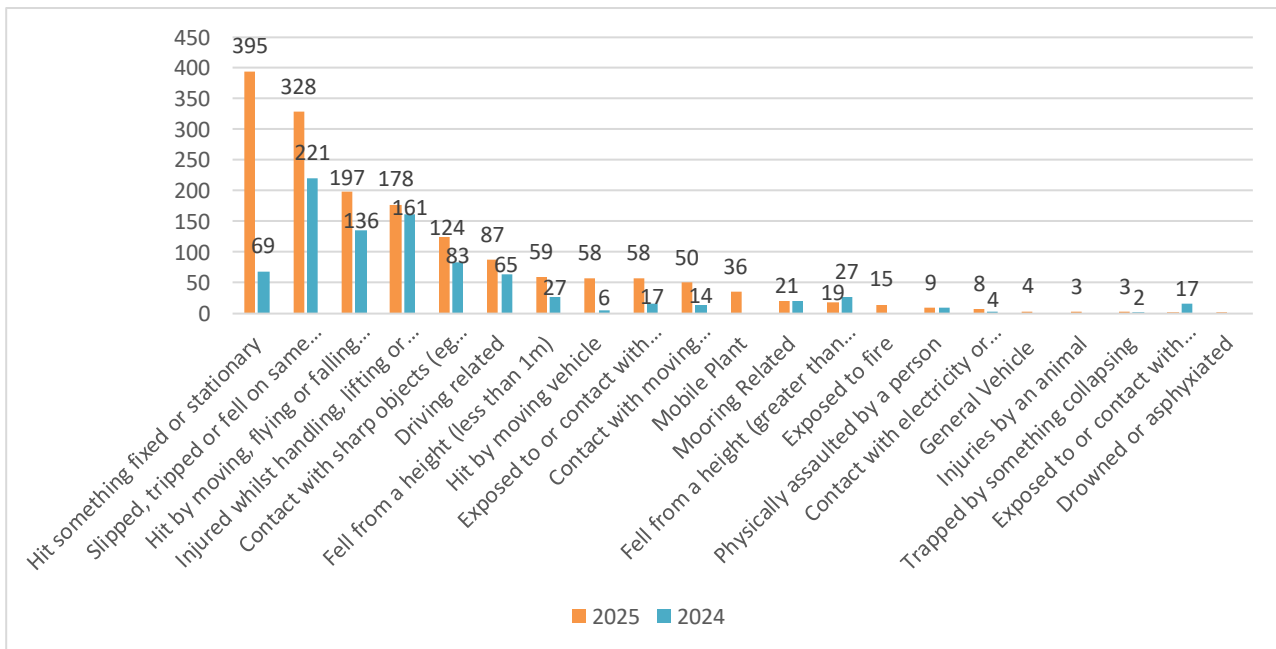


Figure 9 shows all incidents by immediate cause for 2024 and 2025. The largest increases in 2025 were recorded for hit something fixed or stationary, slipped, tripped, or fell on the same level, and hit by moving, flying, or falling object.

When looking specifically at LTIs, slipped, tripped, or fell on the same level remained the most common immediate cause, increasing from 36 in 2024 to 51 in 2025. This continues to show the significance of slips, trips, and falls as a major cause of injury across port operations.

The most notable increase was in LTIs caused by hit something fixed or stationary, which increased from 6 in 2024 to 39 in 2025. Injuries whilst handling, lifting, or carrying also increased, from 27 in 2024 to 33 in 2025. LTIs caused by hit by moving, flying, or falling object remained broadly similar, reducing slightly from 27 to 26.

Other changes to note between 2024 and 2025 include the reporting of 12 LTIs involving contact with sharp objects, compared with none recorded in this category in 2024, and increases in driving-related LTIs, from 14 to 16. Falls from height remained at a similar level, with LTIs involving falls from less than 1m unchanged at 6 and falls from greater than 1m reducing slightly from 7 to 6.

The data indicates that the leading immediate causes of LTIs continue to include well-recognised operational hazards: slips, trips, and falls; contact with fixed or moving objects; manual handling; and vehicle or plant-related activity. These categories should remain a focus for local review, particularly where increases may indicate changes in work activity, reporting practice, task design, workplace conditions, or the effectiveness of existing controls.

TABLE 6: LOST TIME INJURIES BY IMMEDIATE CAUSE (2025 VS 2024)

<i>Immediate cause in descending order of frequency for current year</i>	2025	2024
Slipped, tripped or fell on same level	51	36
Hit something fixed or stationary	39	6
Injured whilst handling, lifting or carrying	33	27
Hit by moving, flying or falling object	26	27
Driving related	16	14
Contact with sharp objects (eg nips of fingers/hands)	12	0
Fell from a height (less than 1m)	6	6
Exposed to or contact with harmful substance	6	1
Fell from a height (greater than 1m)	6	7
Hit by moving vehicle	5	3
Mobile Plant	4	0
Contact with moving machinery/material	4	5
Mooring Related	2	2
Exposed to fire	1	0
Trapped by something collapsing	1	1

FIGURE 10: LOST TIME INJURIES BY IMMEDIATE CAUSES (2024-2025)

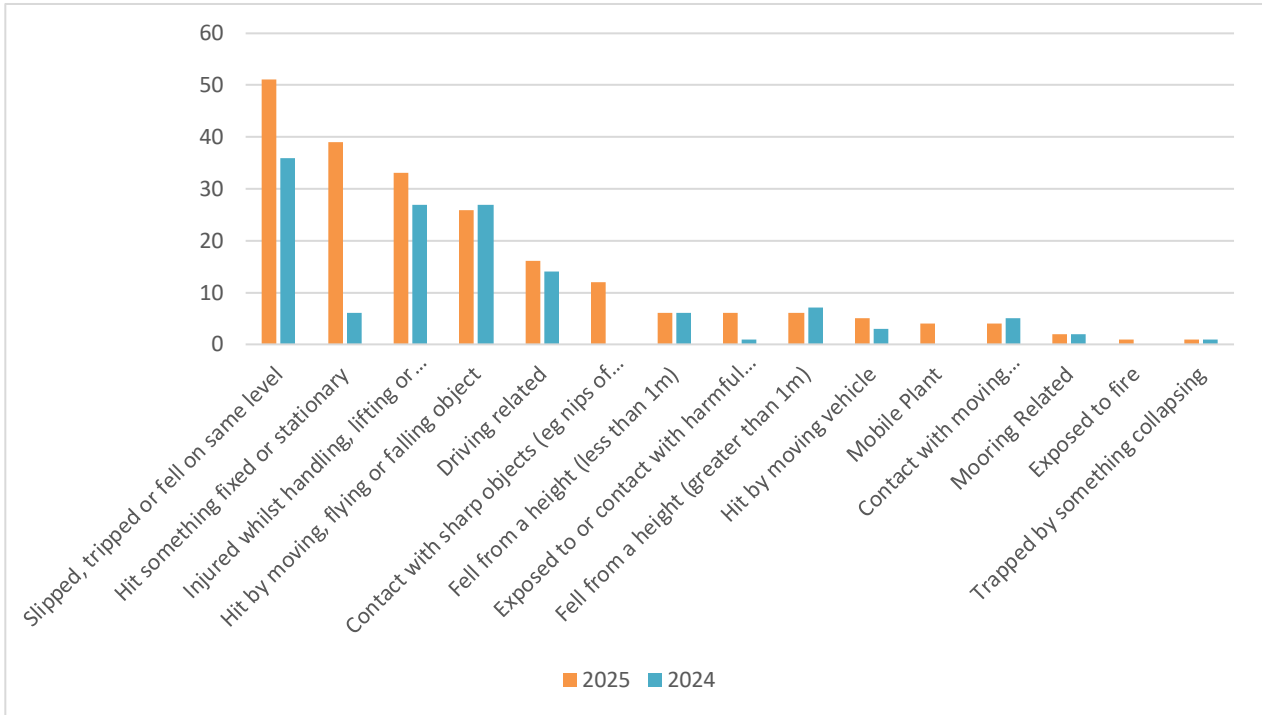


FIGURE 11: DISTRIBUTION OF IMMEDIATE CAUSE CATEGORIES (2018 - 2025)

Figure 11 shows a distribution of immediate cause categories based on all data submitted since 2018.

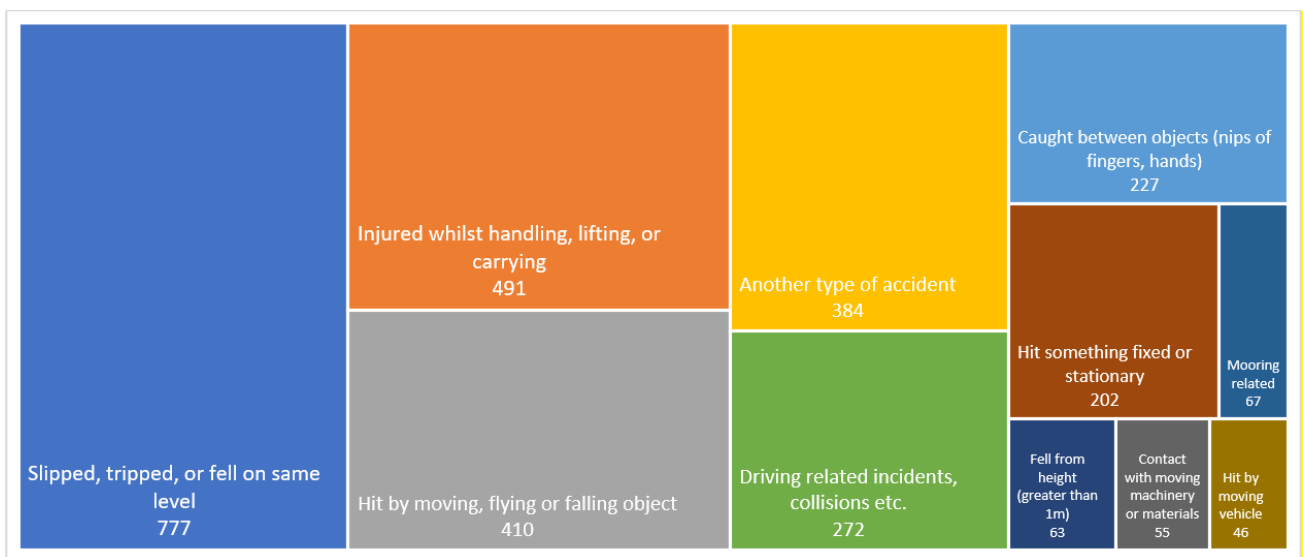


Figure 11 shows the distribution of immediate cause categories across all data submitted since 2018. The most frequently recorded immediate cause remains slipped, tripped, or fell on the same level, with 777 incidents recorded over the period.

The next most common categories were injured whilst handling, lifting, or carrying, hit by moving, flying, or falling object, another type of accident, and driving-related incidents. Together, these categories represent a substantial proportion of the incidents reported since 2018 and indicate that the most common causes of harm have remained broadly consistent over time.

The immediate cause categories should be considered alongside incident location, injury classification, and severity data to better understand where risks are arising and which activities may require further attention. For example, slips, trips, and falls may relate to underfoot conditions, access and egress, housekeeping, lighting, weather, or task design, while handling-related incidents may reflect load characteristics, work organisation, equipment availability, or the suitability of existing controls.

This data does not, on its own, identify root causes. However, it provides a useful starting point for identifying recurring incident themes and areas where more detailed analysis may support targeted improvement. The continued prominence of slips, trips, falls, handling injuries, contact with objects, and driving-related incidents suggests these should remain key areas of focus for risk management, workforce engagement, and shared learning across the port sector.

From 2026, the PSS incident data collection sheets include additional causal factor fields. These are intended to provide greater insight into the factors contributing to incidents and to support more meaningful analysis beyond the immediate cause. This should improve sector-level understanding of recurring contributory factors and help identify guidance, engagement, or collaborative improvement activity which may be the most impactful.



SECTION 6 – BODY PART ANALYSIS

The top five body parts injured within the port industry in 2025 were:

- Legs (179)
- Fingers (169)
- Back (143)
- Head (99)
- Hand (98)

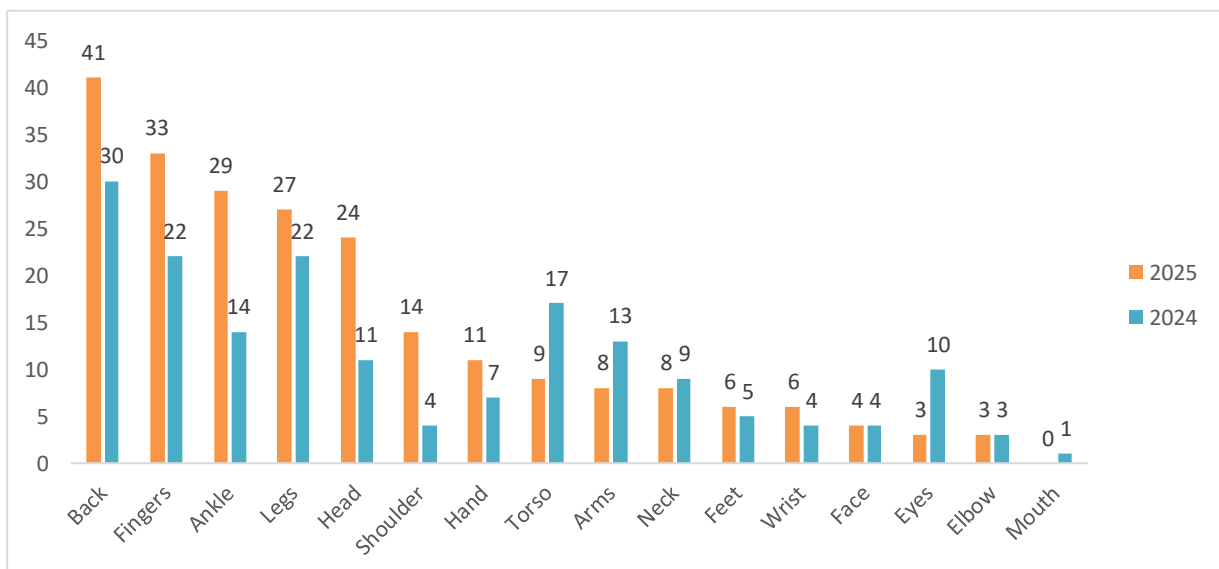
Figure 12 shows the primary body part injured in lost time injuries during 2025 compared with 2024. The most frequently recorded body parts in 2025 were back, fingers, ankle, legs, and head.

Back injuries were the most common, increasing from 30 in 2024 to 41 in 2025. Finger injuries also increased, from 22 to 33, while ankle injuries more than doubled, increasing from 14 to 29. Leg injuries increased from 22 to 27, and head injuries increased from 11 to 24.

The increase in back, ankle, and leg injuries is consistent with the prominence of slips, trips, falls, and handling-related injuries within the immediate cause data. The increase in finger injuries also reflects the continued importance of controls for contact, entrapment, handling, and tool or equipment-related risks in operational port environments.

The body part profile reinforces the need to consider both the immediate cause of injury and the nature of the harm sustained. This can support more targeted prevention activity, including controls for underfoot conditions, access and egress, manual handling, workplace transport interfaces, line of fire risks, and hand and finger injury prevention.

FIGURE 12: PRIMARY BODY PART INJURED IN LOST TIME INJURIES (2024-2025)





SECTION 7 – HIPO INCIDENTS AND SIPS

In 2025, members were also asked to record the potential severity of incidents, alongside the actual outcome. This provides additional insight into events where the actual harm or damage may have been limited, but the potential outcome could have been more serious.

This data should be interpreted with caution, as potential severity is assessed by the reporting member and may be applied differently between organisations. However, it provides useful context for understanding where controls may have been tested and where a more serious outcome may have occurred under slightly different circumstances.

Across the 2025 dataset, 13 incidents were recorded where the potential outcome was a fatality, despite the actual outcome being less severe. This included two incidents recorded as LTIs, four first aid injuries, two minor injuries, two damage incidents, one MTI, one ill health case, and one RIDDOR specified injury.

This reinforces the value of reviewing potential severity as well as actual outcome. Incidents with lower actual harm can still provide important learning where the circumstances indicate that serious injury or fatality was possible. Used effectively, this information can help prioritise investigation, identify where critical controls may need review, and support shared learning before a more serious incident occurs.

FIGURE 13: INCIDENTS WITH FATALITY POTENTIAL BY ACTUAL OUTCOME, 2025

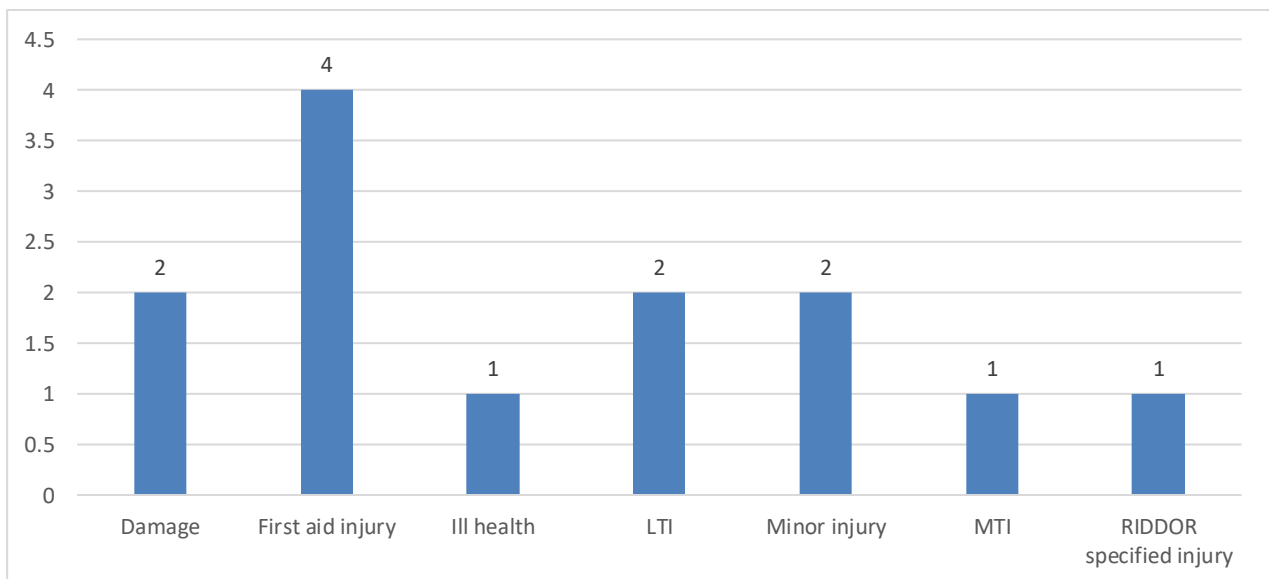
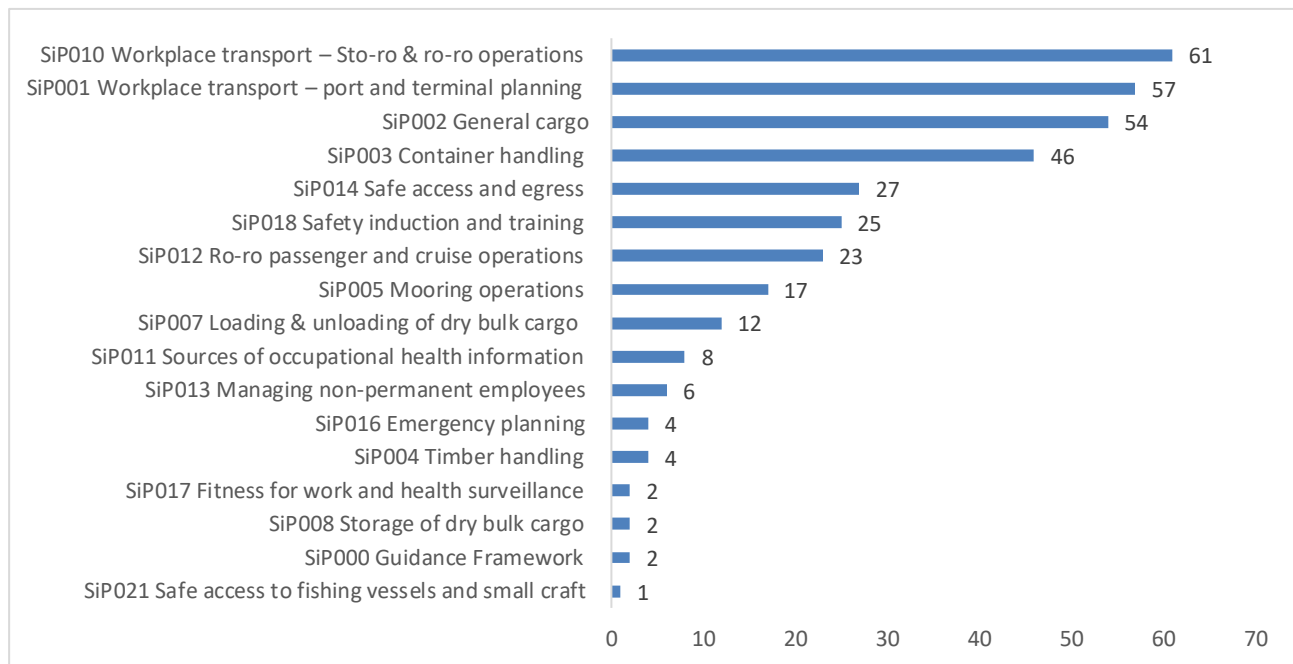


FIGURE 14: SAFETY IN PORT CLASSIFICATIONS OF INCIDENTS (2025)



Where relevant, contributing members can identify the Safety in Ports guidance document most closely associated with an incident. This is dependent on the reporting member completing the field and applying the classification consistently, so the data should be treated as indicative rather than a definitive measure of guidance relevance.

The 2025 data broadly reflect the main incident themes identified elsewhere in this report. The most frequently referenced documents were SiP010 Workplace Transport – Sto-ro and Ro-ro Operations, SiP001 Workplace Transport – Port and Terminal Planning, SiP002 General Cargo, and SiP003 Container Handling. This aligns with the continued prominence of incidents involving workplace transport, vessel and quayside operations, cargo handling, and container operations.

The frequency of references to SiP010, SiP001, SiP002, and SiP003 reinforces the importance of current, practical guidance in these areas. It also supports the continued focus within the PSS guidance review programme on operational activities where incident numbers, potential severity, and member feedback indicate a higher level of risk.

The data highlights where incidents are most often being associated with particular work activities and where guidance, member engagement, and targeted learning can provide the greatest value. These are the areas where PSS is prioritising reviews and refreshing guidance, with revised versions of SiP002 and SiP003 published in the second half of 2025 and SiP001 published in early 2026.



SECTION 8 – SUPPLEMENTARY RETURNS

SUPPLEMENTARY RIDDOR-REPORTABLE INCIDENT RETURNS

In addition to the core annual statistics dataset, PSS requested RIDDOR-reportable incident information from members who had not submitted monthly data during 2025. This was intended to improve visibility of statutory-reportable incidents across the membership, while recognising that these returns do not provide the full range of data required for wider trend and rate-based analysis.

Thirteen members provided supplementary high-level returns. Collectively, these returns represented an additional 1,102 workers, comprising 1,040 direct employees and 62 agency or indirect workers. The head count has been used for context only and not included in the overall report rate-based calculations.

Across these supplementary returns, members reported eight additional RIDDOR-reportable incidents. These comprised six specified injuries and two over-7-day injuries. No fatalities, reportable diseases, or dangerous occurrences were reported through this additional return process.

When considered separately, the supplementary returns indicate a RIDDOR incidence rate of 0.73 per 100 workers. This is equal to the core dataset RIDDOR incidence rate. While this comparison should be treated with caution due to the limited nature of the supplementary returns, it suggests that the additional data does not materially change the overall RIDDOR picture when viewed against the main reporting group.

The supplementary return process increased the visible reporting population by 1,102 workers, equivalent to a 6.2% uplift against the core dataset. It also identified eight additional RIDDOR-reportable incidents, also equivalent to a 6.2% uplift against the core RIDDOR injury total. This suggests that the supplementary returns added proportionate additional visibility and did not materially alter the headline RIDDOR incidence position.

However, the supplementary returns show a different incident profile from the core dataset. Within the core dataset, most RIDDOR injury reports were over-7-day injuries, accounting for 102 of the 129 RIDDOR injury reports. Specified injuries accounted for 26 reports, with one fatality also reported. By contrast, the supplementary returns were weighted towards specified injuries, which accounted for 75% of the additional RIDDOR injury reports.

This difference should be treated with caution due to the small number of supplementary incidents. However, it may indicate that specified injuries are more readily identifiable through retrospective annual returns, while over-7-day injuries may be less consistently captured without routine monthly reporting and supporting absence data. This reinforces the importance of increasing monthly participation, as more complete and regular data submission is needed to

understand not only the number of RIDDOR-reportable incidents, but also the type and profile of harm occurring across the sector.

These incidents have been recorded separately from the core dataset and have not been included in the formal injury rate, frequency rate, or trend calculations. This is because the returns were not supported by consistent monthly data across all incident types, workforce figures, hours worked, near misses, and observations. Including them in the main calculations would risk distorting the annual statistics and creating inconsistency when comparing sector performance with previous years.

However, the information provides useful additional context on known RIDDOR-reportable incidents across the membership. It demonstrates that meaningful statutory incident intelligence can be captured from members who are not yet able to complete monthly submissions, and that this intelligence can be used to test whether the wider picture appears consistent with the core dataset. It also reinforces the value of increasing routine monthly participation, as this would allow PSS to move beyond high-level statutory incident counts and provide more reliable sector-wide benchmarking, trend analysis, and rate-based reporting.

FIGURE 15: RIDDOR REPORTABLE INJURIES COMPARISON

Measure	Main dataset	Main dataset %	Supplementary returns	Supplementary %	Total
Total worker headcount	17,792	-	1,102	-	18,894
RIDDOR injury incidence rate (per 100 workers)	0.73	-	0.73	-	0.73
Total reportable injuries	129	-	8	-	137
Fatalities	1	1%	0	0%	1
Specified injuries	26	20%	6	75%	32
Over-7-day injuries	102	79%	2	25%	104

The additional returns demonstrate that useful statutory incident intelligence can be captured outside the monthly reporting process but also reinforce the limitations of partial data. Improving routine monthly participation remains essential if PSS is to provide reliable sector-wide benchmarking, trend analysis, and rate-based reporting.



SECTION 9 – DATA COLLECTION

SOURCE POPULATION

Data supplied from 24 contributing members (23 supplying full year data and one joining the dashboard from June 2025). There was an average of 17,792 workers (direct and indirect workers) from all contributing members. Compared to 2024, there was one less port supplying full year data, and the overall average number of workers decreased by 14% (from 20,652 workers in 2024).

As with previous years, the change in total contributing members and workers may or may not account for some of the changes in observed trends, on a proportional basis. Where possible, rates have been used to adjust for this.

METHOD OF COLLATION

- Figures were collated for January to December 2025.
- Ports completed and submitted monthly data collection sheets to PSS. These submissions form the main dataset used throughout this report.
- Ports that did not submit monthly data were also invited to provide high-level figures for RIDDOR-reportable incidents. Thirteen additional ports responded to this request. This data is summarised in a separate section of the report and is only included in the wider analysis where this is specifically stated. Lost Time Injuries (LTIs) were recorded where the injured party lost a minimum of one day (or shift) of work, plus other RIDDOR reportable incidents. This includes absences over seven days and specific injury types.
- Incidents were broken down into specific types and RIDDOR classifications (2023 onwards).
- The definition of 'employee' includes any direct hire person for whom an incident report would be completed and submitted to the HSE, by the company, if that person were to be injured at work.
- 'Incidents' include incidents to non-employees that the port employer has a responsibility to report e.g., if a member of the public is injured, and incidents to indirect employees (contractors) under the management control of the contributing member.

COMPARISON WITH DATA FROM OTHER SOURCES

Data submitted to PSS came from a cross-section of ports of varying sizes and is therefore considered to provide a representative sector sample.

Industry incident statistics are also collated by the Department for Transport (DfT) and Health and Safety Executive (HSE), although the basis and definitions for inclusion in each of the schemes and metrics used can vary considerably.

Direct comparison with previous annual PSS statistical reports and other industry sectors should be treated with caution. This is primarily due to slight differences in terminology, categories, and data collection methods at respective ports, and during collation and analysis.



SECTION 10 – LONG TERM DATA

General incident data below represents a combination of data previously reported through two main means. Data collated from UK ports as part of an exercise done through an external yearly contractor and data submitted to PSS via the routine dashboard submissions since 2018. The former, involved more members and additional data which was not initially collected as routine in PSS dashboard submissions. See tables below.

Data above the red line was collected during contractors’ data collection and analysis project. Data below the redline was that submitted to PSS via the dashboard process.

The PSS dashboard process was initially focused on a smaller data set, direct employees only. This has gone through evolutions since 2021 and is now more directly comparable to the previous exercise done via the previous contract.

Year	Direct Emp	Indirect Emp	Total Workers	Total Hrs Worked (m)	Fatalities	1-3 Day LTI	Over 3 Day LTI	Over 7 Day LTI	Spec Injuries	Occ Illness	Total LTI
2015	17255	0	17255	32.8	4	82	58	141	28	2	309
2016	16907	0	16907	33.3	1	69	70	188	39	1	366
2017	14974	2393	17367	27.5	1	67	59	144	33	1	303
2018	14650	1665	16315	29.3	5	83	48	127	31	0	289
2019	12829	No data	12829	26.6	8	289	No data	No data	No data	No data	289
2020	12583	No data	12583	26.1	2	216	No data	No data	No data	No data	216
2021	12628	43	12671	26.5	1	169	No data	No data	No data	No data	169
2022	14090	804	14894	32.2	0	237	No data	No data	No data	No data	237
2023	15756	2558	18314	35.7	0	193	No data	No data	21	1	193
2024	14192	6460	20652	37.2	0	178	No data	No data	25	0	178
2025	15491	2301	17792	41.75	1	58	49	106	25	1	213

Historical summary tables have been reviewed as part of the 2025 report update. Where historic data fields could not be consistently validated against the current reporting methodology, they have not been included in this report. This is to ensure that published data remains clear, reliable, and aligned with the calculations used in the main analysis.

* Annual data collection prior to 2024 included 'RIDDOR Specified Injuries' as LTIs. In effect double counting as these incidents may or may not have been also over 7-day injuries.

TABLE 7: TOP FIVE INCIDENT LOCATIONS SINCE 2018

2018	2019	2020	2021	2022	2023	2024	2025
Berth / Quay	Berth/Quay (Inc. Open storage and cargo handling)	Berth/Quay (Inc. Open storage and cargo handling)	Berth/quayside alongside vessel	Berth/Quay – alongside vessel.	Berth/Quay alongside vessel.	Ship – Container.	Berth/Quay alongside vessel.
Ship & Craft	Ship & Craft	Ship & Craft	Container Ships	Ship – Container.	Ship – Container.	Berth/Quay alongside vessel.	Open storage area.
Roadways	Roadways	Roadways	Roadway areas without public access	Roadways/parking areas.	Other location.	On cargo handling equipment	Ship – Container.
Cargo handling equipment	Other locations	Engineering works/stores	On cargo handling equipment	Engineering works and stores.	Roadway/parking area – with public access.	Roadway/parking area – with public access.	Marine (afloat).
Open storage areas	Offices/Terminal	Shed or Warehouse	Other location	Shed or warehouse.	Open storage area.	Engineering works and stores	Roadway/parking area – with public access.

TABLE 8: TOP FIVE INCIDENT IMMEDIATE CAUSES SINCE 2018

2018	2019	2020	2021	2022	2023	2024	2025
Slip/trip/fell on level	Slipped, tripped or fell on same level	Slipped, tripped or fell on same level	Slipped, tripped or fell on same level	Slipped, tripped, or fell on same level.	Slipped, tripped, or fell on same level.	Slipped, tripped, or fell on same level.	Slipped, tripped, or fell on same level.
Driving related	Driving related incidents - collisions etc.	Driving related incidents - collisions etc.	Another type of incident	Hit by moving, flying, or falling object.	Injured whilst handling, lifting, or carrying.	Injured whilst handling, lifting, or carrying.	Hit something fixed or stationary.
Lifting or carrying	Injured whilst handling, lifting or carrying	Injured whilst handling, lifting or carrying	Injured whilst manually handling, lifting and/or carrying	Injured whilst handling, lifting, or carrying.	Another type of accident	Hit by moving, flying, or falling object.	Injured whilst handling, lifting, or carrying.
Hit by falling/flying object	Hit by moving, flying or falling object	Hit by moving, flying or falling object	Hit by a Moving, Flying, Falling Object	Driving related incidents.	Hit by moving, flying, or falling object.	Another type of accident	Driving related.
Fell from a height	Fall from height	Hit something fixed or stationary	Driving Related incidents	Another type of incident (non-specific).	Caught between objects (e.g. nips of fingers/hands)	Caught between objects (e.g. nips of fingers/hands)	Contact with sharp objects (e.g. nips of fingers/hand)



ANNEX A – DEFINITIONS USED BY PSS

Term	PSS Definition
Direct Employee	Employees are direct hires to operating company.
Indirect Employee	Indirect hires directly involved with port operations such as contract stevedores or plant and equipment operators, directed by the company.
Work Hours	Total number of hours worked in an organisation. Split into direct and indirect employee hours and combined. May be estimated (using headcount and shift duration) or calculated, as recorded.
% Sickness Absence	Percentage of direct employees absent from work due to sickness.
Minor Injury	An injury that does not require treatment or requires a single first aid treatment. For example, bruises, minor scratches, burns, cuts and so forth, which do not ordinarily require medical care, and for which the person would typically return immediately to their normal activities. Such treatment and observation is considered first aid even if it is administered by a physician or registered medical professional.
Medical Treatment Injury (MTI)	Workplace injury, illness or disease resulted in a certain level of treatment given by a physician or other medical personnel under the standing orders of a physician and requiring more than first aid. This means treatment more than the following: Applying band-aids, gauze pads and butterfly bandages; use of non-rigid means of support like elastic bandages and wraps; cleaning wounds on the surface of the skin; removing splinters and drinking fluids to relieve heat stress.
Restricted Work Injury (RWI)	Restricted Work Injury is when a person is injured or suffers work-related ill health such that they cannot perform their normal duties. Therefore, they are transferred, temporarily to some other jobs (light duties).
Lost Time Injury (LTI)	A Lost Time Injury (LTI) is a work-related injury or disease that resulted in: time lost from work of at least one day beyond the day of the accident / incident.
Fatality	One or more deaths as a direct result of work activities.
RIDDOR Specified Injuries	<ul style="list-style-type: none"> (a) any bone fracture diagnosed by a registered medical practitioner, other than to a finger, thumb or toe; (b) amputation of an arm, hand, finger, thumb, leg, foot or toe; (c) any injury diagnosed by a registered medical practitioner as being likely to cause permanent blinding or reduction in sight in one or both eyes; (d) any crush injury to the head or torso causing damage to the brain or internal organs in the chest or abdomen; (e) any burn injury (including scalding) which— <ul style="list-style-type: none"> (i) covers more than 10% of the whole body's total surface area; or (ii) causes significant damage to the eyes, respiratory system or other vital organs; (f) any degree of scalping requiring hospital treatment; (g) loss of consciousness caused by head injury or asphyxia; or (h) any other injury arising from working in an enclosed space which— <ul style="list-style-type: none"> (i) leads to hypothermia or heat-induced illness; or (ii) requires resuscitation or admittance to hospital for more than 24 hours,
RIDDOR Injuries	<p>Any person at work is incapacitated for routine work for more than seven consecutive days (excluding the day of the accident) because of an injury resulting from an accident arising out of or in connection with that work.</p> <p>Injuries to non-workers which result in them being taken directly to hospital for treatment.</p>
RIDDOR Dangerous Occurrence	Specified under schedule 2 of RIDDOR (at this link).
Days Lost (Injury)	Number of days work lost following an incident resulting in injury.
Occupational Related Illness	Any confirmed case of work-related ill-health.
Days Lost (W-R Ill Health)	Number of days work lost following confirmed case of work-related ill health.
Body Part	Part of the body that has been injured in an incident.
Immediate Cause	Actions of people or conditions in the workplace, which are the most obvious acts, conditions or omissions that resulted in the incident.
Near Miss Incident	An event not causing harm but has the potential to cause injury, ill health or loss.

Term	PSS Definition
High Severity Incident (or High Potential)	An event that, if any one factor had been different, might easily have resulted in a potential fatality, life changing incident or serious loss.
Safety Alert	Communications issued when there is a specific safety issue that, without immediate action being taken, could result in an incident.
Health and Safety Observation	Unsafe or safe acts and/or conditions reported as workplace observations. Details what was seen and what was done.
Visible Felt Leadership Activities	Senior management walking operational areas and undertaking visible EHS leadership and interacting with personnel.
H&S Training	The number of training hours delivered i.e. number of people, multiplied by duration of course in hours. Excludes standard induction training. Setup as rate per direct and indirect employees.
CALCULATED METRICS USING ABOVE STATS	
Total Incidents	Composed of Minor Injury + MTI + RWI + LTI
TIR	Total Injury Rate is the sum of all fatalities, lost time incidents, medical treatment incident, and restricted work cases per 200,000 or 1 million work hours. Separated by direct and indirect employees and combined.
LTIFR	Lost Time Injury Frequency Rate is the number of Lost Time Injuries per hours worked during per 200,000 or 1 million hours worked. Separated by direct and indirect employees and combined.
AIR	The overall sum of all (Minor Injury + MTI + RWI + LTI) over a rolling 12-month period multiplied by 100,000 and divided by the average number of employees for the same 12-month rolling period. Separated by direct and indirect employees and combined.
Severity Rate (Injury)	Number of days lost per Lost Time Injury (LTI)
Severity Rate (W-R Ill Health)	Number of days lost per confirmed case of work-related ill health.