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Healthcare Quality Improvement Partnership

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Royal College of Paediatrics and Child Health
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NPDA
National Paediatric Diabetes Audit

# National Paediatric Diabetes Audit

## 2024/25 Workforce Spotlight Audit Dataset

Version 1.0

Updated June 2025

## Introduction

The following questions should be answered based on the situation at your unit on the 31st March 2025. Responses will be linked to results from the 2024/25 core audit.

We recognise that PDUs have different practices and work force requirements. Please try and answer the questions as accurately as you can and relate it to your PDU. There are options for multiple answers to some questions and option for 'don't know'. Please try and involve the whole MDT in answering this survey. The results will be important to define future MDT requirements.

If exactly the same MDT covers more than one paediatric diabetes unit (PDU), please complete the survey based on their combined responses so that we can calculate accurate staffing to patient ratios. If members of your MDT cover more than one PDU but the staffing and/or service differs between them, please complete separate surveys for each PDU.

The dataset is split into the following sections:

- Unit details
- Your caseload

Permitted values are provided for every data item listed. If you have any queries about the dataset, please do not hesitate to contact the NPDA.

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# NPDA 2024/25 Workforce Spotlight Audit

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| **Section 1: Unit details**<br>Please complete the following section with your details, so we can link your responses to your core audit dataset. | | | |
| **1** | What is your unit's PZ number? | Multiple choice | Required for linkage to core dataset.<br><br>If exactly the same MDT covers more than one PZ code (PDU), please select all PZ codes covered, and complete the survey based on their combined caseload so that we can calculate accurate staffing to patient ratios e.tc.<br><br>If members of your MDT cover more than one PZ code (PDU) but the staffing and/or service differs between them, please complete separate surveys for each PZ code. |
| **2** | What is the name of your Paediatric Diabetes Unit? | Multiple choice | Required to validate PZ code.<br><br>If exactly the same MDT covers more than one unit, please select all unit names covered. |
| **3** | What is your NHS email address? | Email address | Needed for possible correspondence related to your responses |
| **4** | What is the email address of the consultant clinical lead for your paediatric diabetes service (if different to above)? | Email address | Needed for possible correspondence related to your responses |
| **Section 2: Clinic Attendance**<br>Thinking about all the patients that attend your clinical service… | | | |
| **5** | Were all patients with Type 1 or Type 2 diabetes within your service offered an appointment with a consultant at least four times within the 2024/25 audit year? | • Yes<br>• No<br>• Don't know | The 2024/25 audit year runs 1st April 2024 – 31st March 2025<br><br>Offered does not necessarily mean they attended. |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| **6** | What was the 'Was Not Brought' or non-attendance rate within your paediatric diabetes service in the 2024/25 audit year? | Percentage or 'Not known' | The 2024/25 audit year runs 1st April 2024 – 31st March 2025 |
| **7** | Does your service routinely inform families of funding they may access for costs associated with attending hospital appointments? | • Yes<br>• No<br>• Don't know | For example, reimbursement of travel costs for families on qualifying benefits, as part of the Healthcare Travel Costs Scheme (HCTS). |
| **Section 3: Additional Care Needs** | | | |
| **8** | On31st March 2025, how many of your patients with all types of diabetes that you provided care for were a **"child in need"**? | Whole number or 'Not known' | ***England and Wales -*** *A "child in need" is defined in Section 17 of the Children Act 1989 as "a child who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority or if their health; or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or if they are disabled."*<br><br>***Jersey –*** *Under the Children and Young People Jersey Law 2022. A child has a health or development need if any of the following apply:*<br>• *They are unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable level of health or development without the provision of service support;*<br>• *Their health or development is likely to be significantly impaired, or further impaired, without the provision of those services;*<br>• *Their disability or the disability of any other person living with the child is* |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | | | *adversely affecting the child's health or development or;*<br>• *They are an inpatient at a hospital or an approved establishment for the purpose of receiving treatment in respect of the child's mental health.*<br>*This level of need is equivalent to a Child in Need.* |
| **9** | On 31st March 2025, how many of your patients with all types of diabetes that you provided care for were on a **child protection register** (Wales and Jersey) or had a **child protection plan** in place (England)? | Whole number or 'Not known' | ***England -*** *A child protection plan is defined in Section 31 of the Children Act 1989.*<br><br>***Wales –*** *Under the Social Services and Well-being (Wales) Act 2014, The child protection register (CPR) is a confidential list of all children in the local area who have been identified as being at risk of significant harm.*<br><br>***Jersey –*** *The Child Protection Register is a confidential database managed by the Independent Reviewing Officer (IRO) Service. It records all children in Jersey who are subject to a formal Multi-Agency Child Protection Plan, in accordance with the Children (Jersey) Law 2002. This register plays a critical role in safeguarding and promoting the welfare of children at risk of significant harm, ensuring that multi-agency planning and oversight are robust and coordinated.* |
| **10** | On 31st March 2025, how many of your patients with all types of diabetes that you provided care for were a **"child in care"** (child in care)? | Whole number or 'Not known' | *Formally referred to as a 'looked after child'.*<br><br>***England and Wales –*** *Under Section 22 of the Children Act 1989, a child is defined as 'looked after' by a local authority if he or she gets accommodation from the local authority* |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | | | *for a continuous period of more than 24 hours; is subject to a care order (to put the child into the care of the local authority) or is subject to a placement order (to put the child up for adoption).*<br><br>***Jersey -*** *Under the Children (Jersey) Law 2002, a child is defined as 'looked after by the minister' if they are a child in the care of the minister, a child provided with accommodation by the minister for a continuous period of more than 24 hours in the exercise of the ministers function under any enactment, or a child or young person within the Young Offenders Law who is required to be detained in custody on remand or following sentence under any provision of that Law, where the place of custody is – (i) secure accommodation, (ii) a young offender institution, or (iii) the prison, within the meaning of the law.* |
| **11** | In the 2024/25 audit year, how many of your patients had a confirmed diagnosis of **global development delay (under 5 years) or a learning disability (over 5 years)** regardless of when the diagnosis was made? | Whole number or 'Not known' | Only include diagnoses made by a healthcare professional qualified to make such a diagnosis. |
| **12** | In the 2024/25 audit year, how many of your patients had a confirmed diagnosis of **autism spectrum disorder**, regardless of when the diagnosis was made? | Whole number or 'Not known' | Only include diagnoses made by a healthcare professional qualified to make such a diagnosis. |
| **13** | In the 2024/25 audit year, how many of your patients had a confirmed diagnosis of **Attention Deficit Hyperactivity Disorder (ADHD),** regardless of when the diagnosis was made? | Whole number or 'Not known' | Only include diagnoses made by a healthcare professional qualified to make such a diagnosis. |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| **14** | In the 2024/25 audit year, how many of your patients had a confirmed diagnosis of **an eating disorder,** regardless of when the diagnosis was made? | Whole number or 'Not known' | Only include diagnoses made by a healthcare professional qualified to make such a diagnosis.<br><br>'Eating disorders' include the following, based on ICD-11 coding:<br><br>• Anorexia Nervosa<br>• Bulimia Nervosa<br>• Binge Eating Disorder<br>• Avoidant-Restrictive Food Intake Disorder<br>• Pica<br>• Rumination-Regurgitation Disorder<br>• Other Specified Feeding or Eating Disorders |
| **15** | Does your service provide any of the following tertiary-level diabetes support for patients beyond your secondary catchment area? (Select all the apply) | ☐ Tertiary PICU services for diabetic emergencies<br>☐ Diabetes care for children requiring tertiary procedures<br>☐ Tertiary outpatient referrals for specialist management<br>☐ Other _____<br>☐ None of the above | Some pediatric diabetes units provide extra tertiary level services for children outside of their normal secondary level catchment area.<br><br>This could include PICU services for diabetes emergencies (such as DKA, diabetes provision for children requiring other services such as surgery (day case or inpatient), and specialist outpatient management (such as high-level exercise advice, eating disorders management, etc.). |
| **16** | Do you provide a peripheral, rural, or cross-site clinics in addition to your main service location | • Yes<br>• No<br>• Don't know | Many centres provide clinics away from the main centre site |
| **Section 4: Safeguarding**<br>Thinking about your service on 31st March 2025... | | | |
| **17** | How many safeguarding referrals were made within the 2024/25 audit year? | Whole number or 'Not known' | This should only include formal documented safeguarding referrals to social services. |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| **18** | Which team members are generally responsible for safeguarding referrals? (select all that apply) | ☐ Consultant<br>☐ Staff grade/SAS/Trust doctor<br>☐ Doctor in training<br>☐ Paediatric diabetes specialist nurse<br>☐ Family support worker<br>☐ Social worker<br>☐ Dietitian<br>☐ Psychologist<br>☐ Youth worker<br>☐ Other (please specify) | |
| **19** | Which team members have protected time for safeguarding within their job plans? (select all that apply) | ☐ Consultant<br>☐ Staff grade/SAS/Trust doctor<br>☐ Doctor in training<br>☐ PDSN<br>☐ Family support worker<br>☐ Social worker<br>☐ Dietitian<br>☐ Psychologist<br>☐ Youth worker<br>☐ Other (please specify)<br>☐ None of the above | |
| **Section 5: Out of hours support**<br>Thinking about your service on 31st March 2025… | | | |
| **20** | Does your service provide access to 24-hour telephone advice on diabetes management for CYP/parents/carers, seven days a week? | • Yes<br>• No *(skip to Q22)*<br>• Don't know *(skip to Q22)* | |
| **21** | If your patients have access to a 24-hour/seven day telephone advice service, who provides this? (Select all that apply) | ☐ Diabetes specialist consultant/staff grade doctor<br>☐ Non-diabetes consultant/staff grade doctor<br>☐ Diabetes specialist doctor in training<br>☐ Non-diabetes doctor in training<br>☐ Paediatric diabetes specialist nurse<br>☐ Adult diabetes specialist nurse | |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | | ☐ Non-diabetes nurse<br>☐ Diabetes dietitian<br>☐ Non-diabetes dietitian<br>☐ Psychologist<br>☐ Youth worker<br>☐ Other (please specify) | |
| **Section 6: Transition**<br>Thinking about your service on 31st March 2025... | | | |
| **22** | Does your service have a dedicated transition clinic/service, run jointly with adult diabetes services? | • Yes<br>• No<br>• Don't know | This could include a single joint appointment, several joint appointments, or a flexible approach of both joint and separate reviews. |
| **23** | From what age does your transition service typically accept young people? | Whole number | |
| **24** | Are you able to transition young people into a diabetes young adult service? | • Yes<br>• No<br>• Don't know | These are dedicated clinics for those under 25 under the care of an adult team. |
| **25** | In the previous 12 months, what is the estimated proportion (%) of young people who transition from your service by: | Percentage | In your response, please only enter a numerical value (e.g. 50) except if 'other' is selected. *Total should add up to 100%* |
| | Direct transfer | | |
| | Seen once in a joint paediatric/adult diabetes clinic | | |
| | A gradual process of transition over 1-2 years meeting members of the adult team during the process | | |
| | Other (please describe) | | |
| **Section 7: Structured Education**<br>Thinking about your service on 31st March 2025... | | | |
| **26** | At diagnosis (within the first month), what structured education programme do you deliver for patients with Type 1 diabetes locally? | ☐ SEREN<br>☐ Goals of diabetes<br>☐ CASCADE<br>☐ DAFNE<br>☐ Deapp<br>☐ Digibete | Select all that apply |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | | ☐ Locally developed programme<br>☐ Not provided in the first month (skip to 28)<br>☐ Other | |
| **27** | Is the structured education programme delivered at diagnosis defined in your response to the previous question quality assured? | • Yes<br>• No<br>• Don't know | |
| **Section 8: Psychology**<br>Thinking about your service on 31st March 2025... | | | |
| **28** | Does your service routinely formally screen for emotional wellbeing for either the child and/or their family? | • Yes<br>• No (Skip to Q30)<br>• Don't know (Skip to Q30) | This is a formal assessment for the 'need of additional psychological support', beyond that which might be routinely provided while in clinic.<br><br>This can include assessments performed remotely. |
| **29** | If your service routinely screens for emotional wellbeing, how is this done? (select all that apply) | ☐ Validated questionnaire<br>☐ Locally developed questionnaire<br>☐ Screening by a clinical psychologist embedded within the paediatric diabetes MDT<br>☐ Screening by another psychological health professional embedded in the paediatric diabetes MDT<br>☐ Screening by another member of the paediatric diabetes MDT<br>☐ Other (please specify) | Questionnaires may include validated screening tools (such as the SDQ) or locally developed measures. |
| **30** | Does your service routinely formally screen for eating disorders? | • Yes<br>• No (Skip to Q32)<br>• Don't know (Skip to Q32) | This is a formal assessment of the presence of symptoms of eating disorders.<br><br>This can include assessments performed remotely. |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| **31** | If your service screens for eating disorders, how is this done? (select all that apply) | ☐ Validated questionnaire<br>☐ Locally developed questionnaire<br>☐ Screening by a clinical psychologist<br>☐ Screening by another psychological health professional embedded in the paediatric diabetes MDT<br>☐ Screening by another member of the paediatric diabetes MDT<br>☐ Other (please specify) | Questionnaires may include validated screening tools for disordered eating or locally developed measures. |
| **32** | Does your service routinely offer contact with a psychologist following diagnosis? | ☐ Yes – Within 4 weeks<br>☐ Yes – Within 4 – 8 weeks<br>☐ Yes – In >8 weeks<br>☐ No, psychology contact is not routinely offered following diagnosis<br>☐ Not known | The National CYP Diabetes Network Standards for Psychological Care for Children and Families with Diabetes recommends that all children, young people and families are offered psychology contact within 4 weeks of diagnosis. |
| **33** | Does your service have an agreed local high HbA1c protocol which includes assessment and intervention offered by a clinical psychologist? | ☐ Yes<br>☐ No<br>☐ Not known | The National CYP Diabetes Network Standards for Psychological Care for Children and Families with Diabetes recommends that services have agreed a local high HbA1c protocol which includes assessment and intervention offered by a clinical psychologist. |
| **34** | Does your service have an agreed local DKA protocol which includes assessment and intervention offered by a clinical psychologist? | ☐ Yes<br>☐ No<br>☐ Not known | The National CYP Diabetes Network Standards for Psychological Care for Children and Families with Diabetes recommends that services have agreed local DKA protocol which includes assessment and intervention offered by a clinical psychologist. |
| **35** | Has your service got a process to identify the need for and to complete cognitive assessments either within or outside the team? | ☐ Yes<br>☐ No<br>☐ Not known | The National CYP Diabetes Network Standards for Psychological Care for Children and Families with Diabetes recommends that services have local referral pathways to allow for CYP with diabetes to be offered cognitive assessment to help understand strengths and difficulties and to help inform structure of |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | | | diabetes education and consultation with the diabetes MDT. |
| **Section 9: Best Practice Tariff**<br>Thinking about your service on 31st March 2025… | | | |
| **36** | Has your pediatric diabetes service secured Best Practice Tariff (BPT) Payments? | • Yes, based on current patient numbers<br>• Yes, based on historical patient numbers<br>• No *(skip to Q38)*<br>• Don't know *(skip to Q39)*<br>• Not applicable, my service is in Wales or Jersey *(skip to Q38)* | PDUs in England Only |
| **37** | If you are achieving BPT Payments, what percentage of BPT received goes directly into diabetes care in your unit (including staff costs, equipment, facilities, network management fees etc.) | Date or 'Not known' | PDUs in England Only |
| **38** | If you are not achieving Best Practice Tariff Payments, do you expect to start within the next 12 months? | • Yes<br>• No<br>• Don't know | PDUs in England Only |
| **39** | In 2024/25, did your service receive at least £3,453 per patient receiving a full year of care, based on your current caseload numbers? | • Yes<br>• No<br>• Don't know | PDUs in England Only |
| **Section 10: Workforce**<br>Thinking about your service on 31st March 2025…<br>Include staff in permanent and temporary posts, including rotating staff and placements, where the placement is a paid working posts. Do not include posts that are vacant, including unfilled posts from long-term leave, such as parental leave. | | | |
| **40** | Enter the total number (head count) of individual **paediatric consultants** providing the children and young people's diabetes service | Whole number | Full time or part time, do not include adult physicians involved in transitional care |
| **41** | Enter the total number of Programmed Activities (PAs) per week that these **consultants** actually work in paediatric diabetes care | Number | Including Direct Clinical Care (DCC) and diabetes-specific Supporting Professional Activities (SPAs) |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | | | If Pas are split between multiple specialties, please calculate the proportion dedicated to diabetes care. |
| **42** | Enter the total number of PAs per week for the diabetes service that actually appear in the **consultant** job plans/contracts. | Number | Including DCC and SPAs of these consultants |
| **43** | For each **consultant** in your service please enter: | | Round to the nearest whole year. |
| | Number of years working as a consultant | Whole number | |
| | Number of years looking after children with diabetes | Whole number | |
| | Did they have specific training in paediatric diabetes before taking on care of children with diabetes? | • Yes<br>• No<br>• Don't know | |
| | How would you describe this training? | • Postgraduate training on diabetes (certificate or diploma level)<br>• Postgraduate training on diabetes (master's level or above)<br>• Continuing Professional Development (e.g. RCPCH SPIN course)<br>• Non-accredited training (e.g. seminars, online course)<br>• Grandparent exemption<br>• Don't know<br>• Other (please specify)<br>• Not applicable | |
| **44** | How many Whole Time Equivalent (WTE) other **non-consultant staff grade/SAS/Trust doctors** do you have contracted to work for your paediatric diabetes service? | Number | e.g. Non-consultant grade doctors including specialists, associate specialists and specialty doctors.<br>Do NOT include training doctors. |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | | | This should be the total WTE attached to your service and NOT necessarily the total number (head count). |
| **45** | For each other **doctor (non-consultant grade/SAS/Trust doctors)** in your service please answer the following: | | |
| | Did they have specific training in paediatric diabetes before taking on care of children with diabetes? | • Yes<br>• No<br>• Don't know | |
| | How would you describe this training? | • Postgraduate training on diabetes (certificate or diploma level)<br>• Postgraduate training on diabetes (master's level or above)<br>• Continuing Professional Development (e.g. RCPCH SPIN course)<br>• Non-accredited training (e.g. seminars, online course)<br>• Other (please specify)<br>• Not applicable | |
| **46** | How many Whole Time Equivalent (WTE) **doctors in training** do you have contracted to work for your paediatric diabetes service? | Number | This should be the total WTE attached to your service and NOT necessarily the total number (head count). |
| **47** | How many Whole Time Equivalent (WTE) **PDSNs** (not including those classed as a diabetes educator) do you have contracted to work for your paediatric diabetes service? | Number | This should be the total WTE paediatric diabetes specialist nurses attached to your service and NOT necessarily the total number (head count).<br><br>Do not include those classed as a diabetes educator. |
| | Band 8B | | |
| | Band 8A | | |
| | Band 8 | | |
| | Band 7 | | |
| | Band 6 | | |
| | Band 5 | | |
| | Other | | |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| **48** | For each **PDSN** in your service, are they: | | |
| | Permitted to work in the community (i.e. can do home and school visits) for diabetes? | • Yes<br>• No<br>• Don't know | |
| | A nurse prescriber? | • Yes<br>• No<br>• Don't know | |
| | Do they adjust insulin doses under protocol? | • Yes<br>• No<br>• Don't know | |
| | Able to start patients on hybrid closed loop technology? | • Yes<br>• No<br>• Don't know | |
| **49** | How many Whole Time Equivalent (WTE) **dietitians** (not including those classed as a diabetes educator) do you have contracted to work for your paediatric diabetes service? | Number | This should be the total WTE attached to your service and NOT necessarily the total number (head count).<br><br>Do not include those classed as diabetes educators. |
| | Band 8 | | |
| | Band 7 | | |
| | Band 6 | | |
| | Band 5 | | |
| | Other | | |
| **50** | For each dietitian in your service: | | |
| | Are they permitted to work in the community (i.e. can do home and school visits) for diabetes? | • Yes<br>• No<br>• Don't know | |
| | Are they a supplementary prescriber adjusting insulin via a clinical management plan and under the supervision of an independent prescriber? | • Yes<br>• No<br>• Don't know | |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | Do they adjust insulin doses under a local diabetes protocol? | • Yes<br>• No<br>• Don't know | |
| **51** | How many Whole Time Equivalent (WTE) **dietetic assistants** do you have contracted to work for your diabetes service? | Number | |
| **52** | How many Whole Time Equivalent (WTE) **diabetes educators** do you have contracted to work for your paediatric diabetes service? | Number | i.e. someone responsible specifically for the structured education programme and outside the PDSN and/or dietetic workforce |
| **53** | How many Whole Time Equivalent (WTE) **clinical psychologists** do you have contracted to work for your paediatric diabetes service? | Number | |
| | Band 9 | | |
| | Band 8 | | |
| | Band 7 | | |
| | Band 6 | | |
| | Other | | |
| **54** | How many Whole Time Equivalent (WTE) **assistant psychologists** do you have contracted to work for your paediatric diabetes service? | Number | |
| **55** | How many Whole Time Equivalent (WTE) **other psychological/psychotherapy practitioners** do you have contracted to work for your paediatric diabetes service? | Number | |
| **56** | How many Whole Time Equivalent (WTE) **youth workers** do you have contracted to work for your paediatric diabetes service? | Number | |
| **57** | How many Whole Time Equivalent (WTE) **family support workers** do you have contracted to work for your paediatric diabetes service? | Number | |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| **58** | How many Whole Time Equivalent (WTE) **play specialists** do you have contracted to work for your paediatric diabetes service? | Number | |
| **59** | How many Whole Time Equivalent (WTE) **social workers** do you have contracted to work for your paediatric diabetes service? | Number | |
| **60** | How many Whole Time Equivalent (WTE) **technology assistants** do you have contracted to work for your paediatric diabetes service? | Number | |
| **61** | How many Whole Time Equivalent (WTE) **health care assistants** do you have contracted to work for your paediatric diabetes service? | Number | |
| **62** | How many Whole Time Equivalent (WTE) **administrative staff** work for your paediatric diabetes service (excluding data clerks/clinical audit support)? | Number | Where administrative staff do other duties such as endocrinology, estimate the time dedicated to diabetes.<br><br>This does not include data analysts, data managers, or clinical audit support staff. |
| | Band 5 | | |
| | Band 4 | | |
| | Band 3 | | |
| | Band 2 | | |
| | Other | | |
| **63** | How many Whole Time Equivalent (WTE) **data assistants/ data analysts / clinical audit support staff** work for your paediatric diabetes service? | Number | Where data support staff do other duties such as endocrinology, estimate the time dedicated to diabetes |
| **Section 11: Vacancies**<br>Thinking about your service on 31st March 2025… | | | |
| **64** | Did you have any vacant positions within your paediatric diabetes team on the 31st March 2025? | • Yes<br>• No *(skip to end of survey)*<br>• Don't know *(skip to end of survey)* | If staff are on parental or extended sick leave, count this as vacancy. |
| **65** | For consultants and other doctors:<br>Please provide details of any vacant doctor posts that your PDU had on the 31st March 2025? | | |

| No. | Data item name | Permitted values | Notes |
|---|---|---|---|
| | Number of posts vacant? | Whole number | |
| | How many PAs in total? | Number | |
| | How many of these posts were vacant for more than 3 months? | Whole number | |
| **66** | For other vacancies: Please provide details of any other vacant posts that your PDU had on the 31st March 2025? | | |
| | Number of posts vacant? | Whole number | |
| | How many WTEs in total? | Number | |
| | How many of these posts were vacant for more than 3 months? | Whole number | |