The Royal Society for the Prevention of Accidents

accidents don't have to happen

Annual Review of Accidents 2026:

Rising deaths, deepening divides

Annual Review of Accidents 2026: Rising deaths, deepening divides
Published April 2026

Contents

Forewords

“Serious injury and death on our roads and beyond are often treated as an unfortunate but inevitable part of everyday life. They often are not. A large proportion of these harms are predictable and preventable, shaped by the environments we design and the culture we accept.

From riding around my local neighbourhood as a child, to competing at the Olympic Games, to now simply riding to the shops, cycling has been central to my life. It is a practical way to get around that benefits individuals and society alike. It gives health, reduces pollution, eases congestion and increases freedom. In many countries this is already normal. Sadly, in the UK, it still is not. For too many people, it does not feel safe enough to be an everyday choice for getting to work, school or the local shops.

As a campaigner for safer streets, I have seen how risk is built into the system around people, especially the most vulnerable. The result is predictable: parents hesitate when their children ask to cycle to the park or walk to school because they fear for their safety. That should not be normal.

The findings in this Annual Review of Accidents show we are still not doing enough. Millions are effectively denied the option to travel under their own steam. This review should be read as a call to action.

If we are serious about reducing avoidable harm and capturing the wider benefits, we must design systems that protect the most vulnerable first, tackle inequality directly, and treat safety as a public health priority rather than an afterthought. This review sets out the case clearly, and I am proud to support its message.”

Chris Boardman CBE

“Accidents devastate lives in an instant. They are often sudden, violent, and shocking, leaving families and communities to cope with consequences that can last a lifetime. What makes this devastation even harder to bear is the knowledge that so many of these incidents are entirely preventable. They are not acts of fate or inevitability - they are failures of systems, environments and protections that can, and must, be improved.

By systematically tracking trends over time, we gain a clearer understanding of where risks are greatest, who is most vulnerable, and which interventions are most likely to prevent harm. This principle has guided our work for over 100 years, underpinning our campaigns for lifesaving change; from seatbelt laws and the Highway Code to safer workplaces, homes, and places for people to spend their leisure time.

Our groundbreaking 2024 report *Safer Lives, Stronger Nation* was the first comprehensive review of accident data across the UK, revealing the shocking truth that accidental deaths had risen by 42% in a decade. This report also contained a clear call for the government to implement a National Accident Prevention Strategy, as a clear and coordinated plan is essential for tackling this public health emergency of rising accidental deaths and serious injuries across all parts of society.

Our Annual Review of Accidents, which examines the most recent data around accidental deaths and serious injuries and of which this is the first, shows that the case for a National Accident Prevention Strategy is stronger than ever.

By keeping a close eye on trends, learning from patterns of injury, and acting on the evidence, we can help ensure that individuals, communities, and wider society are better protected from the consequences of accidental injury.”

Could you be our latest RoSPA member?

RoSPA Membership is the driving force behind a safer society. By joining our network, members not only help us understand the evolving safety landscape across workplaces, roads, homes, and leisure, but also provide invaluable insights that shape our evidence-based policies. Our members are champions of safety, influencing public and workforce behaviours, advocating for higher industry standards, and giving a voice to the safety community.

Rebecca Hickman,
Chief Executive Officer, RoSPA

ROSPA
accidents don’t have to happen

The review of 2023/24

Accidents remain one of the leading causes of preventable harm across people's lives, contributing substantially to avoidable hospital admissions and long-term disability. At their most dangerous, they cut lives short, leaving loved ones and communities grieving. Understanding the patterns, causes, and settings of accidents is essential in developing effective prevention strategies, allocating resources efficiently, and reducing avoidable harm.

This report provides a systematic analysis of hospital admissions and mortality data related to accidents, building on the monitoring framework initiated in RoSPA's 2024 report *Safer Lives, Stronger Nation*.[1]

This review aims to support policymakers, practitioners, prevention specialists and others in positions of power to prioritise action, design interventions, and track progress towards a safer society. Ultimately, it reflects RoSPA's ongoing commitment to reducing accidental harm, preventing avoidable injury, and promoting safer lives for all.

By committing to annual publication, RoSPA reinforces its mission to monitor, prevent, and reduce accidents, while ensuring that evidence-based insights remain at the heart of accident prevention strategies across the UK.

Background

RoSPA's commitment to systematic monitoring of accidents was set out in the 2024 *Safer Lives, Stronger Nation* report, which highlighted the scale of accidental injury and called for improved use of data to inform policy, practice, and prevention.

That report marked the starting point for RoSPA's ongoing programme of analysis, bringing together national hospital admissions and mortality data to provide a consistent picture of accidental harm across the UK.

Safer Lives, Stronger Nation identified a worrying long-term trend – that despite the UK's historic successes in reducing harm and deaths caused by accidents, the most recent 10 years of data had seen a significant rise in accidental injuries and deaths. Over a decade, accidental deaths rose by 42%, with over 21,000 people dying and around 840,000 people being admitted to hospital as a direct result of accidents in 2022.

Our Annual Review of Accidents builds on that foundation. The report examines annual changes, variations by age, sex, region and deprivation, as well as differences across key accident categories. Together, these data sets offer a comprehensive view of the toll of accidental deaths and injuries across every UK nation, and the communities and people most affected.

[1] RoSPA, 2024, 'Safer Lives, Stronger Nation', https://www.flipsnack.com/rospacatalogue/national-accident-prevention-strategy-report-v1/full-view.html

Methodology

The analyses presented in RoSPA's Annual Review of Accidents are based on 2023/24 hospital admissions data and 2023 mortality figures, which represent the most recent complete and quality-assured datasets currently available. The use of this data reflects the necessary time required for data collection and detailed statistical assessment. This approach ensures that RoSPA's findings are robust, reliable, and comparable over time, supporting informed decision-making and effective prevention strategies.

Data for this review has been collected from the Office of National Statistics (ONS),[2] the National Records of Scotland,[3] the Northern Ireland Statistics and Research Agency,[4] NHS England,[5] Digital Health and Care Wales,[6] the Northern Ireland Department of Health[7] and Public Health Scotland.[8] Population estimates were extracted from Nomis, hosted by the ONS, on December 1, 2025.[9]

Health is a devolved issue in the UK and, as such, England, Scotland, Wales and Northern Ireland publish their own datasets, which can vary in their completeness and accuracy. While we have endeavoured to provide as complete data as possible, GDPR constraints, meaning that small-scale forms of data are often rounded to zero by government authorities, and gaps in recording, mean that not all data breakdowns add up to complete totals. This is the case for hospital admissions data in particular.

The data has been collected through a combination of publicly available datasets, Freedom of Information (FOI) requests and purchased data from government bodies. Northern Ireland hospital admissions data, for example, was secured using a Freedom of Information Request for the year 2023/24. Prior years were not secured, meaning that overall, 2023/24 admissions refer to the UK, while annual admission comparisons refer to Great Britain.

---

[2] ONS, Nomis, Mortality statistics - underlying cause, sex and age, https://www.nomisweb.co.uk/datasets/mortsa

[3] National Records of Scotland, Births, deaths, marriages and life expectancy , https://www.nrscotland.gov.uk/statistics-and-data/births-deaths-marriages-and-life-expectancy/

[4] Northern Ireland Statistics and Research Agency, Cause of Death, https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/cause-death

[5] NHS England, Hospital Admitted Patient Care Activity, 2023-24, https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2023-24

[6] Digital Health and Care Wales, Hospital Admissions Annual Tables, https://dhcw.nhs.wales/data/statistical-publications-data-products-and-open-data/hospital-data/hospital-admissions-annual-tables/

[7] Northern Ireland Department of Health, Hospital activity statistics, https://www.health-ni.gov.uk/topics/hospital-activity-statistics

[8] Public Health Scotland, Unintentional injuries, https://publichealthscotland.scot/publications/unintentional-injuries/unintentional-injuries-hospital-admissions-year-ending-31-march-2024-deaths-year-ending-31-december-2023/

[9] Nomis, National population estimates, https://www.nomisweb.co.uk/datasets/ppsyoa

Accident codes

Analyses in this report use International Classification of Diseases (ICD) codes,[10] the internationally recognised system for classifying health conditions, injuries, and causes of death. ICD coding allows hospital admissions and mortality data to be consistently recorded, analysed, and compared over time and across populations. For example, a fall on same level involving ice and snow is recorded as W00. As well as being broken down into individual three- and four-digit codes, ICD codes are also grouped together into larger categories. Below is a list of the categories which have been include in this review.

Transport accident sub-categories

Pedestrian injured in transport accident (V01-V09)
Pedal cyclist injured in transport accident (V10-V19)
Motorcycle rider injured in transport accident (V20-V29)
Occupant of three-wheeled motor vehicle injured in transport accident (V30-V39)
Car occupant injured in transport accident (V40-V49)
Occupant of pick-up truck or van injured in transport accident (V50-V59)
Occupant of heavy transport vehicle injured in transport accident (V60-V69)
Bus occupant injured in transport accident (V70-V79)
Other land transport accidents (V80-V89)
Water transport accidents (V90-V94)
Air and space transport accidents (V95-V97)
Other and unspecified transport accidents (V98-V99)

Non-transport sub-categories

Falls (W00-W19)
Exposure to inanimate mechanical forces (W20-W49)
Exposure to animate mechanical forces (W50-W64)
Accidental drowning and submersion (W65-W74)
Other accidental threats to breathing (W75-W84)
Exposure to electric current, radiation and extreme ambient air temperature and pressure (W85-W99)
Exposure to smoke, fire and flames (X00-X09)
Contact with heat and hot substances (X10-X19)
Contact with venomous animals and plants (X20-X29)
Exposure to forces of nature (X30-X39)
Accidental poisoning by and exposure to noxious substances (X40-X49)
Overexertion, travel and privation (X50-X57)
Accidental exposure to other and unspecified factors (X58-X59)

Sequelae of accidents

Sequelae of transport accidents (Y85)
Sequelae of other accidents (Y86)

[10] A full list of ICD accident codes and their definitions can be found at https://icd.who.int/browse10/2019/en

Summary of findings

RoSPA's Annual Review of Accidents focuses on three urgent and interlinked trends. First, the worsening overall picture: in 2023, an estimated 23,000 people lost their lives and almost 900,000 were admitted to hospital because of accidents, with both deaths and admissions rising in one year.

Second, the accelerating crisis in falls, the leading cause of accidental death, with fatalities increasing dramatically over the past two years and posing a particular threat to older people. Third, the continued rise in accidental poisonings, especially drug-related deaths, alongside growing hospital admissions, highlighting a major and complex public health challenge.

The review also examines the deep and persistent inequalities underpinning accidental harm, with Scotland, Wales and the North East experiencing far higher death rates than London, and the most deprived communities facing substantially greater risks than the least deprived. Together, these findings show that accidental harm is not only increasing but doing so unevenly - and that prevention efforts must be targeted, evidence-led and urgent.

While a range of datasets allows us to build a national picture of harm, persistent gaps and inconsistencies limit our understanding of risk. Data recording issues are persistent, meaning that the figures presented are estimates - and almost certainly underrepresent the true scale of the problem. Large proportions of deaths, particularly in the fastest-growing categories such as falls and accidental poisonings, are recorded as 'unspecified', making it difficult to identify root causes or design targeted prevention strategies. Differences between major datasets, regional variation in recording standards, and delays in data publication further compound the challenge. Without more accurate, consistent and timely data, opportunities to prevent deaths may be missed and the true scale and nature of emerging risks obscured.

Headline findings

An estimated 23,000 people lost their lives and almost 900,000 were admitted to hospital because of accidents in the UK in 2023.

There was an 8% rise in accidental death rates and a 3% increase in the accident-related hospital admissions rate over just one year.

The rate of deaths caused by falls has increased by 12% over one year and 34% over two years. Accidental poisoning deaths increased by 10% per capita in one year.

Hospital admissions for accidental poisonings also rose, increasing by a rate of 6% in Great Britain between 2022/23 and 2023/24.

There was a 13% per capita increase in deaths from accidental injuries caused by objects in the UK between 2022 and 2023. Hospital admissions also rose sharply, increasing by a rate of 7% in Great Britain between 2022/23 and 2023/24.

Scotland is the most dangerous country in the UK in terms of deaths caused by accidents, followed by Wales, Northern Ireland and England. People in Scotland were 62% more likely to die in an accident than people in England.

Within England, the North East has the highest rate of accidental deaths, followed by the North West. People were more than twice as likely to die of an accident in the North East, in Wales or in Scotland than they were in London.

Those in the most deprived half of England were 9% more likely to be admitted to hospital in 2023/24 than those in the least deprived half.

Those in the 10% most deprived were 30% more likely to be admitted that those in the 10% least deprived.

People classed as the top 50% most deprived were 32% more likely to die in Great Britain in an accident.

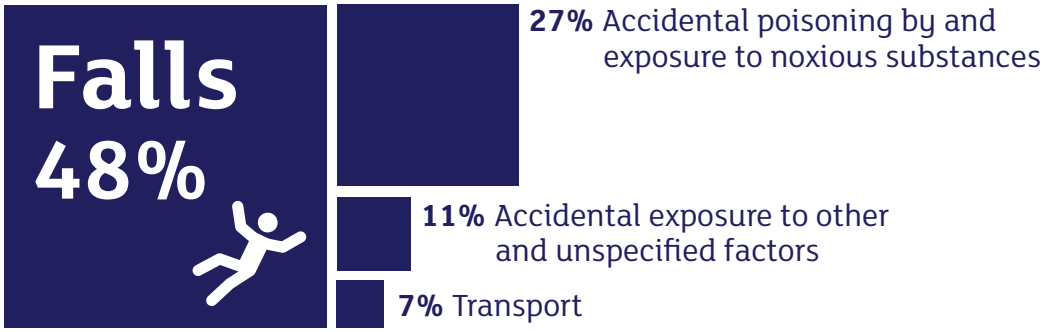
The top 10% most deprived people were also 85% more likely to die than the 10% least deprived. The 50% most deprived people were over three times more likely to die of an accidental poisoning than the 50% least deprived.

The 10% most deprived were almost ten times more likely to die from accidental poisonings compared to the 10% least deprived.

The accidents overview of 2023/24

Underlying causes of death (accidents) UK, 2023.

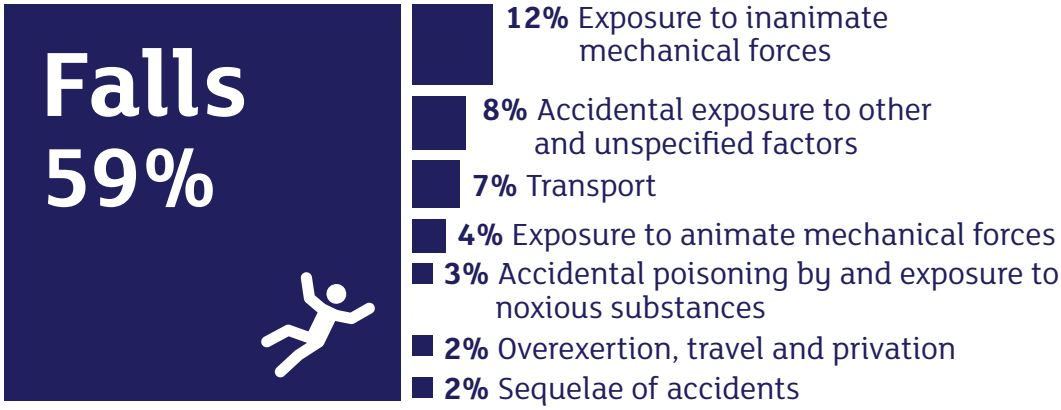
Source: Appendix 1, Table 1



- **3%** Other accidental threats to breathing
- **1%** Accidental drowning and submersion
- **1%** Exposure to smoke, fire and flames
- **1%** Sequelae of accidents
- **1%** Exposure to inanimate mechanical forces
- **<1%** Exposure to forces of nature
- **<1%** Exposure to animate mechanical forces
- **<1%** Exposure to electric current, radiation and extreme ambient air temperature and pressure
- **<1%** Contact with heat and hot substances
- **<1%** Overexertion, travel and privation
- **<1%** Contact with venomous animals and plants

Accident-related hospital admissions by type of accident in the UK 2023/24

Source: Source: Appendix 2, Table 1



- **1%** Other accidental threats to breathing
- **1%** Contact with heat and hot substances
- **<1%** Exposure to smoke, fire and flames
- **<1%** Exposure to forces of nature
- **<1%** Contact with venomous animals and plants
- **<1%** Exposure to electric current, radiation and extreme ambient air temperature and pressure
- **<1%** Accidental drowning and submersion

Detailed findings

A total of 23,270 people lost their lives in accidents in the UK in 2023, a significant rise of 9% over one year. When adjusted for population size, the rate of accidental death also increased from 31.56 to 33.97 per 100,000 people, an 8% increase - meaning that accidental death rates are significantly outpacing overall population growth.

23,270
people lost their lives in accidents in the UK in 2023

8%
per capita rise in one year

We also estimate that 896,723 people were admitted to hospital in the UK in 2023/24 due to accidents. Accident-related hospital admissions increased by 5% in Great Britain between 2022/23 and 2023/24. When adjusted for population size, there was a 3% increase rate over over one year - adding further pressure to already stretched health services.

896,723 people were admitted to hospital in the UK in 2023/24 due to accidents

3%
per capita rise

These developments come against a backdrop of sustained long-term growth in accident-related harm and injuries. As highlighted in our *Safer Lives, Stronger Nation* report, accidental death rates increased by 42% between 2013 and 2022. Over the longer term, meanwhile, accident-related hospital admissions rose by 48% over the past 20 years.

The 2023 fatality figures and 2023/24 hospital admissions therefore represent a particularly sharp annual increase, even in the context of this upward trend. It is not yet clear whether this marks the start of a further acceleration or a short-term fluctuation. However, the scale of the rise warrants close monitoring.

A sharp rise in deaths and hospital admissions over a single year risks reversing progress made through long-term prevention efforts and places additional pressure on health and care services. Without timely action and sustained monitoring, there is the potential for these increases to become embedded rather than temporary, leading to even more avoidable loss of life and long-term harm. Understanding and responding early to the drivers behind this change will be critical to preventing further escalation and protecting public safety.

Falls

Falls accounted for almost half (48%) of all fatal accidents in the UK in 2023 and 59% of all accident-related hospital admissions in 2023/24, making them by far the largest single category of accidental harm.

Falls accounted for almost half (48%) of all fatal accidents in the UK in 2023 and

59% of all accident-related hospital admissions in 2023/24

Falls were responsible for 70% of the total increase in accidental deaths in 2023. The per capita death rate from falls rose by 12% in a single year, resulting in 11,110 deaths in 2023 alone.

This is against a long-term backdrop of falls fatalities increasing by 81% between 2013 and 2022. This most recent 12% per capita increase, between 2022 and 2023, comes after another significant 19% increase in the rate of deaths between 2021 and 2022. This is a shocking 34% increase in fall death rates over two years.

The per capita death rate from falls rose by 12% in a single year, resulting in

11,110 deaths in 2023 alone

Hospital admissions for fall injuries also rose. In Great Britain, admissions increased by 3% overall between 2022/23 and 2023/24, with an estimated 532,628 people admitted to hospital across the UK over the year. When adjusted for population size, there was a hospital-admission rate increase of 1%. This sustained growth continues to place significant pressure on health services.

Where causes are specified, falls on and from stairs and steps were the most commonly identified mechanism, accounting for 10% of all fall-related deaths in 2023. However, the overall picture is obscured by serious data quality issues. In 2023, 83% of fall deaths were recorded as 'unspecified'. This is not a new problem: the *Safer Lives, Stronger Nation* report found that a similar proportion (84%) of fall fatalities between 2013 and 2022 were also classified as unspecified. The persistence of this data gap over more than a decade severely limits our understanding of the drivers behind rising fatalities and hampers effective prevention.

The data for hospital admissions is somewhat clearer, but gaps remain. In 2023/24, over one third (36%) of fall-related hospital admissions were categorised as 'unspecified'.

84% of UK fall deaths were recorded as 'unspecified'

36% of fall hospital admissions were also 'unspecified'

Where falls are specified, three categories account for nearly half (48%) of all fall-related hospital admissions: falls on the same level due to slipping, tripping or stumbling (21%); other falls on the same level (18%); and falls on and from stairs and steps (9%).

Taken together, these findings highlight falls as both the largest and fastest-growing source of accidental harm in the UK. Without urgent action to improve data quality and strengthen prevention, particularly for known high-risk scenarios such as stairs and steps, falls will continue to drive avoidable hospital admissions and deaths, placing increasing pressure on individuals, families, and health services.

Accidental poisonings

Over a quarter (27%) of all accidental deaths in the UK in 2023 were caused by poisonings, yet poisonings accounted for just 3% of all accident-related hospital admissions in 2023/24. This stark contrast highlights the particularly high lethality of poisoning incidents compared to other forms of accidental harm.

Over a quarter

(27%)

of all accidental deaths in the UK in 2023 were caused by poisonings

Accidental poisoning deaths increased by 10% per capita in one year, resulting in 6,238 deaths in 2023. Hospital admissions for accidental poisonings also rose, increasing by a rate of 6% in Great Britain between 2022/23 and 2023/24. In total, 27,923 people were admitted to hospital in the UK due to accidental poisoning in 2023/24.

Accidental poisoning deaths increased by 10% ↑ per capita in the UK in one year

Hospital admissions for accidental poisonings also rose, increasing by a rate of ↑ 6% in Great Britain

Within the category of 'accidental poisoning by and exposure to noxious substances', the most likely cause of death in the UK in 2023 was accidental poisoning by and exposure to narcotics and psychodysleptics, accounting for 41% of all deaths in this category. This includes drugs such as heroin, cocaine, and morphine. Concerningly, 2023 saw a 12% increase in the rate of deaths in the UK over one year, rising to 2,567 people. This goes against a trend, outlined in *Safer Lives, Stronger Nation*, which found that, while deaths in this category remained significantly higher in 2022 than they had been in 2011, there had been a clear downward trend in fatalities since 2019. Whether this is part of a long-term trend reversal, or is a one-off spike, will remain to be seen, but should be closely monitored.

37% of all poisoning and noxious substance related deaths, however, were classed as exposure to other and unspecified drugs, medicaments and biological substances, meaning that we do not know the true cause of these deaths. This rose by a rate of 9% between 2022 and 2023. Similarly to the substantial data gaps in fall deaths, this drug poisonings data gap presents a huge obstacle to ending these tragedies.

Furthermore, another 9% of all accidental poisoning and substance related deaths were related to alcohol in 2023. There was also a rise of in the rate of these deaths by 5% in the UK between 2022 and 2023. *Safer Lives, Stronger Nation* found that alcohol-related deaths had remained largely static between 2011 and 2022. This 2023 spike represents a concerning rise in this context, one that must be monitored to ascertain whether this is part of a long-term rise.

Hospital admissions for accidental poisoning also showed signs of reversal after several years of decline. This rise in admissions in 2023/24 contrasts with the sustained downward trend observed since 2016/17.

Exposure to narcotics and psychodysleptics, such as heroin and cocaine, saw a 12% increase

Other and unspecified drug deaths increased by a rate of 9%

Alcohol-related deaths increased by a rate of 5%

In 2023/24, the largest share of admissions within this category was for non-opioid analgesics, antipyretics and antirheumatics, accounting for 6,735 admissions (24% of all accidental poisoning admissions). These medications, which include widely used painkillers such as paracetamol and ibuprofen, are commonly available both over the counter and by prescription. Accidental overdosing, dosing errors and confusion among older adults or those managing multiple conditions may all contribute to these hospitalisations, but further understanding of the causes of these injuries is needed.

Admissions for narcotics and psychodysleptics totalled 5,932 in 2023/24 in the UK. In Great Britain, admissions under this category increased by a rate of 8% in one year, reversing a long-term downward trend identified. This rise mirrors the increase in fatalities and raises concerns about escalating harm associated with both illicit and prescribed opioids.

Admissions for antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs reached 4,675 in 2023/24, representing 17% of all accidental poisoning admissions. Many of these drugs are prescribed for chronic neurological or mental health conditions. This category increased by a rate of 12% in Great Britain over one year, again reversing a longer-term decline.

Years of positive trends, both in deaths and hospital admissions, have taken a noticeable and concerning turn in this most recent data. The cause of this sudden rise cannot be understood in these figures alone. However, what is clear, is that this is an issue which requires close analysis.

Drug and alcohol related deaths are, by their nature, complex, with the line between accidental and intentional often unclear. This complexity reinforces the importance of robust data, consistent classification, and cross-sector collaboration to ensure that effective prevention strategies can be developed and targeted appropriately.

Crushing, striking and machinery

There was a 13% per capita increase in deaths caused by inanimate mechanical forces (accidental injuries caused by objects) in the UK between 2022 and 2023. Hospital admissions also rose sharply, increasing by a rate of 7% in Great Britain between 2022/23 and 2023/24, with 104,984 people admitted to hospital across the UK as a result of these injuries.

13% per capita increase in deaths caused by accidental injuries from objects in the UK

7% hospital admissions rise in Great Britain

Although these incidents accounted for just 1% of all accidental deaths in 2023, they were responsible for 12% of all accident-related hospital admissions in 2023/24. This disparity suggests that while these injuries are less likely to be fatal, they represent a substantial and growing source of serious, and often preventable, harm.

The latest rise in deaths reverses a decade-long decline in the per capita death rate up to 2022. Hospital admissions, meanwhile, have been increasing over the long term - rising per capita by 20% in England between 2002/03 and 2022/23. However, the 7% rate rise in a single year between 2022/23 and 2023/24 in Great Britain represents a marked acceleration. While this comparison spans England (long-term trend) and British-wide data (most recent year), the scale of the annual increase is nonetheless significant.

The most likely reason for inanimate mechanical accident admissions were injuries caused by a foreign body entering into or through an eye or natural orifice (19% of all admissions), with a total of 19,508 admissions in the UK. There was also a significant 10% rise in the rate of these injuries in Great Britain-between 2022/23 and 2023/24.

Striking against or being struck by other objects was the second most common cause (18%) of UK hospital admissions due to an inanimate force accident in 2023/24. These injuries also saw a rise of 5% in the rate of hospital admissions between 2022/23 and 2023/24 in Great Britain.
Caught, crushed, jammed or pinched in or between objects was the third most common cause of inanimate mechanical accident admissions in the UK in 2023/24, accounting for 15% within this category. There was an annual rise of 9% in Great Britain.

It is noteworthy, that in almost all forms of accidents within inanimate mechanical accident hospital admissions - from contact with sharp glass, to being struck by sports equipment, to rifle, shotgun and larger firearm discharges - there was a rise in Great Britain from 2022/23 to 2023/24. A widespread increase, within such a broad range of injuries, makes singling out specific causes extremely difficult.

This sharp increase raises concerns that underlying factors may be changing, including patterns of exposure, behaviour, or environmental risk, and highlights the need for closer monitoring to determine whether this represents a short-term fluctuation or the beginning of a more sustained shift. Understanding the drivers behind these increases will be essential to inform effective prevention strategies and to avoid further reversals of the progress made in reducing accidental harm.

Spotlight:
Accidents in the home

Across Great Britain, in 2022/23 and 2023/24 there was a significant 6% rise in hospital admissions due to accidents caused by mechanical tools typically used in the home. This includes contact with nonpowered hand tools, contact with powered lawnmowers, and contact with other powered hand tools and household machinery. Across the UK, in 2023/24 a total of 9,437 people were admitted to hospital with injuries resulting from these causes. While not every case will have occurred in the home, these tools are predominantly used in domestic environments, and this offers a snapshot of the dangers people are exposed to.

In England in 2023/24, 55% of all inanimate mechanical force accidents diagnosed were recorded as taking place in the home - the most likely location (not including unspecified locations), with a total of 26,271 diagnosed hospital admissions. While 'inanimate mechanical' injuries often instil a perception of workplace and public threats to safety, especially industrial and agricultural, the home is the most likely place for these types of accidents.

Everyday objects can, and do, cause substantial injuries, which can be life-threatening and life changing. Education, to ensure that people use objects and appliances around the home safely, as well as wider consumer and building regulation safety, are vital in keeping people safe.

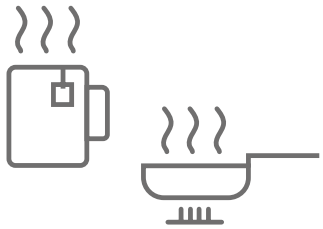
In England in 2023/24, 323,173 accidents which led to a hospital diagnosis were recorded as taking place in the home, 40% of all diagnosed non-transport accidents. Some accidents, however, are especially likely to happen in the home. 65% of exposure to heat and hot substance accidental injuries were recorded as taking place in the homes, 57% of exposure to smoke, fire and flames, 51% of falls and 43% of poisonings.

These findings underline the high risk of accidental death and injury in everyday environments, with the home being the most common setting for non-transport accidents.

40% of all non-transport accidents took place in the home

But some accidents were especially likely to happen at home:

65% of exposure to heat and hot substances



57% of exposure to smoke, fire and flames

51% of falls

43% of poisonings happened in the home

Transport

Transport-related accidents accounted for 7% of all accidental deaths in 2023 and 7% of hospital admissions in 2023/24. Using RoSPA's four-nation dataset - compiled from official mortality statistics for England and Wales, Scotland and Northern Ireland - there were an estimated 1,545 transport-related deaths in 2023 across the UK.

The Department for Transport also publishes its own figures for Great Britain through the police-reported STATS19 system. This dataset records 1,624 road deaths in 2023. For Great Britain specifically, this is slightly higher than the equivalent figure derived from the four-nation dataset (1,491 deaths), a difference of around 9%. STATS19 reported a 5% drop in road deaths in Great Britain, compared to a 1% increase in Great Britain in the data collected by the ONS in England and Wales and its equivalent government bodies across Scotland and Northern Ireland.

These two sources reflect different data collection methods: STATS19 provides detailed police-recorded road casualty information, while the four-nation dataset brings together national death registrations across the UK.

Both datasets found significant rises in the deaths of pedestrians, with 269 people dying in these accidents in the 2023 four-nations data, a 15% rise from the year before. STATS19, meanwhile, found a 5% rise in pedestrian deaths in Great Britain, a total of 405 people.

Compiled four-nation mortality data indicate that cyclist deaths in the UK rose to 73 in 2023, a 26% increase on the previous year. In contrast, the police-reported STATS19 dataset, which covers Great Britain, did not show an annual rise, and recorded 87 cyclist fatalities in 2023.

Stagnation alone is concerning given the UK's historic progress in road safety, but emerging increases, in either dataset, are even more worrying. As cyclists and pedestrians remain among the most vulnerable road users, any upward movement in fatalities warrants close, ongoing scrutiny and investigation.

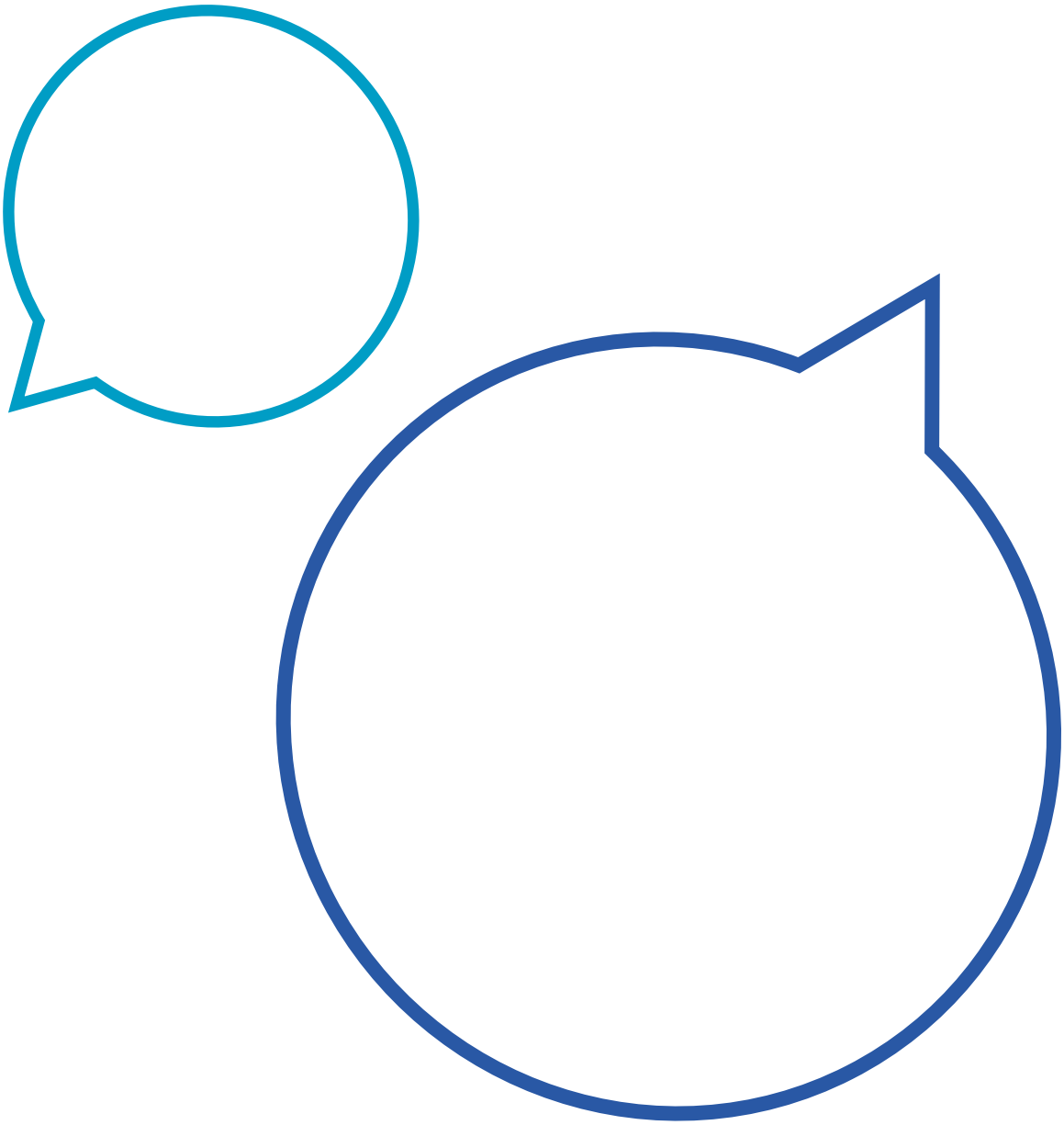
On a more positive note, the ONS found that car related deaths decreased by 8%, reducing the overall number of people dying to 418 in 2023. STATS19 found a similar annual drop in Great Britain of 10%. This represents a significant drop. As with pedestrian and cyclist deaths, car-related deaths have significantly plateaued in recent years, despite declining sharply until 2010. While this most recent data is part of a more long-term trend is, currently, unknown, it is encouraging to see that fewer lives are being lost on British roads.

Transport-related hospital admissions, meanwhile, saw a small increase of 3% in Great Britain over one year, however when accounted for population increase, this growth becomes largely negligible. STATS19 also reported a very slight increase in people killed or seriously injured, from 29,608 in 2022 to 29,628 in 2023. This sits alongside a 2% drop in overall casualties (which includes all recorded accident injuries, not just fatalities and serious injuries) in the STATS19 data. This demonstrates the importance of analysing serious and fatal accidents as well as accidents overall, which can show different trends and require tailored solutions.

Concerningly, the rate of car-related accidents saw a significant rise of 8% in British hospital admissions. 15,465 people were admitted to hospital following a car-related accident in the UK. STATS19 also reported a subtler overall rise (2%) between 2022 and 2023 in car users killed or seriously injured. This came amid a 2% overall drop in car occupant casualties, again highlighting the importance of analysing deaths, serious injuries and all injuries separately.

Hospital admissions data recorded that bus-related accidents saw a significant 8% rate of increase. STATS19 also saw a significant rise of 20% in bus passengers killed or seriously injured between 2022 and 2023. The rate of motorcycle-related hospital admissions also increased during this period by 2%.

Overall, these trends highlight that while some annual progress has been made in reducing certain types of transport injuries, such as car-related deaths, risks can and do worsen for other road-users. The rises in hospital admissions, particularly for car, bus, and motorcycle accidents, underline the continuing need for targeted road safety interventions, infrastructure improvements, and public awareness campaigns to prevent both fatal and non-fatal injuries.



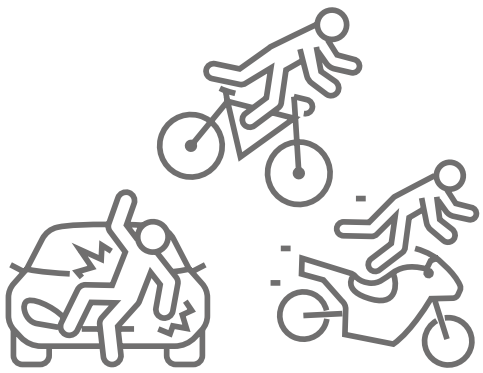
Spotlight:
Vulnerable road users

Vulnerable road users - pedestrians, cyclists, and motorcycle riders - continue to face a disproportionately high risk of serious injury and death on the UK's roads. Despite decades of progress in overall road safety, the latest data show that outcomes for these groups have either stagnated or worsened, raising significant concern.

When combining pedestrians, cyclists and motorcycle riders, STATS19 data reports that, in 2023, 54% of all deaths and serious injuries were among these road users in Great Britain. When looking at fatalities specifically, these road users accounted for 49% of all British road deaths. Vulnerable road users account for a shocking proportion of deaths and serious injuries. This is particularly concerning given that pedal cycles accounted for 5% of all 2023 fatalities, despite making up just 1% of all road users. Motorcycles, meanwhile, made up just 1% of all road users in 2023, and yet their riders accounted for 19% of all fatalities. Pedestrians were also killed or seriously injured at a rate of 433 per billion miles walked, cyclists at a rate of 1,112 people per billion miles travelled, and motorcycle riders at a rate of 1,940 per billion miles. This compares to a rate of 89 per billion miles travelled for all road users.

54%

of all deaths and serious injuries were among pedestrians, cyclists and motorcycle riders



Several factors contribute to this elevated vulnerability. Pedestrians, cyclists, and motorcycle riders lack the physical protection afforded to car occupants, making even low-speed collisions potentially fatal. They are also more exposed to poor infrastructure, high-speed traffic, and unsafe road design.

As will be analysed later in the report, deprivation further compounds risk, with more deprived communities experiencing higher rates of pedestrian and motorcycle fatalities, reflecting differences in exposure, environment, and access to safer transport options.

These findings highlight an urgent need to refocus road safety policy on those at greatest risk. Without renewed and sustained action, the UK risks entrenching inequalities in road safety outcomes and reversing hard-won progress. Improving safety for pedestrians, cyclists, and motorcycle riders is therefore not only a transport priority, but a public health imperative.

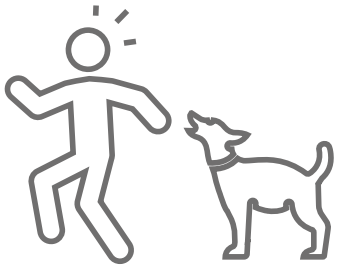
People and animals

The rate of hospital admissions caused by 'exposure to animate mechanical forces' (accidental injuries caused by being hit, struck or bitten by people or animals) increased in Great Britain by 13% between 2022/3 and 2023/24.

Hospital admissions

caused by accidental injuries from being hit, struck or bitten by people or animals increased in Great Britain by

13%



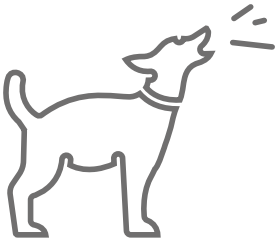
In the UK, this category accounted for less than 1% of all accidental deaths in 2024, but 4% of all hospital admissions in 2022/23 and 2023/24. Around 37,974 people in the UK were admitted to hospital from one of these causes. There was also a rise of deaths in the UK, from 33 in 2022 to 47 in 2023.

Within this category, dog bites were the most likely reason for a person to be admitted to hospital in 2023/24, accounting for about a third of all animate mechanical force accidents in the UK and sending 12,423 people to the hospital. Dog bites also rose by a rate of 11% from 2022/23 to 2023/24 in Great Britain. Dog bite fatalities also increased, rising from six in 2022 to 20 in 2023.

Hospital admissions

caused by dog bites rose by a rate of

11% **in Great Britain**



12,423

people in Britain went to hospital because of these injuries in 2023/24

Being hit, struck, kicked, twisted, bitten or scratched by another person was the second most common cause of a person being admitted to hospital in the UK, accounting for 20% of animate force accidents. This rose by a rate of 10% in Great Britain from the previous year.

Being bitten or stung by nonvenomous insects and other nonvenomous arthropods represented 17% of all hospital admissions in this category. Hospital admissions under this category rose by a rate of 38% in Great Britain in one year.

A rise in accidental injuries caused by animate mechanical forces generally, as well as rises across dog bites, being hit by another person, and insect bites specifically, all fit within a long-term rising trend, identified in RoSPA's *Safer Lives, Stronger Nation* report. The increase in dog bites is of particular concern, given, as stated in *Safer Lives, Stronger Nation*: *"Their potential for serious injury and disfigurement, and their continued sharp rise over time."* This is an issue which requires significant action from the UK government.

Insect bites appear to be an unlikely emerging issue, identified in *Safer Lives, Stronger Nation* and again in this review, having seen another annual increase. The reasons for this increase are unclear and warrant further investigation.

These findings show that injuries caused by people and animals are a steadily growing source of preventable harm, with increases visible across every major subtype. As these trends continue upward, particularly in relation to dog bites and emerging insect-related injuries, it will be essential to strengthen public awareness, improve safety guidance, and invest in further investigation to understand the underlying causes. Without targeted action, these patterns risk becoming embedded, placing greater strain on individuals, communities, and health services.

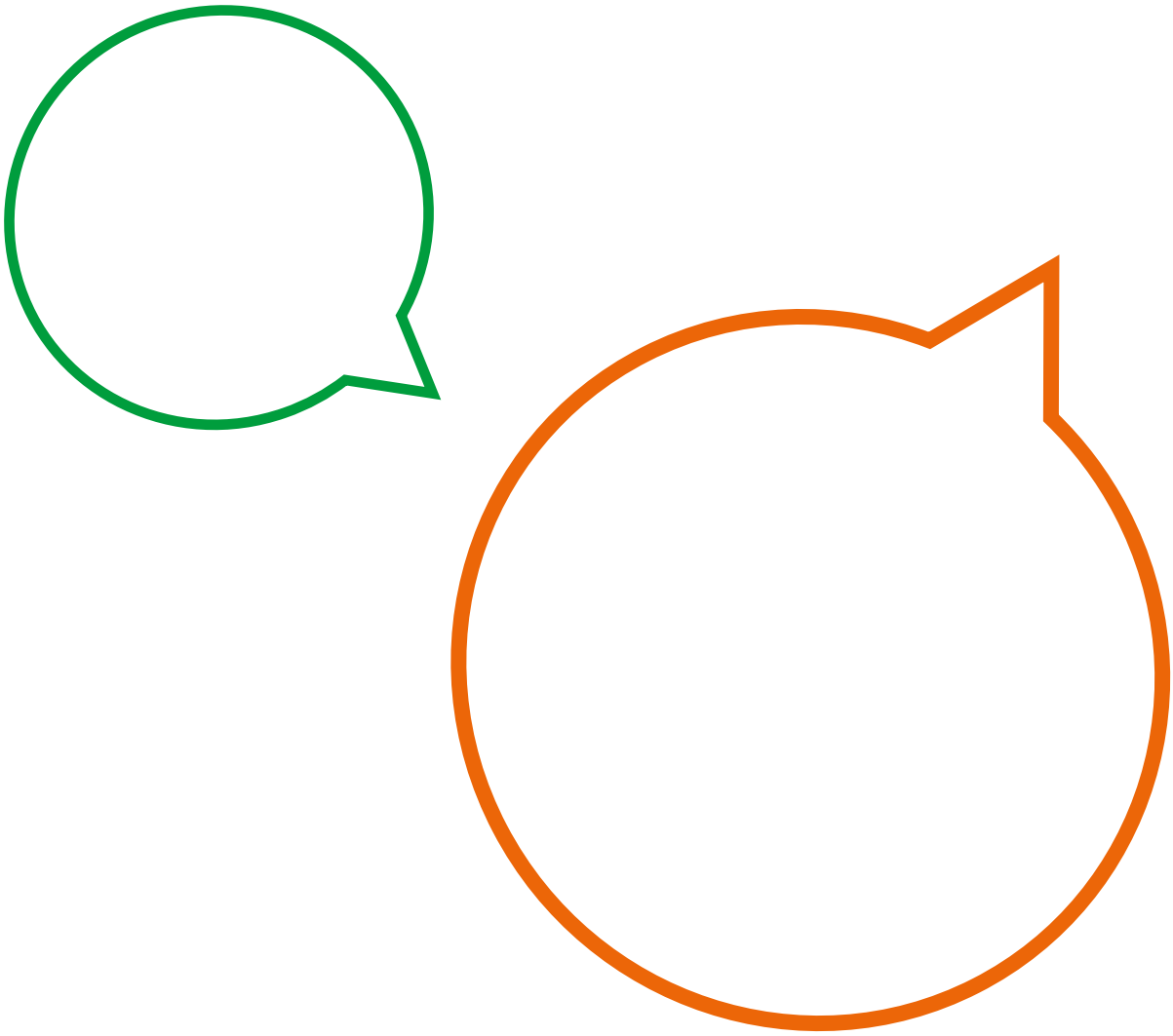
An unusual category, 'contact with venomous animals or plants', also saw a big increase of a rate of 24% in one year in Great Britain, while around 1,221 people were admitted to hospital in the UK. There was also a slight rise in deaths in the UK, from five in 2022 to nine in 2023.

Overall, accidents within this category accounted for less than 1% of all accidental 2023 deaths and 2023/24 hospitalisations in the UK.

The most likely cause (68%) of hospital admissions within this category in the UK was contact with hornets, wasps and bees. Injuries caused by hornets, wasps and bees saw a 37% increase in Great Britain. The vast majority of deaths, eight out of nine, in this category were also caused by hornets, wasps and bees.

2023 was notable for a significant rise in Asian hornets, an invasive species to the UK.[11] Whether this caused an increase in hospital admissions in unclear, however, it is important to note that changes to the climate have been closely linked to a rise in new species of invasive insects[12], including the Asian hornet.[13] This underscores the importance of ongoing monitoring and preparedness to understand and mitigate emerging risks to public safety.

Taken together, these trends show that venomous animal and plant encounters, while still a small proportion of accidental harm, are becoming a more noticeable and potentially growing risk. The rise in stings, especially from hornets, wasps and bees, highlight how environmental change can directly influence public safety. Strengthening surveillance, expanding public awareness, and ensuring preparedness for evolving ecological risks will be essential to prevent further increases in these types of injuries.



[11] BBC News, UK bees in danger as Asian hornet sightings rise, https://www.bbc.co.uk/news/science-environment-66697968

[12] Dukes et al, Does global change increase the success of biological invaders?, Trends in Ecology and Evolution, https://www.cell.com/trends/ecology-evolution/fulltext/S0169-5347(98)01554-7?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0169534798015547%3Fshowall%3Dtrue

[13] Barbet-Massin, Climate change increases the risk of invasion by the Yellow-legged hornet, Biological Conservation, https://www.sciencedirect.com/science/article/abs/pii/S0006320712004107

Spotlight:
Pets and wildlife

Animals were responsible for significantly more hospital admissions in 2023/24 than in 2022/23. Including venomous and nonvenomous related accidents,[14] 25,132 people were admitted to hospital in the UK in 2023/24 and there was a 17% rate increase in Great Britain in one year.
While the UK is home to a wide variety of wildlife, pets remain the animals people interact with most often - and they are responsible for a substantial proportion of these injuries. Pet-related incidents, particularly dog bites, can cause serious and sometimes life-altering harm. Even well-trained animals can behave unpredictably under stress, during play, or when startled, highlighting the importance of responsible ownership, careful supervision, and public awareness around safe interactions.

25,132 people were admitted to hospital in the UK because of accidents caused by animals

There was a 17% ↑ increase in animal-related injuries in one year in Great Britain

Both hospital admissions and deaths as a result of dog bites saw a particular rise. Year-on-year police records also show dog attacks rising over, at least, seven years, reaching 31,920 attacks in 2024.[15]

The UK's rich natural habitats also bring people into frequent contact with insects and other wildlife, increasing the possibilities of accidental injury. Climate change, shifting species ranges, and growing urban/rural overlap may all be contributing factors, but the precise drivers behind the recent rise in animal-related accidents are not yet clear. Further investigation is needed to understand why these injuries continue to increase, how environmental and behavioural changes may be influencing risk, and what targeted prevention strategies will be most effective in future.

[14] Venomous and nonvenomous animals have been taken to mean the following ICD codes: W53, W54, W55, W56, W57, W58, W59, X20, X21, X22, X23, X24, X25 and X27

[15] BBC News, 8 October 2025, Dog attacks are still rising - even after the XL bully ban, https://www.bbc.co.uk/news/articles/cvgvy2yyv8mo

Drowning and other threats to breathing

Drownings represent a small proportion of overall accidents in the UK, 1% of all accidental deaths in 2023 and less than 1% of all hospital admissions in 2023/24. Other accidental threats to breathing, such as choking and asphyxiation, meanwhile, made up 3% of all fatal accidents in 2023 and 1% of all hospital admissions in 2023/24.

The UK saw a 16% increase in accidental drowning deaths between 2022 and 2023 - a total of 336 people. Adjusted for the rate of population growth, this was a 14% increase.

However, as noted in *Safer Lives, Stronger Nation*, a better methodology in recording drowning deaths is the Water Safety Forum's WAID database (administered by RoSPA).[16] 2023 saw the total number of deaths caused by drowning at 236, a small increase on the year before, from 226.

This increase in drowning fatalities, captured both in the government mortality datasets and WAID, is of concern, and emerging patterns must be monitored.

Conversely, hospital admissions caused by drowning saw an 11% drop between 2022/23 and 2023/24 in Great Britain. There was a total of 291 accidental drowning admissions in the UK in 2023/24.

Deaths categorised under 'other accidental threats to breathing', meanwhile, decreased to 681 people, a 5% drop in rate in the UK over one year. Hospital admissions under this category increased by a rate of 14% in one year in Great Britain, totalling 10,906 across the UK.

Hospital admissions

caused by choking...

on food increased by a rate of

14% ↑

on other objects increased by a rate of

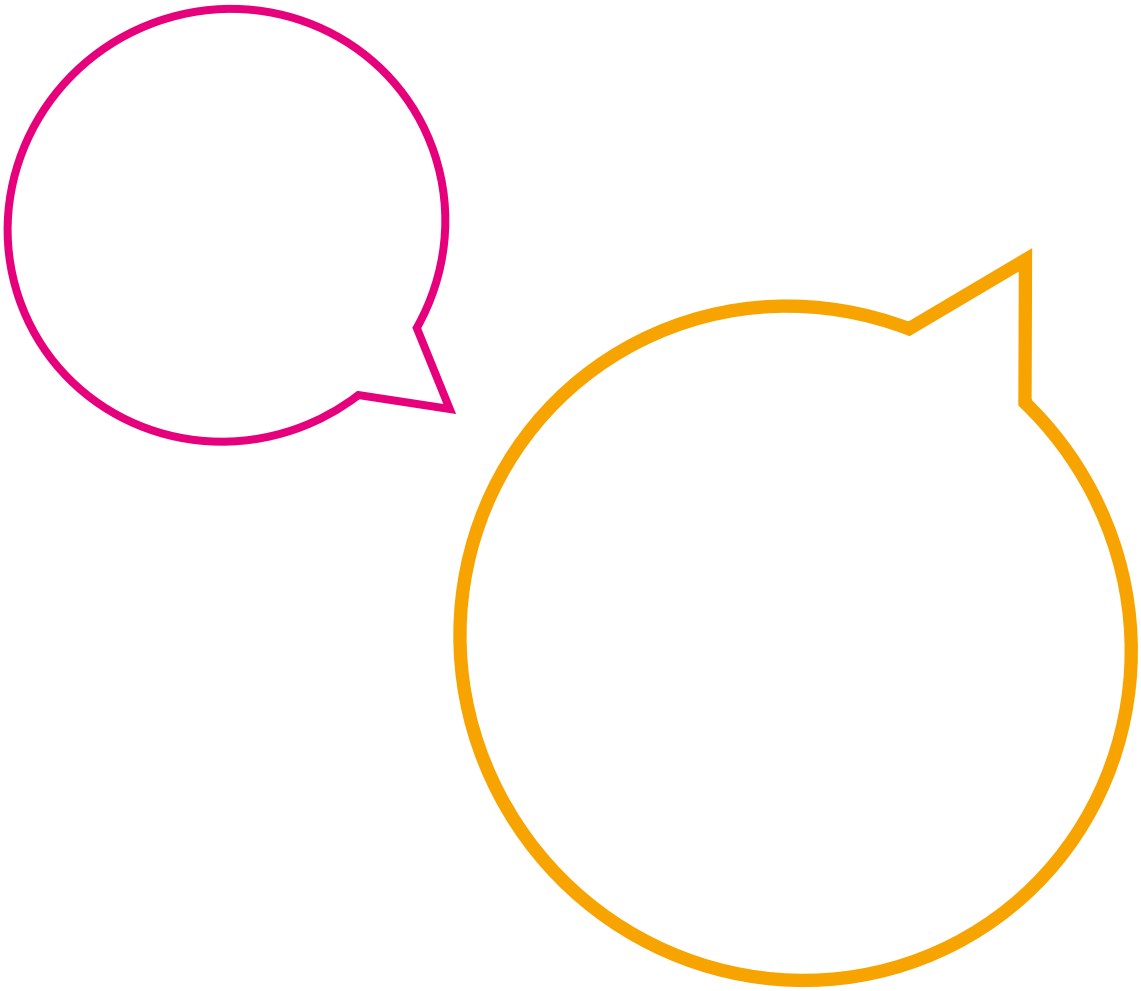
23% ↑

[16] WAID, 2023 Annual Fatal Incident Report, https://nationalwatersafety.org.uk/evidence-and-data/waid-reports

The most likely cause of accidents in this category was food causing an obstruction in the throat, with 37% of all UK hospital admissions attributed to this. There was a significant rise in the rate of hospital admissions in Great Britain caused by people choking on food, of 14% from 2022/23 to 2023/24. Similarly, there was a 23% rise in the rate of people choking on non-food objects in Great Britain over one year.

Choking, overall, remains a significant and growing cause of accidental harm. This trend highlights an area of concern where relatively common incidents can result in serious injury or fatal outcomes, particularly among vulnerable groups.

Meanwhile, the inverse trends between drowning and other accidental threats to breathing in fatalities and hospital admissions outline the importance of monitoring deaths and injuries separately and enforcing research-led policy solutions which target them as different, albeit overlapping, issues. A policy which works well to drive down fatalities, for example, may not be as effective in reducing hospital admissions, and vice versa.



Environmental and natural hazards

Two categories have been analysed in this section; exposure to smoke, fire and flames and exposure to forces of nature.

Exposure to smoke, fire and flames made up 1% of all 2023 accidental deaths and less than 1% of all 2023/24 hospital admissions in the UK. Exposure to forces of nature, meanwhile, made made up less than 1% of all accidental deaths in 2023 and hospital admissions in 2023/24.

Deaths caused by exposure to smoke, fire and flames increased in the UK between 2022 and 2023, with an additional 81 people dying from these accidents in 2023 compared to 2022. This represents a 35% the rate of fatalities, to a total of 291 people. Exposure to uncontrolled fire in a building or structure was the most likely cause of death within this category, killing 183 people in 2023.

The rate of fatalities caused by exposure to forces of nature also increased by 38%, with 75 people losing their lives. Within this category there was, however, a drop in deaths related to excessive heat, from 16 to four people between 2022 and 2023 in the UK. The rise, overall, is largely attributed to deaths related to excessive cold, jumping from 35 to 67 in one year.

Hospital admissions caused by exposure to smoke, fire and flames did not significantly change between 2022/23 and 2023/24. 1,749 people were admitted to hospital under this category in the UK in 2023/24.

There was also a 7% drop in the rate of hospital admissions caused by exposure to forces of nature. The most likely cause of a person being admitted to hospital was exposure to natural excessive cold, with 1,171 admissions in 2023/24 in the UK.

These findings highlight that environmental and natural hazards, while accounting for a relatively small proportion of overall accidental harm, can fluctuate sharply from year to year and produce sudden increases in fatalities. The contrasting trends between deaths and hospital admissions, particularly in relation to cold exposure and fire-related incidents, emphasise the need for continued monitoring and preparedness. Filling gaps in data collection, alongside targeted prevention during periods of environmental extremes, will be essential to reducing avoidable harm and responding effectively to emerging risks.

Spotlight:
Heatwaves and cold snaps

The rate of hospital admissions caused by exposure to excessive natural heat or sunlight decreased significantly by 32% over one year in Great Britain. The number of UK deaths related to excessive heat in 2023 also dropped to a quarter of the 2022 total. 2022 was one of the hottest summers on record and reached a peak temperature of 40.3°C, a new record for the UK. The reduction in heat- and sunlight-related hospital admissions in 2023/24 and deaths in 2023 may reflect cooler summer conditions compared with 2022.

Conversely, deaths related to natural cold increased, almost doubling between 2022 and 2023. In contrast to 2022, the winter of 2023 saw significant cold snaps in December and March (reaching as low as -10˚C in some areas).

Climate projections suggest that extreme heat events are likely to become more frequent and intense, increasing the risk of heat exhaustion, heatstroke, dehydration, and sun-related injuries. Certain groups, including older adults, young children, outdoor workers, and those with underlying health conditions, remain particularly vulnerable during periods of high temperature.

These findings highlight the importance of continued monitoring of heat- and cold- related risks, and ensuring that lessons learned from extreme heat events are embedded into planning, public awareness campaigns and community-level responses to reduce preventable harm as the UK adapts to a changing climate.

Overexertion, travel and privation

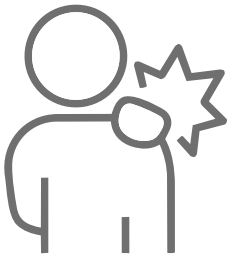
In 2023 less than 1% of all UK accidental deaths were classed under 'overexertion, travel and privation', as were 2% of all hospital admissions in 2023/24.

Although there was little change in deaths between 2022 and 2023 classified within this category, there was a significant increase in the rate of 9% in hospital admissions in Great Britain. Overall, across the UK 20,791 people admitted to hospital within this category in 2023/24.

Surrounding hospital admissions, overexertion and strenuous or repetitive movements was, by far, the most common cause in the UK in 2023/24, within this category – with 19,385 people in the UK being admitted to hospital because of this in 2023/24. The hospital-admission rates for overexertion and strenuous or repetitive movements also rose significantly in Great Britain, between 2022/23 and 2023/24, by 9%.

Hospital admission
rates for overexertion and strenuous or repetitive movements rose by

9% **Great in Britain**



This sent

19,223
people to the hospital in the UK

Privation is where food or other essentials for health are lacking, with not enough food being the most common cause of privation. There was a 30% rise in Great Britain in the rate of people being admitted to hospital because of a lack of food over one year. In total, 270 people were admitted to hospital because of a lack of food in the UK.

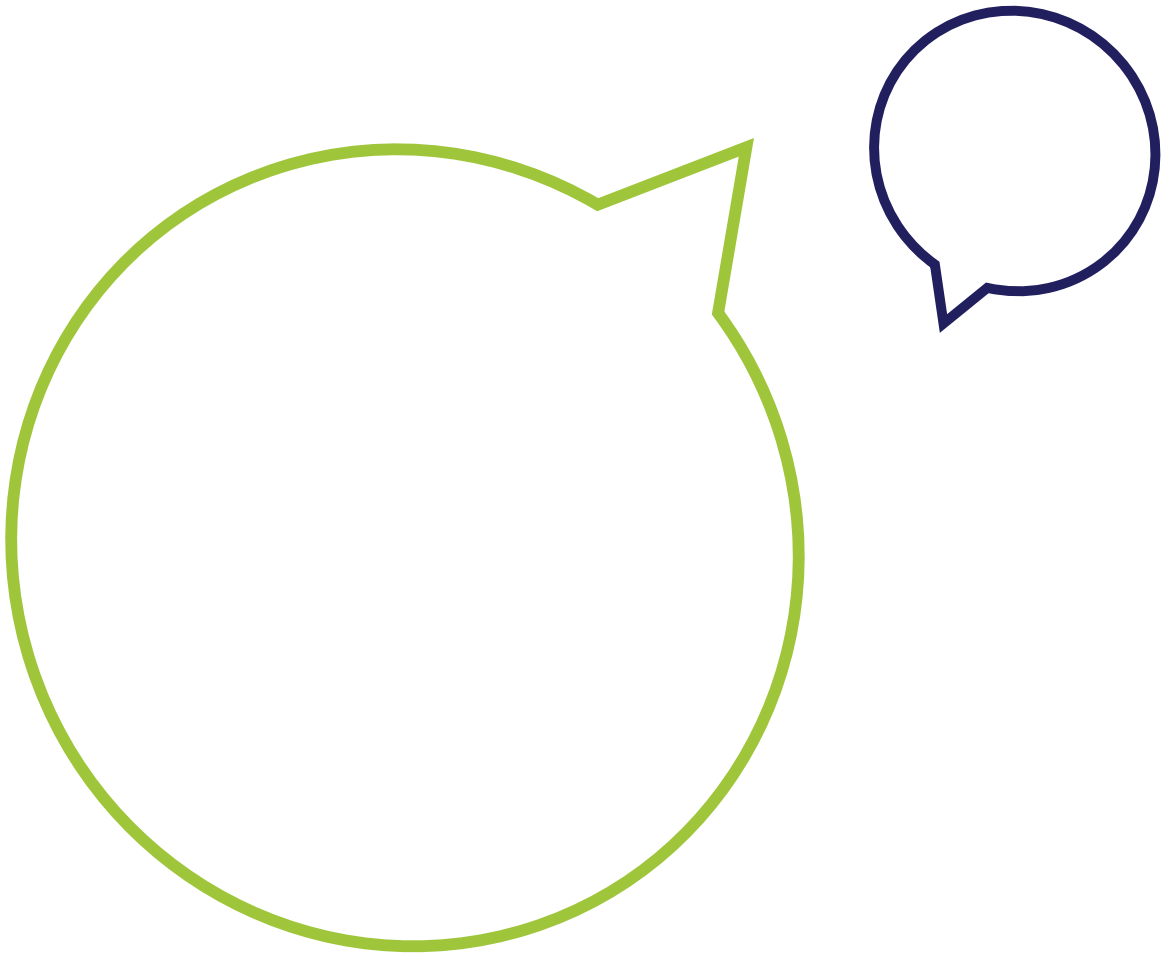
This trend underlines the danger of people living without adequate protection or support. Overexertion is a largely preventable cause of harm, yet continues to place significant pressure on health services and individuals alike. Addressing these risks requires coordinated prevention efforts, including safer working practices and access to basic necessities such as food.

Sequelae of accidents

Sequelae of accidents, meaning people being admitted to hospital because of the consequence of a previous injury, made up 1% of all accidental deaths in 2023 and 2% of all hospital admissions in 2023/24.

Although there was no significant difference in accidental deaths under this category, hospital admissions increased by a rate of 8% in Great Britain. There were 19,356 hospital sequelae of accident hospital admissions in the UK in 2023/24.

These admissions reflect not only the severity of some injuries but also the cumulative burden of accidents over time, including chronic pain, impaired mobility, and secondary conditions. The growth in sequelae-related admissions underscores the importance of effective prevention, timely treatment, and appropriate rehabilitation following an accident, as well as the need to recognise accidents as events with long-term consequences, rather than one-off episodes. Reducing the incidence and severity of initial injuries is therefore critical, not only to prevent immediate harm, but also to limit long-term health impacts and pressure on healthcare services.

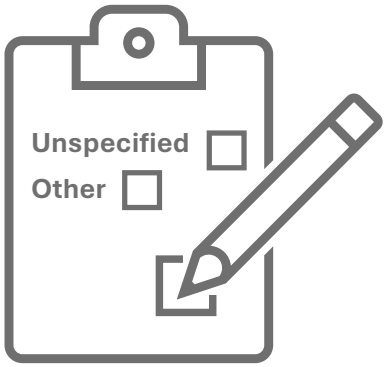


‘Other’ or ‘unspecified’ accidents

The number of people who died in accidents due to other and unspecified factors dropped in Great Britain by a rate of 9% in one year. This is not only a positive in terms of reduction of deaths, but also points to better data recording within fatalities, making it easier to identify specific issues and policy solutions. However, 11% of all accidental deaths were still recorded as ‘other or unspecified’ across the UK in 2023.

Moreover, while many deaths are assigned a general category, they are often recorded as ‘other’ or ‘unspecified’ within it. As previously mentioned, falls represent the most egregious issue in this area, being both the biggest cause of accidental deaths and having an overwhelming majority of deaths being referred to simply as ‘unspecified’. 9,203 falls were recorded as ‘unspecified’ in 2023 in the UK, a total of 40% of all accidental deaths.

11% of all accidental deaths and 8% of all accident-related hospital admissions were recorded as ‘other or unspecified’ across the UK



Two in five of all accidental deaths in the UK are known only to be caused by a fall, with no greater level of detail. This makes finding life-saving solutions extremely difficult. Preventing fatal falls from a building requires vastly different solutions to stopping people being killed slipping on ice, yet these could feasibly be included under the same category. While fewer accidental deaths being recorded as 'other' or 'unspecified' is positive, this is against a backdrop of systematic data gaps which must be addressed if life-saving solutions are to be introduced and implemented.

40%

of ALL accidental deaths are recorded simply as 'unspecified' falls

Hospital admissions recorded as 'other' or 'unspecified', meanwhile, increased by a rate of 9% between 2022/23 and 2023/24 in Great Britain. A total of 67,861 people were admitted to hospital under these categories in the UK in 2023/24, accounting for 8% of all accident-related hospital admissions. This increasing data gap, now accounting for almost 1 in 10 of total accident-related hospital admissions, is extremely concerning, and creates significant challenges.

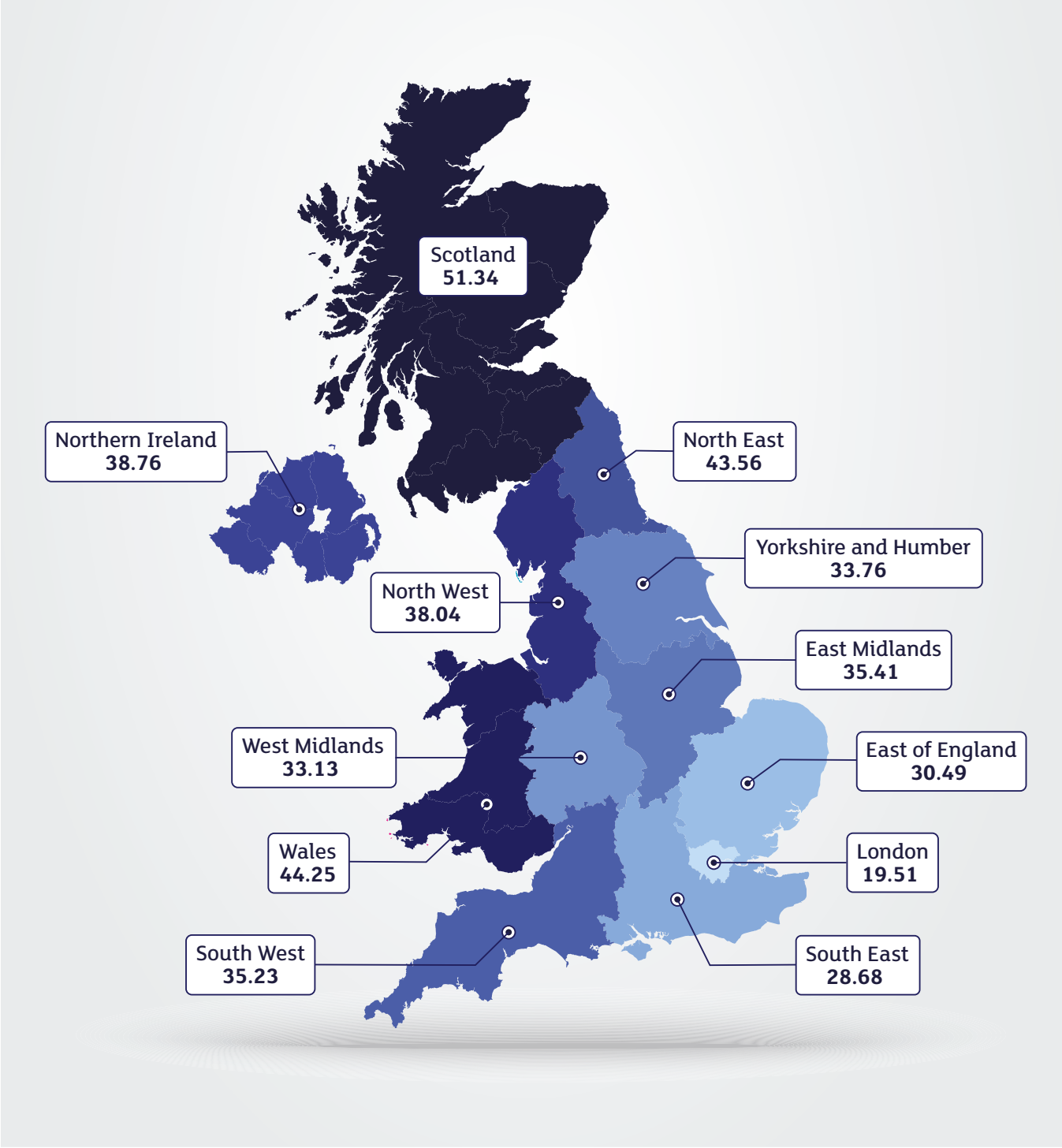
270,933 non-transport accidents with a hospital diagnosis in England in 2023/24 were also recorded with an 'unspecified' location, 34% of all accidental diagnoses. Gaps in location data significantly limit understanding of where accidents occur and which environments pose the greatest risk.

When a growing proportion of cases are coded as 'other' or 'unspecified,' it limits the ability to identify clear risk factors, monitor trends accurately, and target interventions where they are most needed. Poorly specified data also weakens comparisons over time and between populations, reducing confidence in the evidence base used to inform policy and practice. Without reliable detail on how and why accidents occur, opportunities to prevent harm may be missed, and resources may be less effectively directed.

UK countries and regions

The rate of fatalities caused by accidents in the UK by country and region, 2023.

Source: Appendix 1, Table 6



Scotland emerged as the most dangerous country in the UK in terms of accidental deaths in 2023, with 51.34 deaths per 100,000 people, when accounting for population size. This compares to 44.25 in Wales, 38.76 in Northern Ireland and 31.61 in England. People in Scotland are therefore 62% more likely to die in an accident than people in England.

The highest disparity, accounting for much of this difference, comes from accidental poisonings, with 21.12 people in Scotland per 100,000 dying of this cause in 2023 – compared to 10.93 in Wales, 8.8 in Northern Ireland and 7.88 in England. 1,161 people died in Scotland of accidental poisonings, a 7% rate of increase since 2022.

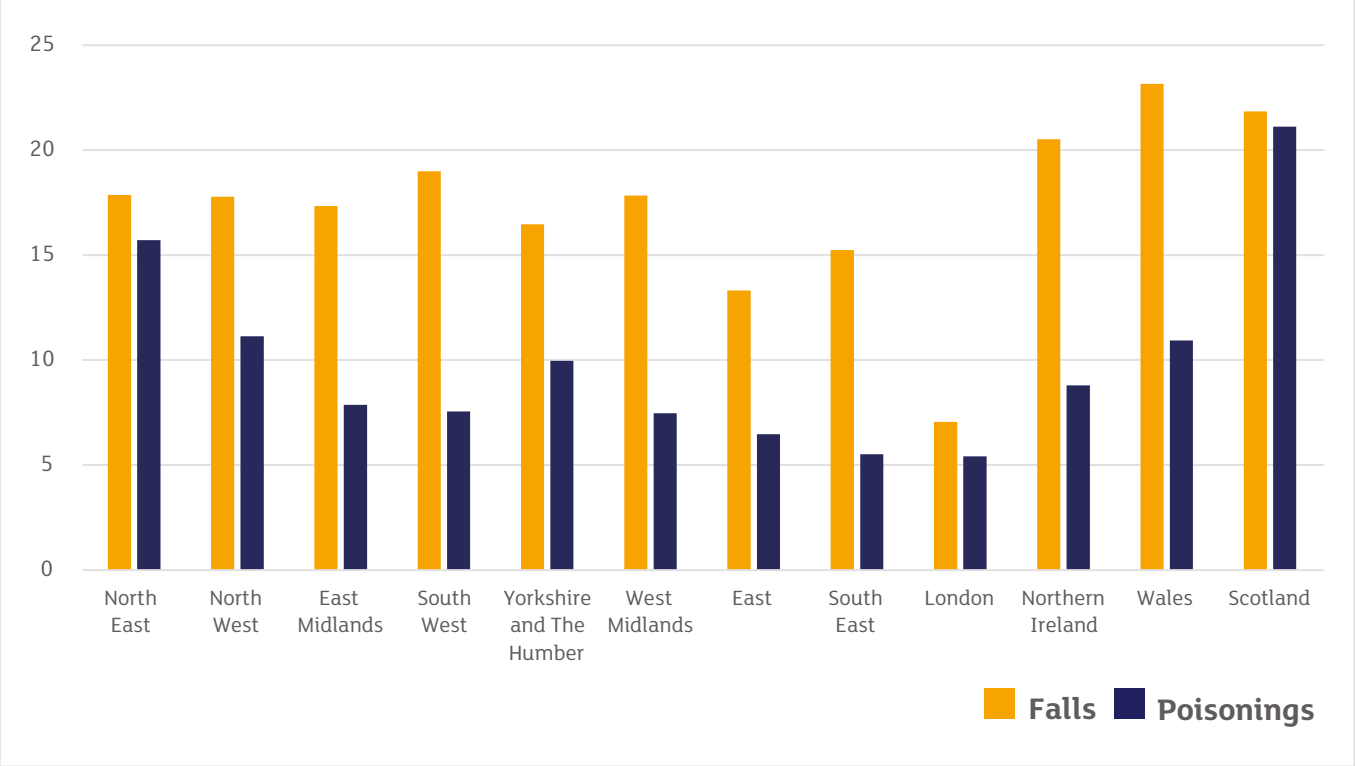
A person in Wales is the most likely, meanwhile, to die from a fall, with 23.15 per 100,000 dying from this cause, when adjusted for population. This is compared to 21.85 in Scotland, 20.52 in Northern Ireland, and 15.16 in England. Falls increased by a rate of 13% in England between 2022 and 2023, but a shocking 29% in Wales in the same period.

Road transport deaths were also most likely in Wales, with around three in every 100,000 fatalities when adjusted for population. This compared to two in England, which saw the fewest transport deaths in 2023.

Within England, the North East had the highest rate of accidental death, 43.56 per 100,000 people. This was followed by the North West (with a rate of 38.04) and the East Midlands (with a rate of 35.41). London emerged as the safest region, with a rate of 19.51 accidental fatalities per 100,000 people, followed by the South East a rate of 28.68. This means that people are more than twice as likely to die in an accident in the North East, in Wales and in Scotland than people in London.

The rate of fatalities caused by falls and accidental poisonings in the UK by country and region, 2023

Source: Appendix 1, Table 6

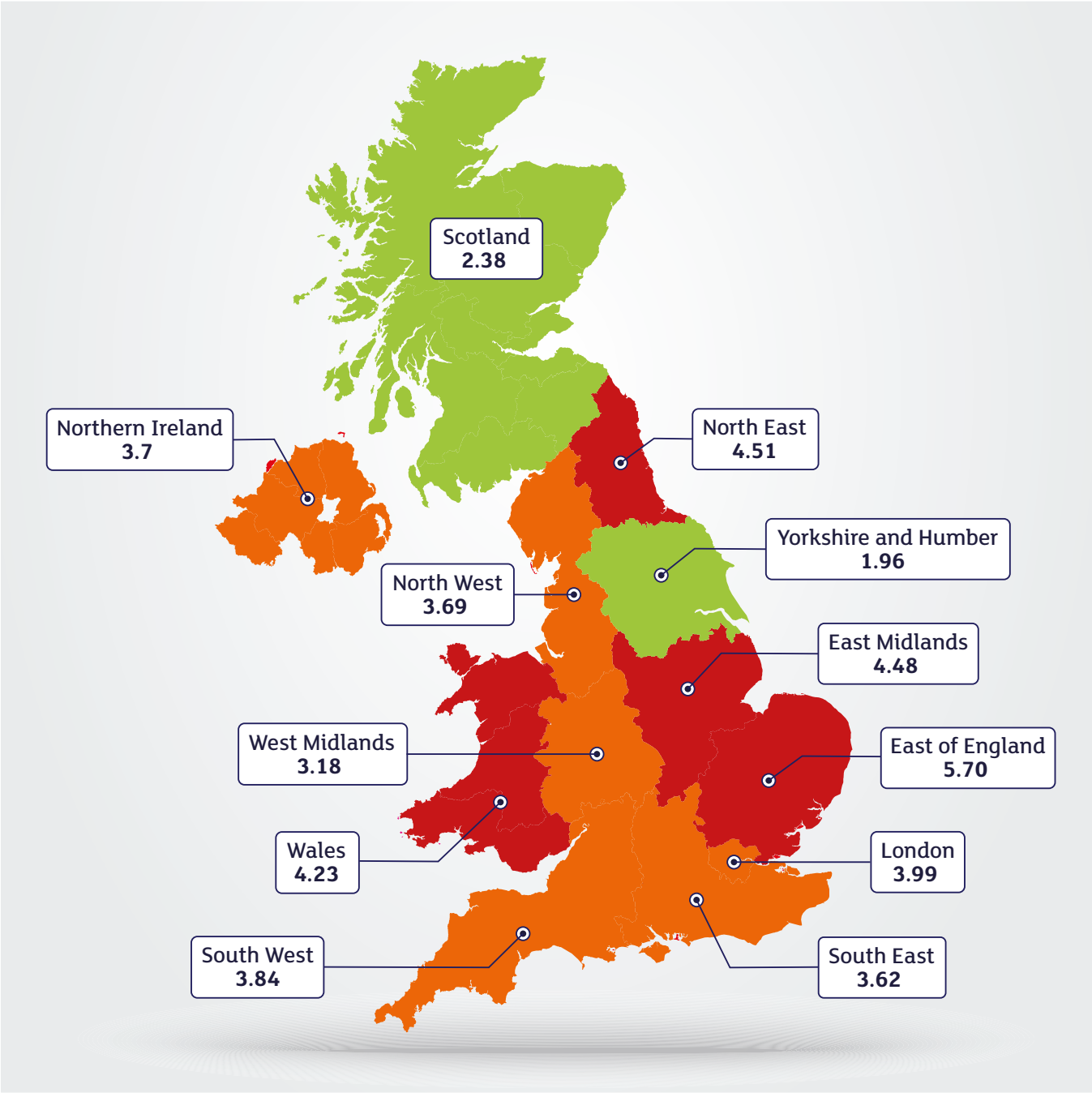


People living in the South West were the most likely to die in a fall than any other region in England, at a rate of 18.99 per 100,000, when adjusted for population. The West Midlands (17.84), North East (17.87) and the North West (17.78) were all close behind. London was the safest place in terms of being protected from fatal falls, with a rate of 7.06. This means people are more than twice as likely to die of a fall in every other region in England or in Scotland, Wales and Northern Ireland, except for the East of England (which only narrowly drops below the twice as likely mark), than in London.

Moreover, compared to London, a person is about twice as likely to die of an accidental poisoning in Yorkshire and the Humber, the North West and Wales, about three times as likely in the North East, and, shockingly, around four times as likely to die in Scotland.

The rate of accidental fatalities attributed to 'other' or 'unspecified' causes in the UK by country and region, 2023.

Source: Appendix 1, Table 6

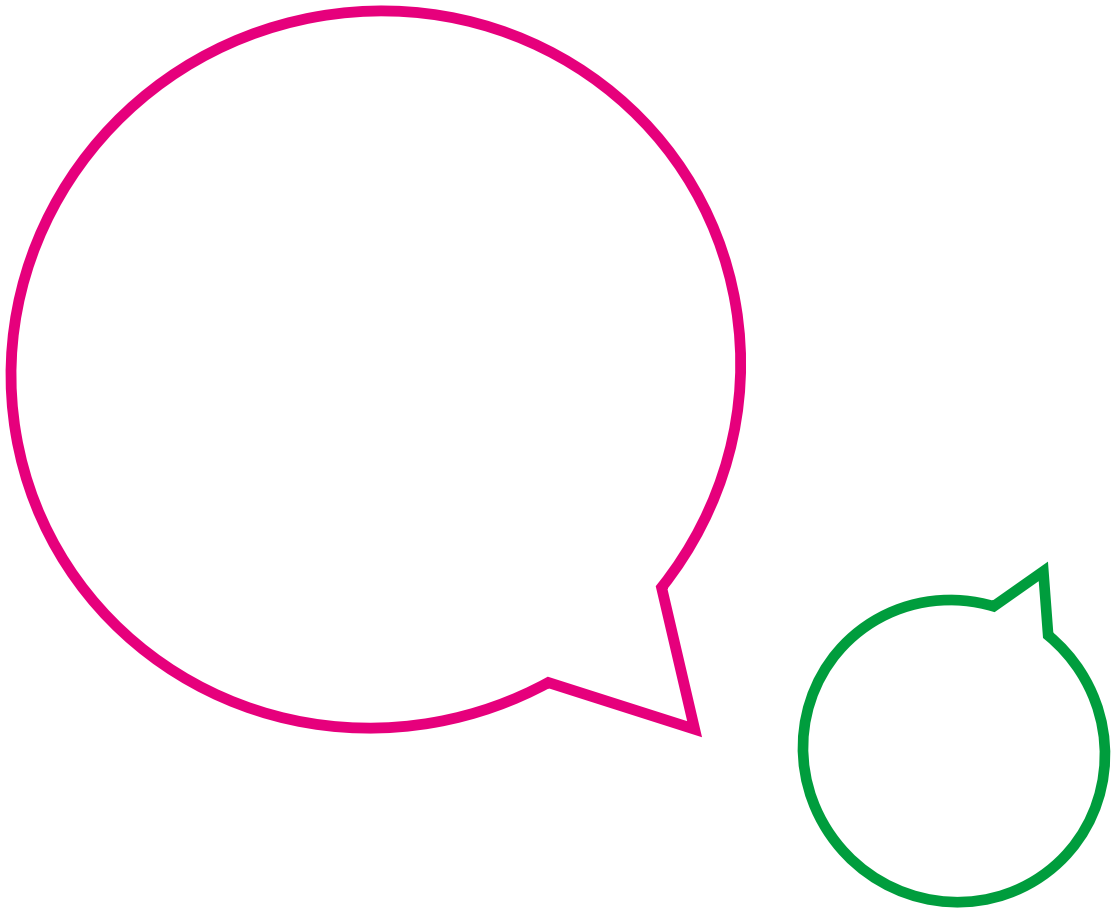


There were also significant regional data gaps. Scotland and Yorkshire and the Humber had the most complete fatalities data in 2023, with 'other and unspecified' accidental deaths being the lowest of any region, a rate of 2.36 and 1.96 per 100,000 people respectively. The East of England was the region with the highest rate of 'other and unspecified' accidental deaths, with a rate of 5.7, followed by the North East at a rate of 4.51. 10% of all accidental deaths in the North East, and, shockingly, almost a third (32%) of all accidental deaths in the East of England did not have a known cause.

The substantial regional variation in accidental death rates across the UK demonstrates that where a person lives has a significant influence on their risk of dying in an accident. Scotland experienced higher accidental death rates than any English region in 2023, while within England, the North East consistently emerged as the region with the greatest risk. In contrast, London was notably safer than all other regions, with accident death rates less than half those seen in the highest-risk areas.

London's consistently lower accidental death rates merit particular attention. While no region is free from risk, London's relative safety may reflect a combination of factors, including younger population profiles, better access to emergency and healthcare services, denser transport infrastructure with lower reliance on high-speed roads, and greater safety regulation and enforcement. Understanding which of these factors offer the most protection could offer valuable lessons for reducing accidental harm elsewhere.

Overall, these findings underline the need for place-based accident prevention strategies that reflect regional risk profiles, address underlying inequalities, and learn from areas where outcomes are demonstrably better. Without targeted action informed by robust data, regional disparities in accidental deaths are likely to persist.



Local areas

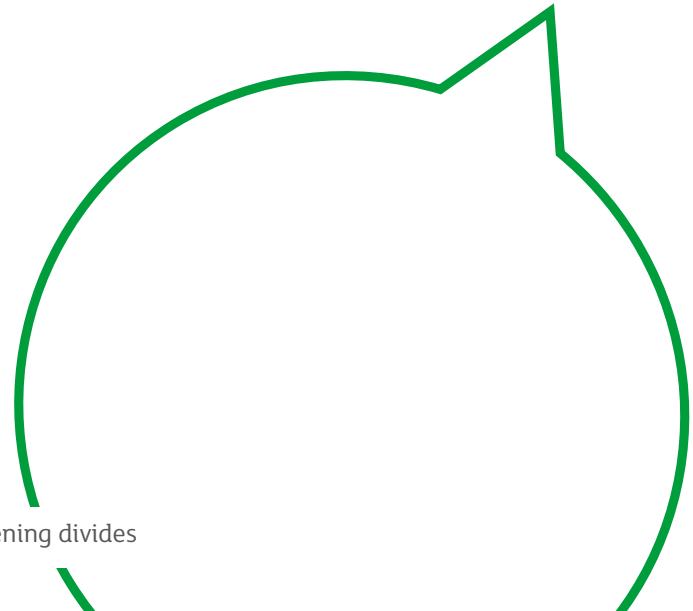
Top 10 highest councils by accidental deaths in England and Wales, 2023.

Source: Appendix 1, Table 6

Local council	Total number
Kent	551
Lancashire	462
Essex	451
Hertfordshire	370
Lincolnshire	368
Hampshire	368
Birmingham	352
Devon	344
Derbyshire	340
Norfolk	322

Kent saw the highest number of accidental deaths in 2023, with over 500 people dying over the year, accounting for 3% of all accidental deaths in England and Wales. The top ten highest number of deaths were, as expected, dominated by large councils.

When accounting for population size, the Isle of Wight and Blackpool took the top two places for the highest accidental death rate per 100,000 people in 2023, both on a rate of about 69. Four of the 10 councils were Welsh, and all, with the exception of Blaenau Gwent and Middlesborough were coastal (with those two councils being very close to the coast).



Top 10 highest councils by rate of accidental deaths in England and Wales and deprivation ranking, 2023.

Source: Appendix 1, Table 6

Local council	All accidents rate	Deprivation rank
Isle of Wight	69.37	61/153
Blackpool	69.20	1/153
Blaenau Gwent	66.64	1/22
Redcar and Cleveland	65.89	29/153
Cumberland	61.50	2/153
Middlesbrough	59.88	2/153
Conwy	55.76	12/22
Pembrokeshire	55.18	14/22
Carmarthenshire	55.15	7/22
Cornwall	54.71	81/153

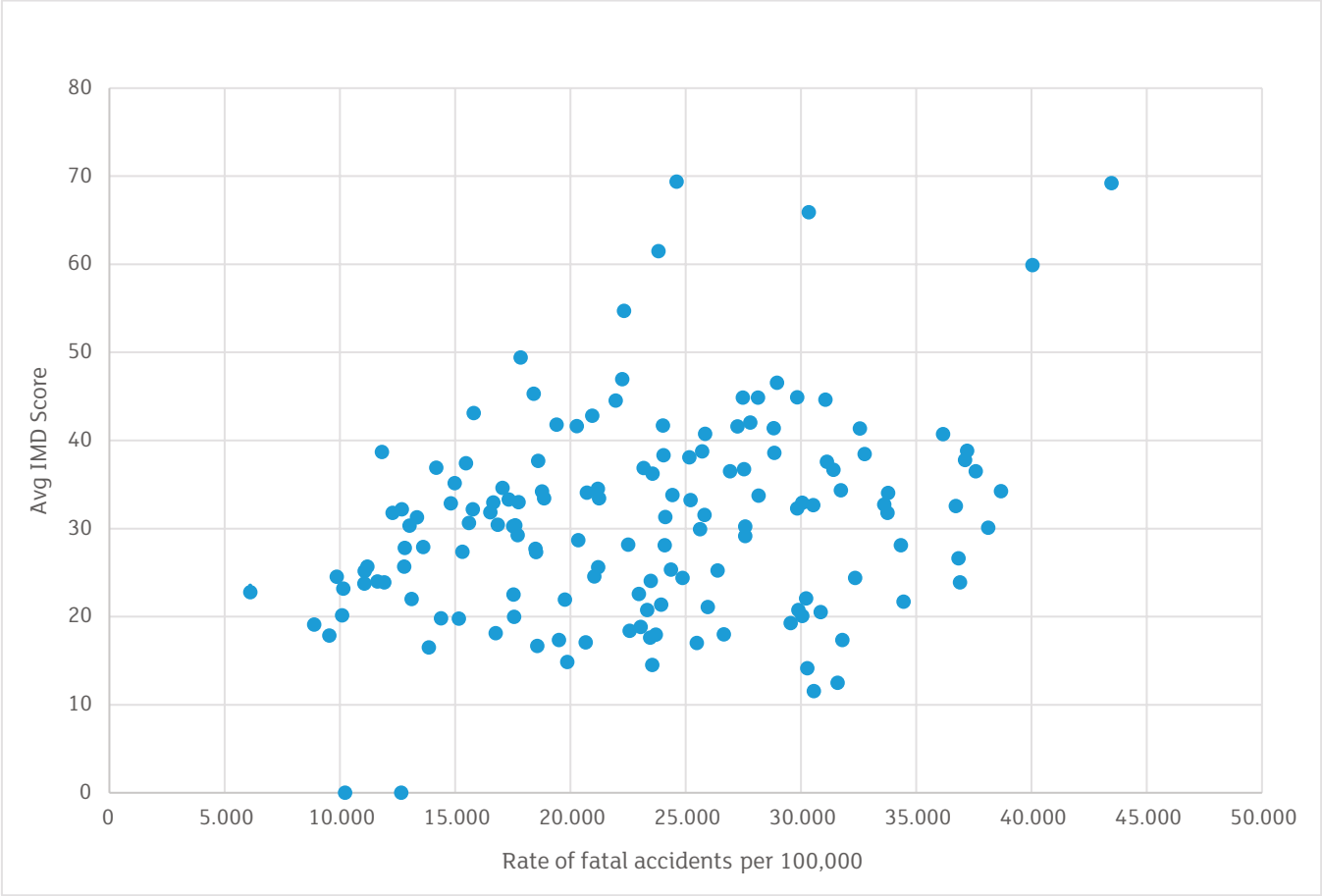
As will be discussed in greater detail, deprivation is a key driver of accidental deaths and injuries. When comparing the top 10 accidental death rates to their local authority deprivation rankings, taken from their closest deprivation assessment in 2025, highly deprived areas are heavily featured. Blackpool is ranked as the most deprived local authority in England, followed by Middlesborough.[17] Blaenau Gwent is also ranked as the most deprived local authority in Wales.[18]

[17] MHCLG, 2025, English indices of deprivation 2025: statistical release, https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025/english-indices-of-deprivation-2025-statistical-release#local-authority-district-analysis. Ranking taken from 'IMD - Rank of average score' indicator.

[18] Welsh Gov, 2025, Welsh Index of Multiple Deprivation (WIMD) 2025 results report, https://www.gov.wales/welsh-index-multiple-deprivation-wimd-2025-results-report-overall-index-html#189213

Local councils in England by deprivation levels and rate of fatal accidents, 2023

Source: Appendix 1, Table 6



As part of this review, RoSPA has applied regression analysis, comparing deprivation scores to the rate of accidental deaths in every local authority in England. Through this, we found that living in an area with ten points higher deprivation is associated with an 18% higher fatal accident rate. Areas with the highest deprivation (IMD Avg Score 43) have roughly 87% higher fatal accident rates than the least deprived areas (IMD Avg Score 6). In other words, people in deprived areas are roughly 1.87 times more likely to be involved in a fatal accident compared to those in the least deprived areas. The concentration of high accidental death rates in a small number of local authorities highlights that accidental harm is not evenly distributed across the UK. The strong presence of highly deprived areas among the councils with the highest death rates reinforces the well-established link between deprivation and increased risk of accidental injury and death. Factors such as poorer housing conditions, higher exposure to hazardous environments, insecure employment, and reduced access to safety resources all contribute to elevated risk in more deprived communities.

Together, these findings underline the importance of place-based prevention strategies. Addressing accidental harm effectively will require targeted interventions that recognise both the socioeconomic and geographic contexts in which risk is greatest. Without focused action in deprived and coastal communities, existing inequalities in accidental injury and death are likely to persist or widen. Continued monitoring, alongside locally tailored prevention and safety initiatives, will be essential to reducing these disparities and improving safety outcomes across the UK.

Spotlight: Coastal areas

Coastal areas consistently emerge as high-risk locations for accidental harm in the UK. Analysis of 2023 data shows that local authorities along the coast, such as Blackpool, Isle of Wight, Pembrokeshire, and Cornwall, feature disproportionately in the top ten areas for both total accidental deaths and deaths per 100,000 population. Many of these councils are also among the most deprived, highlighting the interplay between geographic and socioeconomic factors in shaping risk.

Coastal communities face a unique combination of challenges. Environmental hazards, including open water, cliffs, and tidal zones increase the risk of drowning and falls, while exposure to extreme weather events, such as storms or floods, can exacerbate injury risks. Seasonal population changes bring influxes of tourists during peak periods and increase the number of people exposed to accidents, particularly in areas with limited emergency service capacity. Coastal areas tend to have higher proportions of older residents, who are more vulnerable to falls, transport accidents, and other age-related hazards. Many coastal communities also experience higher levels of deprivation, poorer housing conditions, and limited access to health and safety resources, compounding vulnerability to accidental harm.

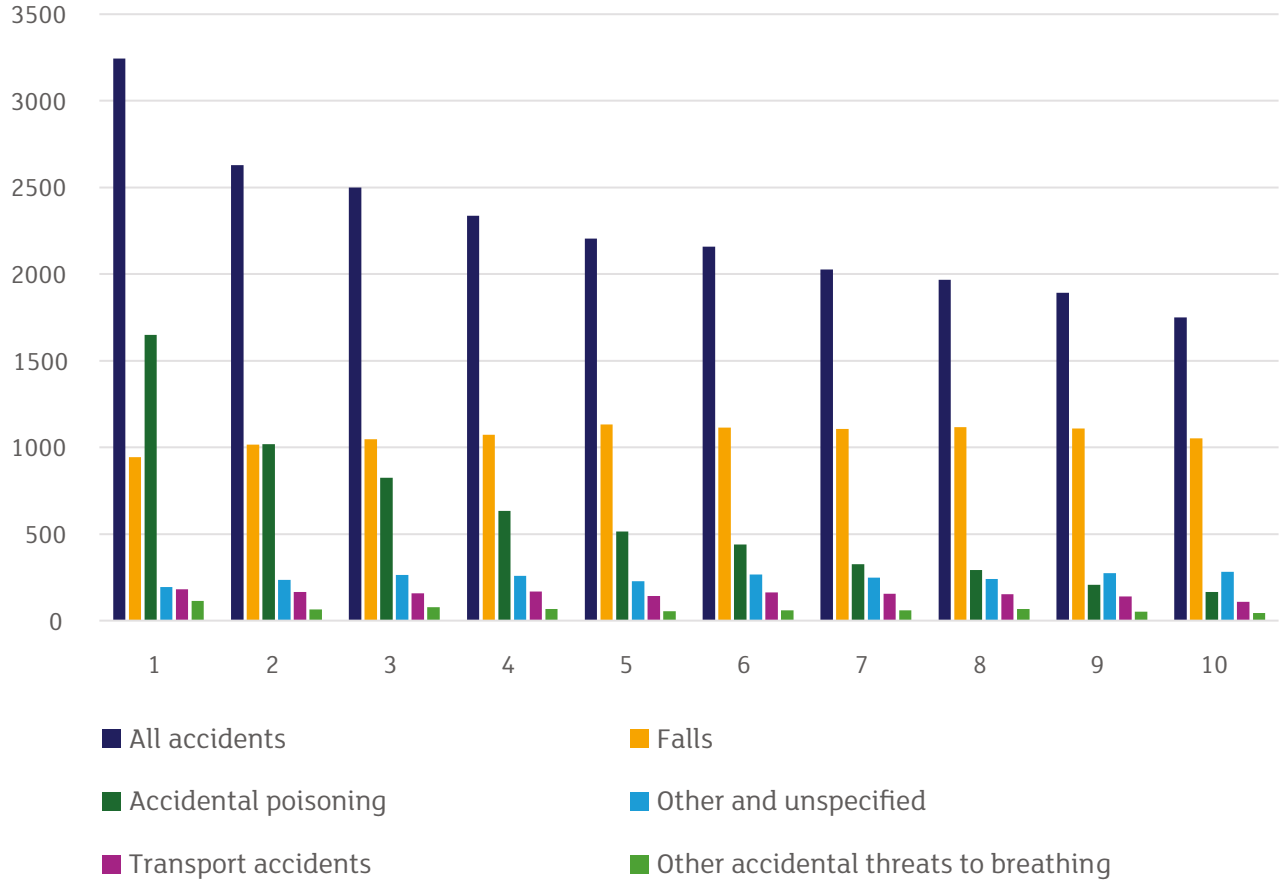
Once again, these findings highlight the need for place-based prevention strategies adapted to local conditions and factors. Recognising coastal areas as distinct high-risk environments allows for focused interventions, helping to reduce preventable accidents and deaths while addressing the compounded challenges of geography, age, and deprivation.

Deprivation

Deprivation[19] plays a significant role in accident-related hospital admissions and deaths. People classed in the bottom half of deprivation, i.e. those more deprived, were 32% more likely to die in Great Britain in an accident in 2023. The top 10% most deprived people were also 85% more likely to die than the 10% least deprived.

Accident-related fatalities by deprivation in Great Britain, 2023

Source: Appendix 1, Table 5



[19] Deprivation has been measured using the Index of Multiple Deprivation (IMD). This is the official measure of relative deprivation for small areas (neighbourhoods) in the UK. It is designed to identify areas with the highest concentrations of unmet needs across various aspects of life; income and employment, education and health, and crime, housing and environment. It is based on the location of where a person lives rather than specific indicators about their personal income or education level.

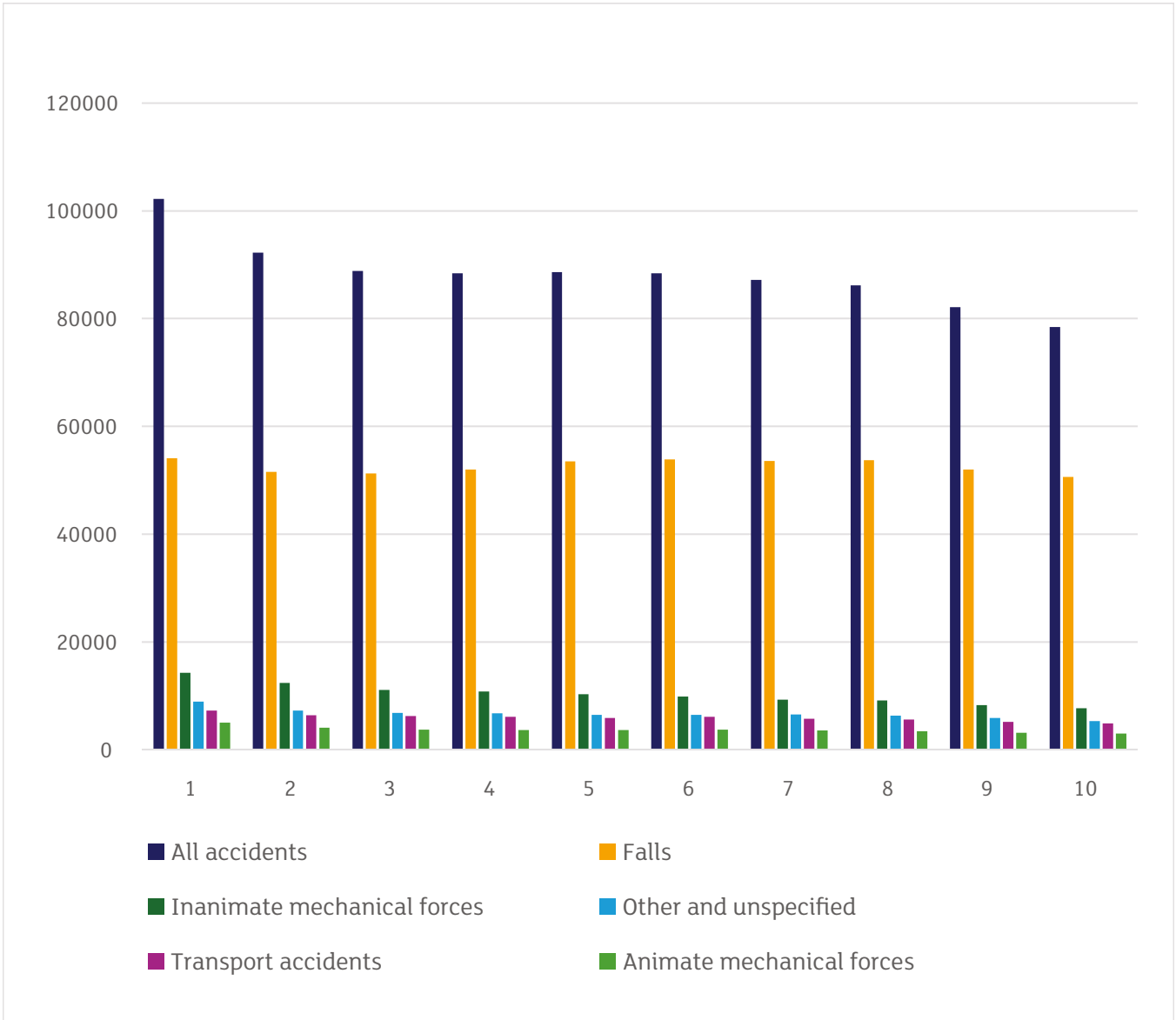
Similarly, hospital admissions were higher among more deprived groups in the UK. Those in the most deprived half were 9% more likely to be admitted to hospital in 2023/24 than those in the least deprived,and those in the 10% most deprived were 30% more likely to be admitted, than those in the 10% least deprived.

In Great Britain, the most deprived 50% were 13% more likely to die in a transport related accident than those in the top 50%, with the most deprived 10% of people 68% more likely than the least deprived 10%. Those in the more deprived half were also 49% more likely to die in a pedestrian accident and 32% more likely to be killed in a motorcycle accident.

The most deprived groups were also more likely to be admitted to hospital following traffic accidents in 2023/24, with the most deprived half of people in the UK being 13% more likely than the least deprived half of people to be admitted. Those in the 10% most deprived group were 68% more likely to be admitted to hospital because of a transport accident in 2023/24 than those in the 10% least deprived.

Accident-related hospital admissions by deprivation in UK, 2023

Source: Appendix 2, Table 5.1



Those with higher levels of deprivation were especially likely to be admitted to hospital as pedestrians (the half most deprived being 75% more likely than the half least deprived), motorcycle riders (the half most deprived being 32% more likely than the half least deprived), car occupants (the most deprived being 12% more likely than the least deprived), and bus occupants (most deprived being 70% more likely than those least deprived).

Overall, in Great Britain, people in the 50% most deprived group were 33% more likely to die in non-transport related accidents than the 50% least deprived, with the most deprived 10% being 86% more likely than the least deprived 10%. Similarly, in the UK, the 50% most deprived were 9% more likely to be admitted to hospital in non-transport related accidents than the 50% least deprived, with the most deprived 10% being 29% more likely than the least deprived 10%.

People in the 50% most deprived were also 57% more likely to die in drownings in Great Britain than the 50% least deprived. They were also 25% more likely to be admitted to hospital in the UK. Drownings make up only a small proportion of the hospital admissions and fatalities figures, so such figures should be treated carefully, but this apparent disparity is worth further investigation.

The most deprived 50% were also 35% more likely to die in Great Britain and 6% more likely to be admitted to hospital in the UK due to other accidental threats to breathing (apart from drownings). They were also twice as likely to die and 75% more likely to be admitted to hospital because of exposure to smoke, fire and flames, compared to the least deprived 50%.

In the UK, the most deprived 50% of people were also 33% more likely to be admitted to hospital than the least deprived 50% for inanimate mechanical forces, with the most deprived 10% being 85% more likely than the least deprived 10% in 2023/24. The most deprived groups were also more likely to be admitted to hospital because of a sequela of a previous accident, with the 50% most deprived being 7% more likely than the 50% least deprived, and the 10% most deprived 30% more likely than the 10% least deprived.

The biggest and most shocking difference, however, was in accidental poisonings, with the 50% most deprived people being over three times more likely to die than the 50% least deprived. The 10% most deprived were almost ten times more likely to die from accidental poisonings compared to the 10% least deprived – with 1,648 dying in the former compared to 167 in the latter. Similarly, the most deprived 50% were 90% more likely than the least deprived 50% to be admitted to hospital in 2023/24 in the UK, and the most deprived 10% were over three times more likely than the least deprived 10%.

There was also a significant gap between the most deprived and least deprived halves of the population in accidents classed as ‘other and unspecified’. People in the 50% most deprived were 19% more likely than the least deprived 50% to have their hospital admission classed ‘other and unspecified’, with those in the most 10% deprived a shocking 68% more likely than those in the least deprived 10%. This points to a significant gap in data recording for those from more deprived backgrounds.

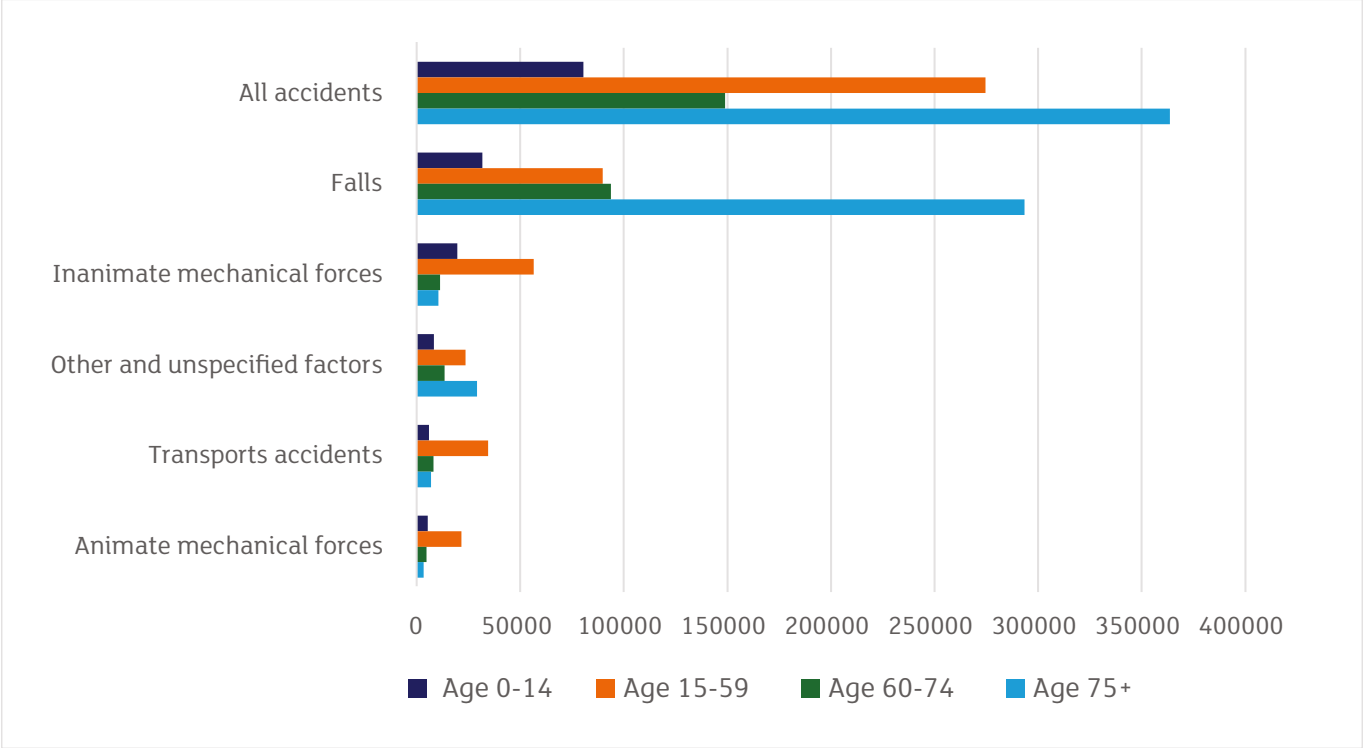
Deprivation shapes exposure to hazardous environments, quality of housing, employment conditions, and access to safety infrastructure. This evidence highlights the need for place-based prevention strategies that account for both socioeconomic disadvantage and local geographic factors. Without sustained, locally and socioeconomically tailored action in the most affected communities, existing inequalities in accidental injury and death are likely to persist or worsen.

Age

The rates of accident-related hospital admissions and deaths increase exponentially towards the later parts of a person's life. When adjusted to population size, the rate of hospital admissions in 2023/24, in England and Wales, went from 776.07 per 100,000 people in people aged 0-14 to 772.93 in people aged 15-59, before spiking sharply to 1,565.2 in 60–74-year-olds, and 6,441.76 in people 75 and over.

Accident-related hospital admissions by age in England and Wales, 2023/24

Source: Appendix 2, Table 3.1



Similarly, when adjusted for population size, accidental deaths in the UK in 2023 increased from 1.16 per every 100,000 in people aged 0-14, 19.93 aged 15-59, 28.82 aged 60-74, and 191.32 in people aged over 75. There was also a rise in accidental deaths in older people between 2022 and 2023. When adjusted for population size, the rate of accidental death per 100,000 people increased by a rate of 10% in people aged 60-74, and by 7% in people 75 and over.

Falls represented the most significant risk to an older person's safety and life in 2023/24. In 2023, fatalities from falls increased from 0.03 per 100,000 people in people aged 0 to 14, 1.49 in people aged 15-59, 13.3 in 60–74-year-olds and 143.62 per 100,000 people in those aged 75 and over. The rate of deaths from falls in people aged 75 and over in 2022 was 129.75, representing an 11% rate of increase in one year to 9,076 people in 2023. The rate of hospital admissions due to falls in 2024/24, in England and Wales, meanwhile, went from 304.77 in people aged 0-14, 252.73 in people aged 15-59, 985.86 in 60–74-year-olds, before skyrocketing up to 5,195.86 in people 75 and over.

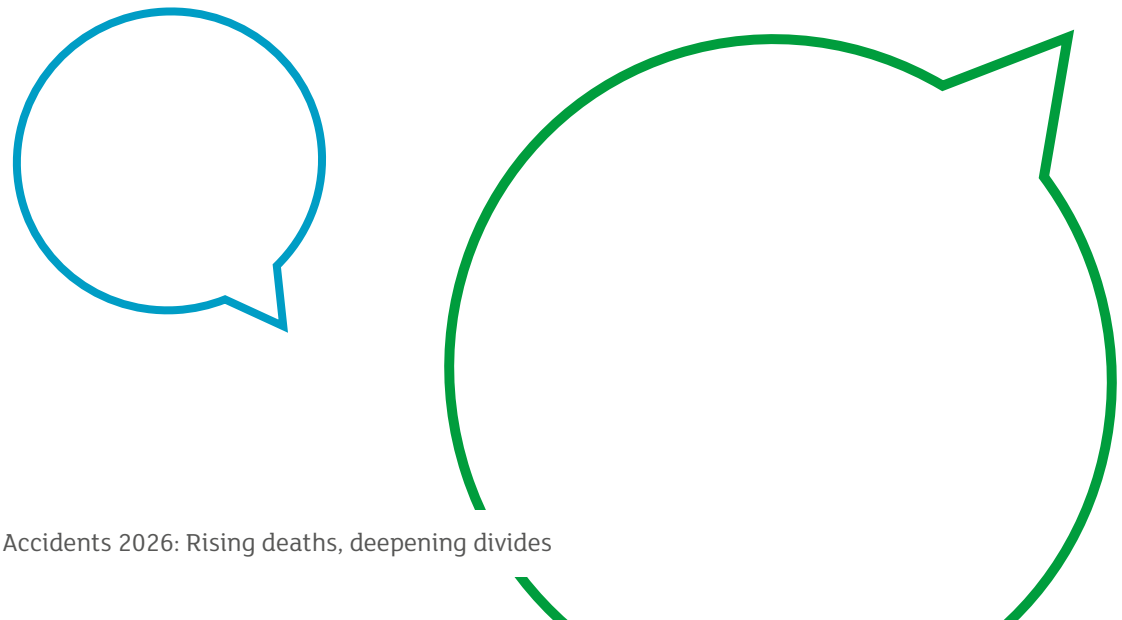
People 75 and over were also significantly more likely than the general population to die in transport accidents, with a rate of 5.22 per every 100,000 people when adjusted for population size in 2023, a total of 330 people in the UK. This compares to 4.26 in every 100,000 the year before in 2022, indicating an annual rise in older people dying in these accidents. Similarly, people are more likely to be admitted to hospital in their later age because of transport accidents, with rates increasing from 57.37 per 100,000 people in people aged 0-14, 96.98 in people aged 15-59, 86.01 in 60–74-year-olds, and 121.84 in people 75 and over in England and Wales.

A person aged 75 or over was also over five times more likely to die because of an accidental threat to breathing (not including drowning) in 2023 than someone aged 15-59. This aligns with hospital data in England and Wales, with people aged 60-74 over four times more likely to be admitted to hospital in 2023/24 than those aged 15-59 and those aged 75 and over 18 times more likely.

Moreover, 30.95 per every 100,000 deaths, when adjusted for population, of those aged 75 and over were due to an 'other or unspecified factor', more than ten times that of people aged 60-74, which is itself more than three times higher than people aged 15-59. A similar data gap exists in hospital data, with rates going from 79.55 per 100,000 people in people aged 0-14, dipping to 66.16 in people aged 15-59, before rising sharply to 140.75 in 60–74-year-olds, and 517.23 in people 75 and over. This means that our understanding of deaths and accident-related hospital admissions among the over 75s, the age group most likely to die from accidents, is significantly undermined by these data gaps.

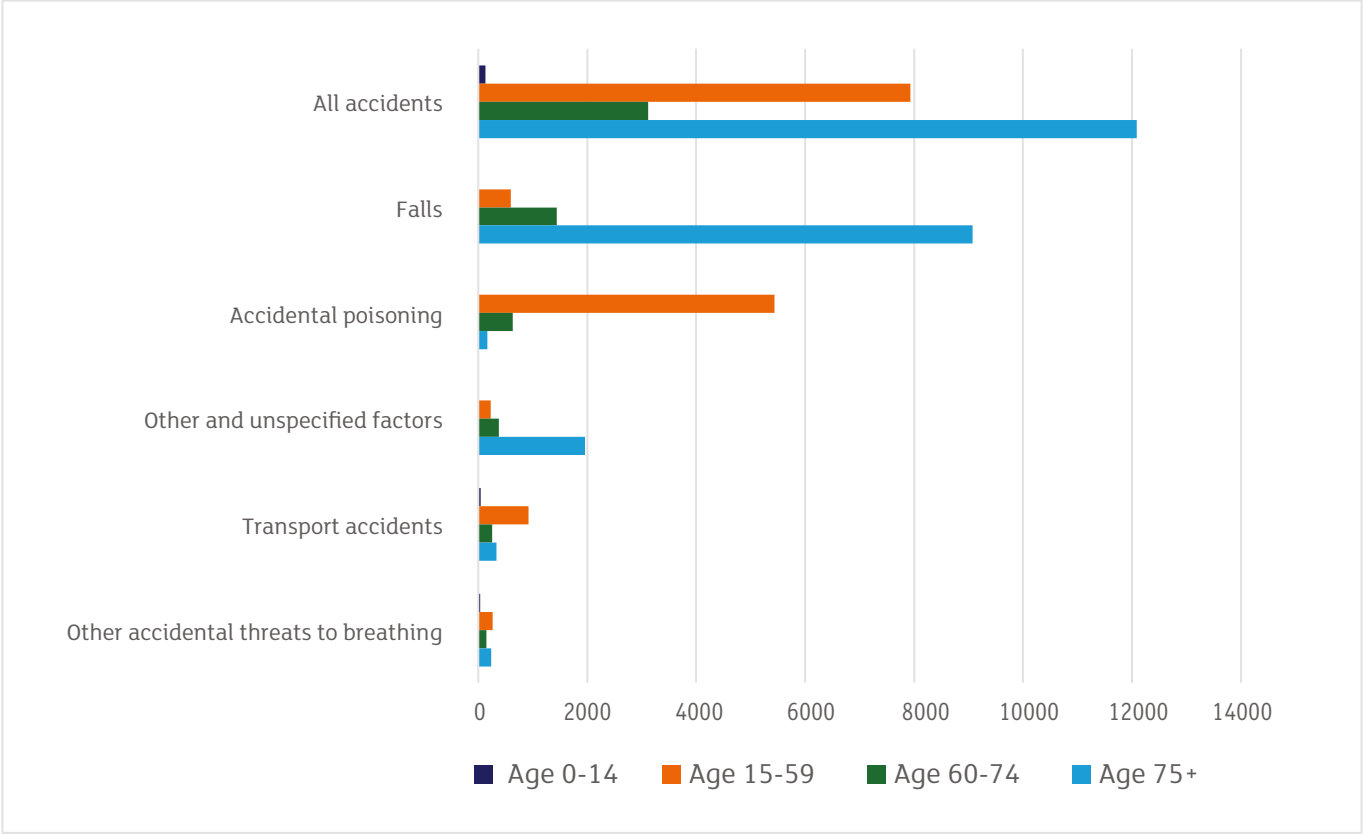
The working-age population, meanwhile, were significantly more likely to die from accidental poisonings, with 5,435 people aged 15-59 dying from these causes in 2023. This represents an 8% rate of increase in-between 2022 and 2023. When adjusted for population, there were 13.66 deaths per 100,000 people aged 15-59 from accidental poisonings, compared to 5.84 aged 60-74 and 2.56 aged 75 and over. However, the same age distinctions do not carry across hospital admissions, with rates going up over a person's life, from 32.66 per 100,000 people in people aged 0-14, 40.4 in people aged 15 to 59 and 40.33 in people aged 60 to 74, before almost doubling to 79.62 in those 75 and older.

Finally, in 2023/24, children aged 0-14 were more likely than any other age group to be admitted to hospital from an accident caused by inanimate mechanical forces. When adjusted for population, the rate was 188.99 per 100,000 – a total of 19,616 children admitted to hospital in England and Wales.

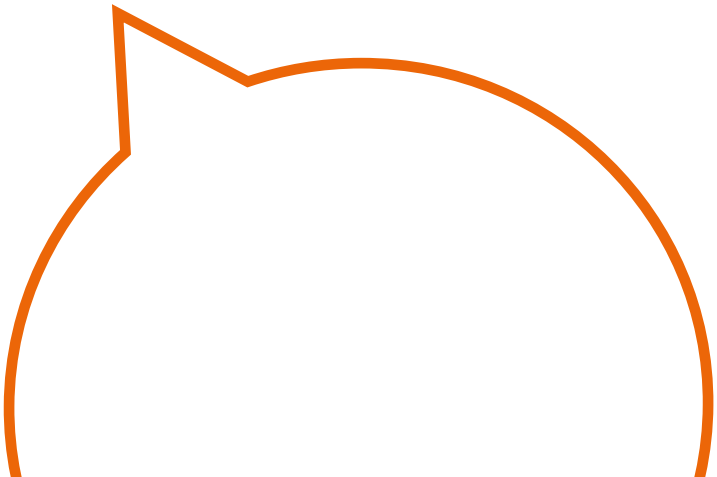


Underlying causes of death (accidents) UK, 2023.

Source: Appendix 1, Table 4.2



These findings demonstrate that age is one of the strongest and most consistent predictors of accidental harm. Risk rises sharply in later life, driven primarily by falls, transport incidents, and other threats to breathing, with people aged 75 and over experiencing disproportionately high rates of both fatal and non-fatal injury. At the same time, distinct age-specific risks are evident earlier in life, including accidental poisonings among working-age adults and higher rates of certain injury types among children. Persistent data gaps, particularly the high proportion of deaths among older people coded as ‘other’ or ‘unspecified’, further limit understanding of the precise mechanisms of harm. Effective accident prevention, therefore, requires a lifecycle approach, with targeted, age-appropriate interventions and improved data quality to ensure that prevention efforts are proportionate to risk at every stage of life.

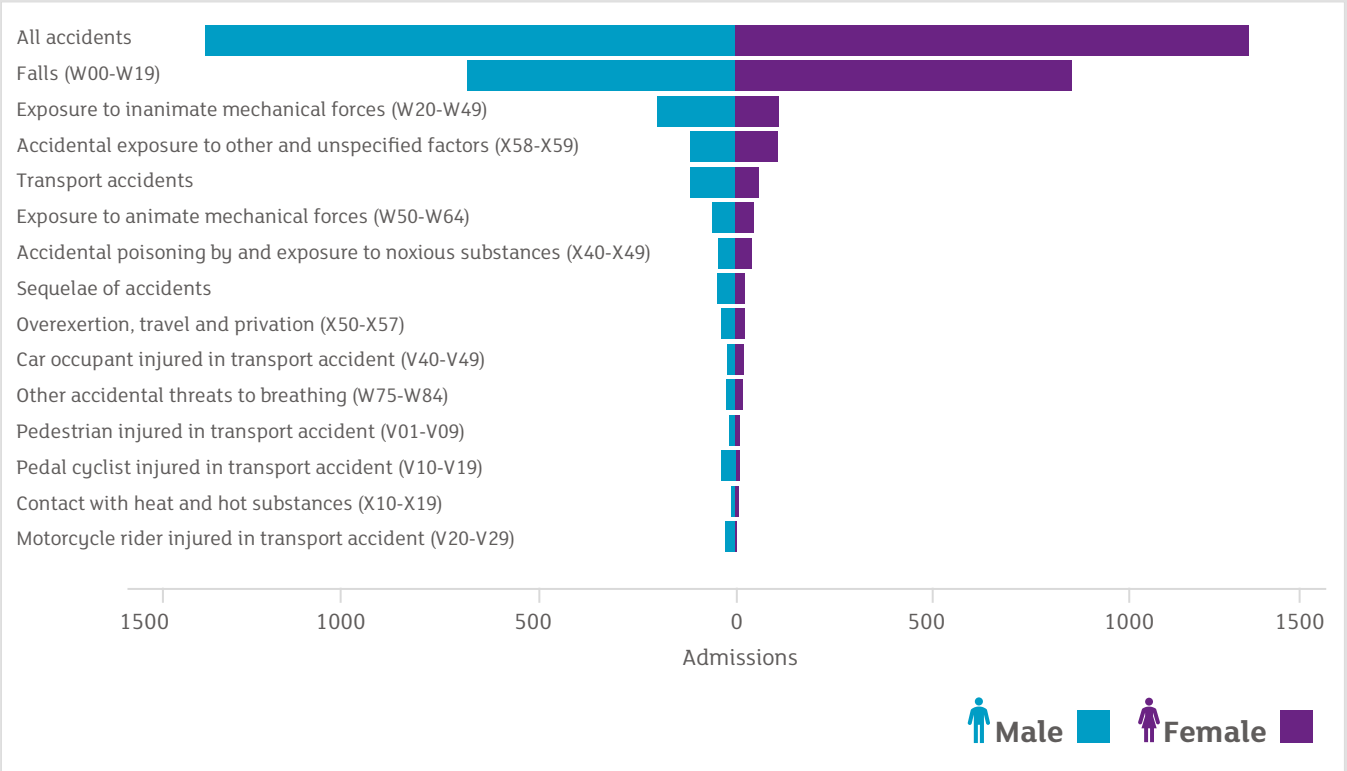


Sex and gender

When adjusted for population, 40.65 men died in an accident per 100,000 people in 2023, compared to 27.56 women in the UK – meaning that men were 47% more likely than women to die in an accident. 13,645 men and 9,625 women died in an accident, representing an 8% rate of increase in men and a 7% rate of increase in women from 2022. The rate of hospital admissions due to accidents was also slightly higher among men than women, at 1,404.75 per 100,000 compared to 1,359.08, making men 3% more likely than women to be admitted to the hospital for an accident.

Accident-related hospital admissions by sex in England and Wales, 2023/24.

Source: Appendix 1, Table 1



Men were over three times more likely to die in traffic accidents, at a rate of 3.51 to 1.05 when adjusted for population and were 39% more likely than women to die in a non-transport related accident.

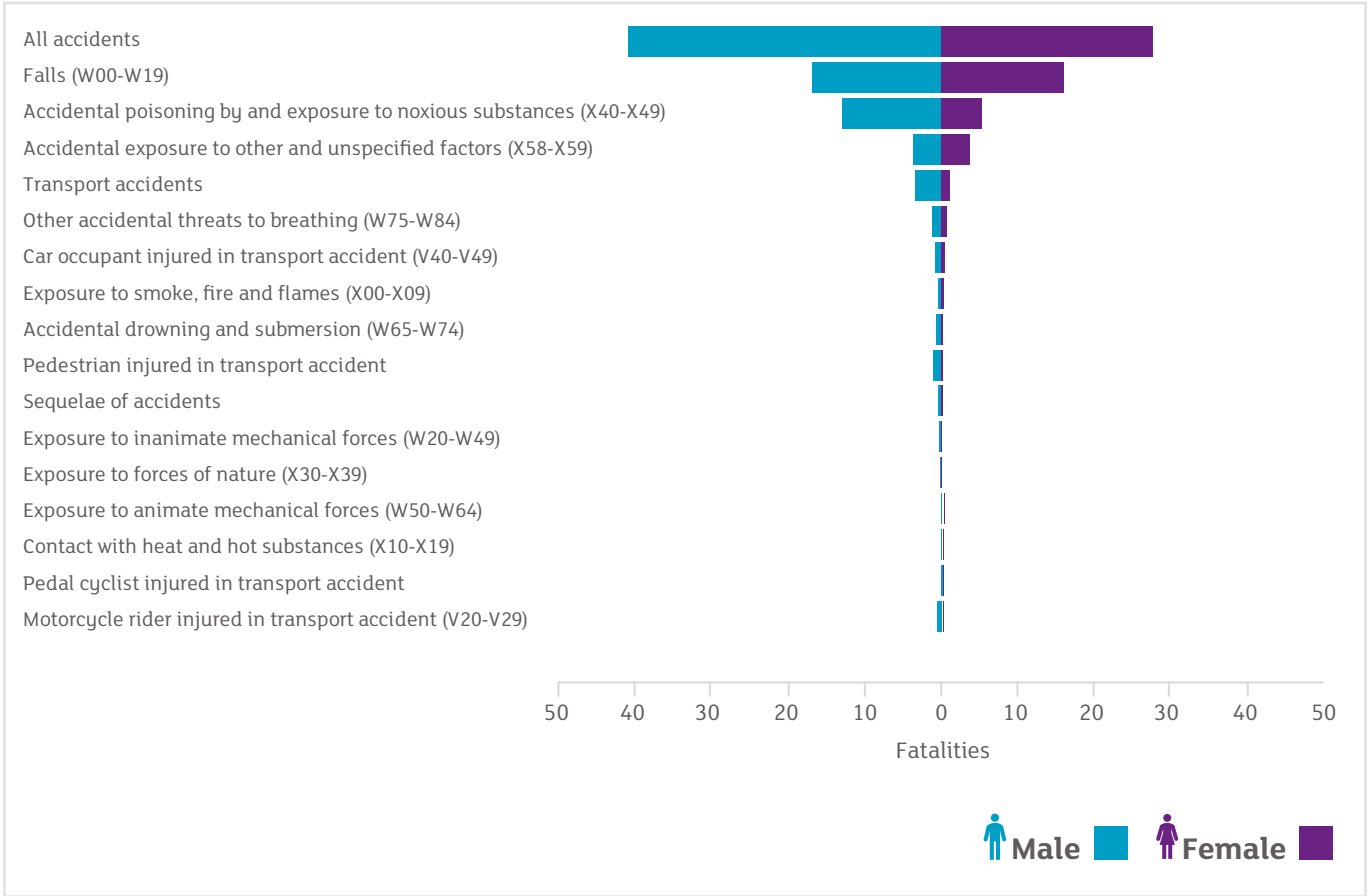
Men were also about twice as likely as women to be admitted to a hospital in the UK because of a transport-related accident, a rate of 120.68 compared to 62.98. Specifically, they were significantly more likely to be hospitalised as a pedestrian (with a rate of 18.65 in men to 11.98 in women), cyclist (almost four times more likely, with a rate of 39.3 in men to 10.85 in women) and motorcycle rider (with men seven times more likely than women, a rate of 27.61 to 4.03).

However, women were significantly more likely than men to be hospitalised from falls, with the former having a rate of 891.92 per 100,000 people, when adjusted for population, compared to 709.09 in men in the UK. This made women 26% more likely than men to be admitted to hospital following a fall in 2023/24. Fatalities from falls, however, were relatively equal across men and women, with 16.77 per 100,000 men dying from falls in 2023 compared to 15.69 per 100,000 in women, when adjusted for population.

Accidental poisonings are the largest driver of inequality in fatality rates between men and women. Men were almost three times more likely to die in an accidental poisoning than women, at a rate of 13.03 to 5.34. 4,373 men died of accidental poisoning in 2023, a 12% rate of increase since 2022. Hospital admissions for accidental poisonings, however, were relatively similar across men and women in 2023/24.

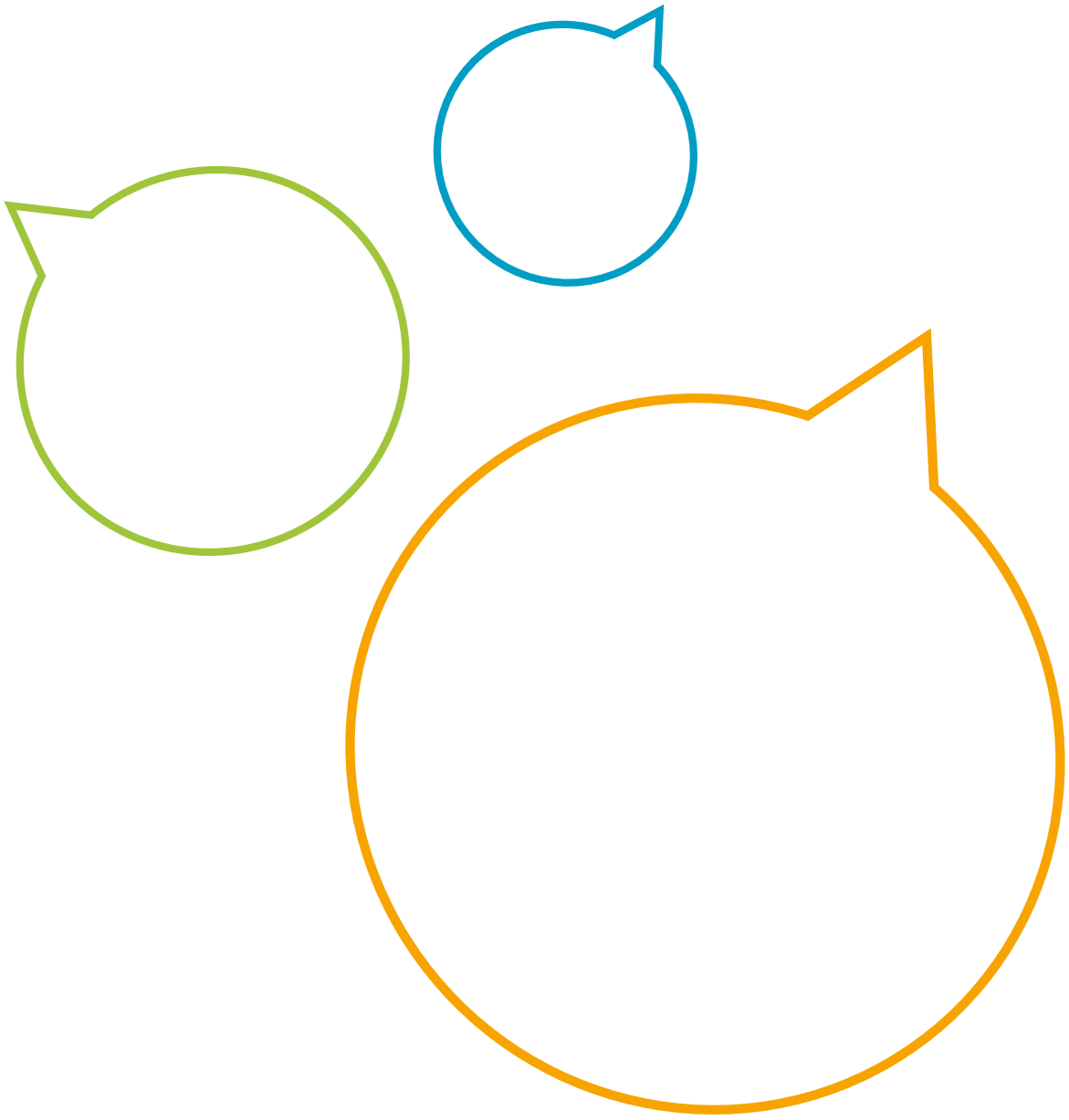
Accident-related fatalities by sex in the UK, 2023.

Source: Appendix 1, Table 3.2



Men were significantly more likely to be admitted to hospital in 2023/24 following accidents caused by; inanimate mechanical forces (with a rate of 208.78 in men to 114.3 in women), animate mechanical forces (62.67 in men to 50.54 in women) and in overexertion, travel and privation (39.29 in men to 23.73 in women). Men were also almost twice as likely to be admitted to hospital due to the long-term sequelae effect of previous accidents, at a rate of 47.73 to 24.11 in women.

Overall, these findings show that sex remains a significant determinant of both fatal and non-fatal accidental harm. Men consistently experience higher mortality and hospital admission rates, particularly for transport incidents, accidental poisonings, and injuries linked to occupational exposure and risk-taking behaviours. At the same time, women face a distinct burden of non-fatal injury, driven largely by falls that result in high levels of hospital admissions, despite relatively similar fatality rates. These differences underline the importance of prevention strategies that recognise gendered patterns of risk across different accident types. Without these approaches to policy, practice, and public messaging, opportunities to reduce avoidable harm for both men and women are likely to be missed.



Recommendations

The government should:

1. **Introduce a National Accident Prevention Strategy** - This will ensure a coordinated approach to tackling rising accident rates which cuts across departments and provides strategic leadership for policy making at a national level.
2. **Strengthen accident monitoring and data quality** - Persistent gaps in accident data obscure the true nature and scale of accidents across the UK. They must be addressed in order to create tailored policy solutions that comprehensively reduce accidental injuries and deaths.
3. **Prioritise prevention for high-risk groups** - Older people, men, working-aged adults, and those living in more deprived communities consistently face higher risks of accidental injury and death. Targeted and focused work is required to drive down accidental injuries in those most at-risk.
4. **Address the growing burden of non-fatal injury** - Rising hospital admissions across multiple accident categories reflect a substantial and increasing burden on the NHS, social care, and wider public services. Falls are the leading cause of accidental injury and death, particularly among older people, and represent the single greatest driver of preventable harm. A system-wide approach to prevention should embed early intervention, risk identification, and preventative support across health, social care, housing, and community services. A stronger focus on prevention will reduce avoidable harm, support healthier and more independent lives, and help relieve sustained pressure on public services.
5. **Improve safety in everyday environments** - Accidents are not random events but are shaped by the environments in which people live, work, and travel. The government should take a proactive, system-wide approach to reducing risk by strengthening safety standards in housing, promoting safer product design, improving public realm safety, and supporting local authorities and employers in identifying and mitigating hazards.

   Particular focus should be placed on improving safety in the home, where most fatal and non-fatal accidents occur, especially for older and vulnerable people.

Conclusions

RoSPA's Annual Review of Accidents provides a comprehensive snapshot of accidental harm in the UK, drawing on the most recent hospital admissions and mortality data available. The findings paint a concerning picture: accidental deaths and injuries continue to rise, with particularly sharp increases in falls and poisonings. These trends build on the long-term patterns identified in *Safer Lives, Stronger Nation* and reinforce the urgency of sustained action.

At the same time, the report highlights significant challenges in data quality and completeness, particularly in relation to unspecified causes. Without accurate and detailed data, opportunities to prevent harm are diminished, and inequalities in risk may remain hidden.

A consistent and concerning theme throughout the data is the unequal distribution of risk. Age remains a critical factor in accidental harm. Older people experience a disproportionately high number of serious injuries and deaths, particularly as a result of falls and their long-term consequences. At the same time, children and young people face distinct risks in specific settings, such as the home, education environments, and during travel, reinforcing the need for age-appropriate prevention strategies across the life course.

Gender differences are also evident across many accident categories. Men continue to experience higher rates of accidental injury and death, particularly in relation to transport incidents, overexertion, and certain types of poisoning. These patterns point to the influence of occupational exposure, risk-taking behaviours, and social norms, and highlight the importance of designing prevention initiatives that recognise and address gendered patterns of risk.

The data also reveal a strong link between deprivation and accidental harm. People living in more deprived areas consistently face higher rates of hospital admission and mortality from accidents. Factors such as poorer housing conditions, less safe environments, higher risks at work, and reduced access to preventive resources all contribute to this inequality. Without targeted action, these disparities are likely to persist, entrenching avoidable harm in the communities least able to absorb its impact.

Together, these findings reinforce that accidents are not randomly distributed events. They follow clear social and demographic patterns that can, and must, inform prevention.

By establishing this publication as an annual review, RoSPA is committing to ongoing monitoring, transparency, and evidence-led prevention. Year-on-year analysis will allow emerging risks to be identified earlier, progress to be tracked more effectively, and prevention efforts to be refined and strengthened over time.

Accidents are not inevitable. With better data, targeted interventions, and sustained commitment, many of the injuries and deaths described in this report can be prevented. This review represents both a call to action and a foundation for future progress towards RoSPA's vision of an accident-free world.

Appendix

Readers can download the appendices referred to in this report by visiting https://www.rospa.com/safety-campaigns/annual-review-of-accidents

Great Britain includes data from England, Scotland, and Wales. The UK (the United Kingdom) is data that includes Great Britain (England, Scotland and Wales) and Northern Ireland.

RoSPA Head Office
28 Calthorpe Road
Birmingham
B15 1RP

t +44 (0)121 248 2000

RoSPA Scotland
Forth House
28 Rutland Square
Edinburgh
EH1 2BW

t +44 (0)131 449 9378/79

RoSPA Wales
2nd Floor
2 Cwrt-y-Parc
Parc Ty Glas
Cardiff Business Park
Llanishen
Cardiff
CF14 5GH

t +44 (0)2920 761306

General Enquires
t +44 (0)121 248 2000
t +44 (0)121 248 2001
e help@rospa.com
x.com/rospa
facebook.com/rospa
linkedin.com/rospa

www.rospa.com
Registered Charity No.207823
VAT Registration No. 655 131649