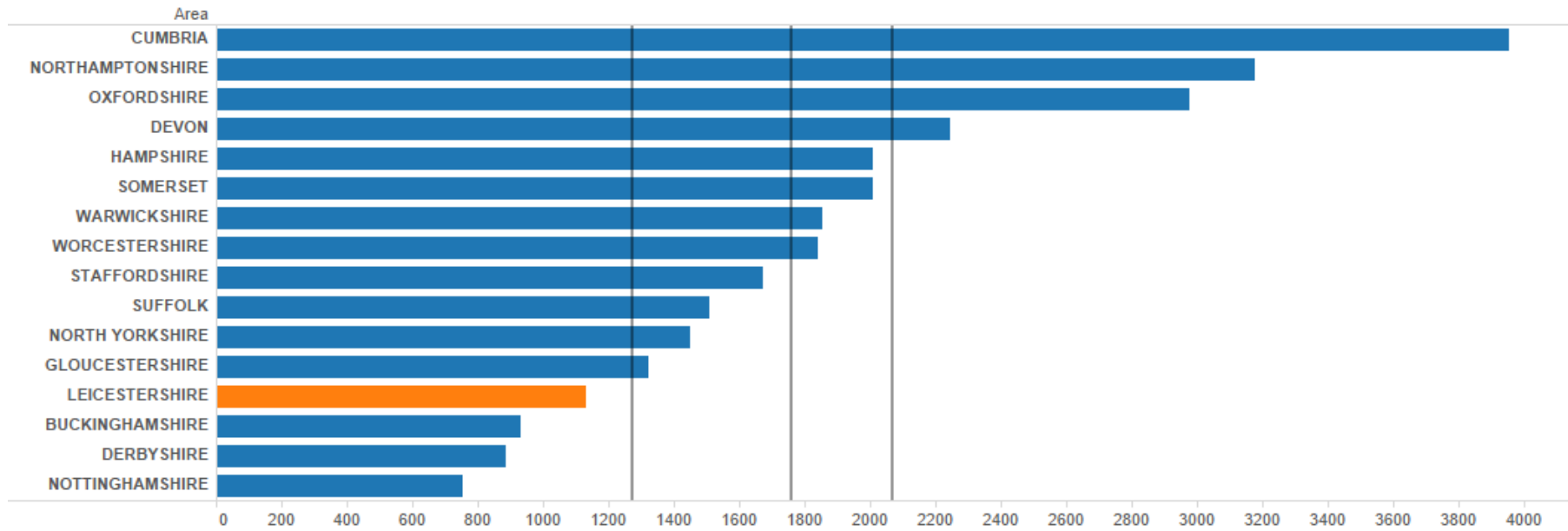


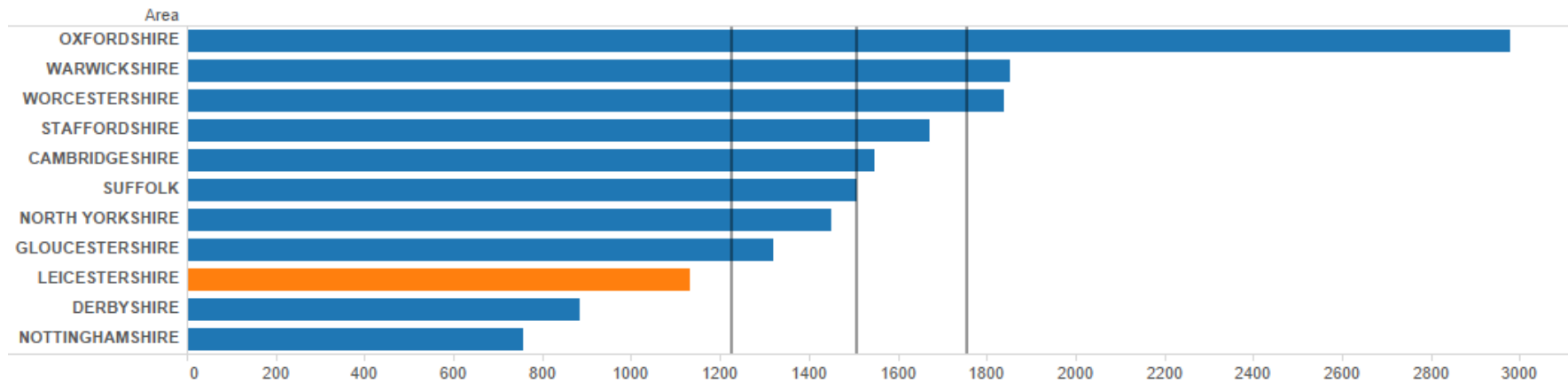
Annex 2 – Delayed Transfers of Care (DTOC) Benchmark Results for Q4 2016/17 and Q1 2017/18

M3 - DTOc, Crude rate of days delayed per 100,000 population aged 18+, 2016-17 Q4, benchmarked against CIPFA statistical neighbours



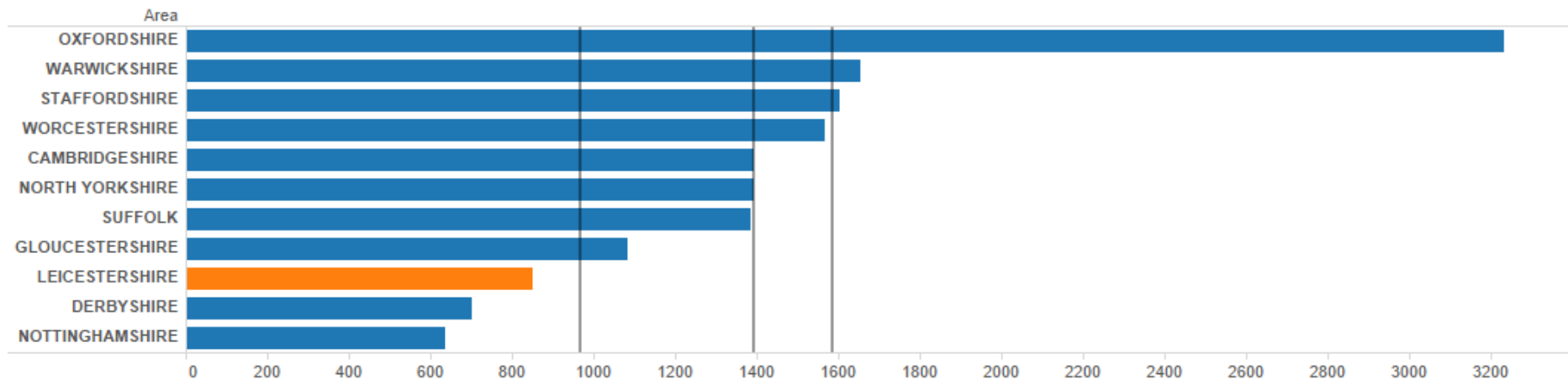
Benchmarking of crude rates can be misleading, with areas with older populations performing less well than those with younger populations. Directly standardised rates (DSRs) are better for benchmarking but these are not available for this metric. Comparing to statistical neighbours, such as the CIPFA or NHS England sets, can be more useful as areas are compared only with those with similar populations.

**M3 - DToC, Crude rate of days delayed per 100,000 population aged 18+, 2016-17 Q4, benchmarked against NHS England comparators**



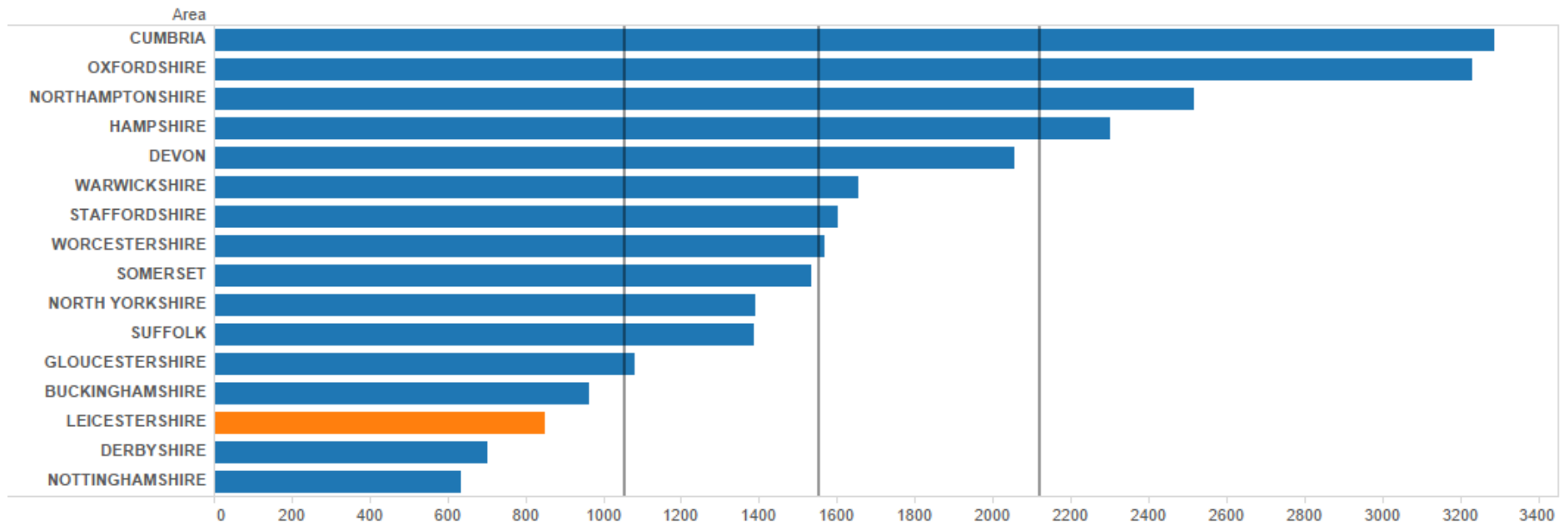
Benchmarking of crude rates can be misleading, with areas with older populations performing less well than those with younger populations. Directly standardised rates (DSRs) are better for benchmarking but these are not available for this metric. Comparing to statistical neighbours, such as the CIPFA or NHS England sets, can be more useful as areas are compared only with those with similar populations.

**M3 - DToC, Crude rate of days delayed per 100,000 population aged 18+, 2017-18 Q1, benchmarked against NHS England comparators**



Benchmarking of crude rates can be misleading, with areas with older populations performing less well than those with younger populations. Directly standardised rates (DSRs) are better for benchmarking but these are not available for this metric. Comparing to statistical neighbours, such as the CIPFA or NHS England sets, can be more useful as areas are compared only with those with similar populations.

**M3 - DToC, Crude rate of days delayed per 100,000 population aged 18+, 2017-18 Q1, benchmarked against CIPFA statistical neighbours**



Benchmarking of crude rates can be misleading, with areas with older populations performing less well than those with younger populations. Directly standardised rates (DSRs) are better for benchmarking but these are not available for this metric. Comparing to statistical neighbours, such as the CIPFA or NHS England sets, can be more useful as areas are compared only with those with similar populations.

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