

Follow-Up: Implementation of the Health Roster System

Final Internal Audit Report

2025/26

Cardiff and Vale University Health Board

Contents

Executive Summary.....1

Progress of Agreed actions not fully implemented.....3

Appendix A.....6

Appendix B..... 7

Review Reference
Fieldwork
Executive Sign Off
Audit Committee
Executive Lead
Audit Team

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November - December 2025
January 2026
February 2026
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Executive Summary

Purpose

We have completed a second follow-up review of 'Implementation of Health Roster System'.

Our original Implementation of Health Roster System audit was reported in November 2023 and identified nine issues and resulted in an overall assurance rating of 'Limited Assurance'.

A follow-up review was subsequently completed during 2024/25 to verify the progress that had been made in implementing the recommendations and agreed management actions. Our report was finalised in January 2025 and concluded that, of the nine recommendations, four remained open, and we therefore issued a further 'Limited Assurance' opinion due to the significance of the actions still to be fully implemented.

For 2025/26 we have revised our approach to reporting our follow-up audit work to ensure that we comply with the requirements of the new Global Internal Audit standards. As such we will no longer be providing an assurance rating as part of our follow-up reports.

The purpose of this current and second follow up review is therefore to establish if management has now taken corrective measures to fully implement the remaining four actions and address the relevant key findings from our original report.

We note that the Audit and Assurance Committee has continued to monitor progress in implementing these actions through the internal audit tracker.

Overview

Our follow up review of the four agreed actions has identified the following:

Original Priority Rating	Number of agreed actions	Implemented / obsolete (Closed no further action required)	Action Ongoing (Further action required)	Not Implemented / Not due (Further action required)
High	2	0	1	0
Medium	1	1	1	0
Low	1	1	0	0
Total	4	2	2	0

Full details of the agreed actions requiring further work are provided in the table below. We have re-assessed the priority ratings for the actions and these have been adjusted where appropriate.

For the agreed actions that have been closed, management have undertaken work to address the key findings in our original report. This includes:

- **The E-Roster Team should continue to liaise with the Roster Managers and ensure that the rules and parameters within the HealthRoster system are up to date and working effectively to improve the effectiveness and uptake/utilisation of the “auto-roster” functionality. (AMaT ref: 2025/257/MD4)**

The original audit highlighted very low usage of the auto-rostering functionality (15%), despite its availability across all areas. The first follow-up noted that uptake remained low but showed an improving trend, with 38% of all rosters using the functionality. Our current follow-up confirms that the feature remains enabled within HealthRoster. System data analysis indicates a positive uptake trend to 49%, an increase of 11% since the previous follow-up, bringing the Health Board close to its target of 50% auto-rostered rosters.

To support this improvement, Clinical Board Directors have instructed all areas to update Work Life Balance (WLB) agreements and liaise with the E-Rostering Team. Engagement efforts include targeted training sessions for roster managers, one-to-one support to address local challenges and policy updates clarifying expectations and compliance requirements. Evidence was reviewed including system configuration screenshots, communications, and logs of WLB updates that confirms these actions. Uptake has improved since the original audit, and ongoing engagement and system refinements are planned to drive further progress.

- **E-Rostering team need to continue to work with Corporate Nursing to ensure that staff balances are being managed adequately. (AMaT ref: 2025/257/MD5)**

The original audit identified significant issues with managing time balances and hours owed. Our first follow up identified that whilst this was still an issue positive trends were noted and the recommendation was downgraded from high to low priority. During the current follow-up work we noted substantial improvement in this area. Weekly and monthly reports now provide detailed visibility of net hours owed, broken down by Clinical Board, Directorate, and service area. These reports are reviewed at the Nursing Productivity Group (NPG) and escalated to the Executive Director of Nursing where necessary. Evidence from time balance reports and NPG agendas confirms that performance management is embedded and that corrective actions are taken promptly when variances occur. While fluctuations occur—particularly around payroll cut-off dates—these are understood and managed effectively. Trend analysis is being developed to monitor month-on month and year-on-year improvement, further strengthening assurance.

Progress of Agreed Actions Not Fully Implemented

Ref	Previous Finding, Agreed Management Action, Original Responsibility & Timescale	Priority Rating	Status
<p>(AMaT ref: 2025/257 /MD3)</p>	<p>Roster process is not timely.</p> <p><u>Finding:</u></p> <p>Weekly notifications are sent to remind staff that the rostering timetable needs to be complied with. Reports are sent to Roster Managers, Lead and Senior Nurses and Clinical Board Director of Nurses.</p> <p>Roster reviews have been undertaken with a number of the wards and one of the areas that is considered within the reviews is 'whether the rosters are partially and fully approved on time'.</p> <p>We were provided with a report, and it highlighted the number of rosters on time, late and unapproved for the seven Clinical Boards and the Corporate Division for the roster periods 31st March to 18th August 2024. During that period there were 2780 rosters and of these 1370 (49%) were late and 154 (6%) were still unapproved at the time of our audit.</p> <p><u>Agreed Action from previous audits:</u></p> <p>Rosters need to be published on time in line with the roster timetable and approved.</p> <p><u>Original Responsibility & Timescale:</u></p> <p>Carys Fox (Director of Nursing Strategic Nursing and Midwifery Workforce) /CB Directors of Nursing, 1st April 2025</p>	<p>High Priority</p>	<p>Status: Ongoing</p> <p>Our previous follow-up (covering roster periods from 31st March to 18th August 2024) identified significant non-compliance with the six-week publication requirement:</p> <ul style="list-style-type: none"> • Total rosters: 2,780 • Late approvals: 1,370 (49%) • Unapproved rosters: 154 (6%) <p>Since the last audit, the Health Board has strengthened oversight and monitoring arrangements:</p> <ul style="list-style-type: none"> • Monthly compliance reports (in addition to weekly reports) now track wards and departments failing to meet the six-week publication requirement. • Reports are presented at the Nursing Productivity Group (NPG), where Clinical Board Directors of Nursing actively review compliance and agree corrective actions. • Weekly reports issued by the E-Rostering Team provide visibility to roster managers, senior lead nurses, area managers, and Directors of Nursing, enabling early intervention. • Evidence from NPG agendas and weekly email reports confirms rostering compliance is now a standing agenda item, ensuring continuous oversight. <p>A live Rostering KPI Dashboard (Power BI) has been implemented, accessible to all roster managers and senior nursing leads. The dashboard provides real-time data on key metrics such as:</p> <ul style="list-style-type: none"> • Roster approval lead times • Auto-rostering uptake • Unfilled shifts • Temporary staffing usage <p>We extracted data from the Health Roster system for the period 1 April 2025 to 3 January 2026:</p> <ul style="list-style-type: none"> • Total rosters: 3,146

Ref	Previous Finding, Agreed Management Action, Original Responsibility & Timescale	Priority Rating	Status
			<ul style="list-style-type: none"> • Late approvals: 1,669 (53%) • Unapproved rosters: 99 (3%) <p>(Further detail in Appendix A – Table 1)</p> <p>As part of this follow-up, we also undertook targeted testing of the original sample of six wards reviewed in the 2023/24 audit, which were identified at that time as having poor compliance with the six-week publication requirement. The results show that rostering performance for these wards has not improved, with approval timeliness remaining materially unchanged. This indicates that, despite enhanced corporate-level oversight and reporting, persistent non-compliance remains.</p>

Ref	Previous Finding, Agreed Management Action, Original Responsibility & Timescale	Priority Rating	Status
(AMaT ref: 2025/257/MD6)	<p>Roster verification and finalisation</p> <p><u>Finding:</u></p> <p>There is a weekly report produced of unverified shifts which are sent to Roster Managers to advise them of the need to verify the shifts. In addition, an email is sent along with a report of all unfinalised shifts to the Clinical Board Director of Nurses confirming the dates that the shifts need to be finalised by for them to be paid on the next pay run.</p> <p>Rosters being finalised at least weekly is included within the roster reviews.</p> <p>We were provided with a report of all unverified shifts for the period April to October 2024 for the seven Clinical Boards and the Corporate Division. It was highlighted that there are 6,716 shifts that had not been verified for that period.</p> <p><u>Agreed Action from previous audits:</u></p> <p>Roster Managers should ensure that they are finalising shifts in a timely manner. Clinical Board Director of Nurses need to emphasise the importance to the Roster Managers of finalising the shifts.</p> <p><u>Original Responsibility & Timescale:</u></p> <p>CB Directors of Nursing, 1st April 2025</p>	<p>Medium Priority</p>	<p>Status: Ongoing</p> <p>We were provided with a consolidated report of all unverified shifts for the period April to December 2025, covering the seven Clinical Boards and the Corporate Division (Further detail in Appendix A – Table 2).</p> <p>The data shows that 10,317 shifts remained unverified during this period. For comparison, during the first follow-up review, the number of unverified shifts was 6,716, for the period April to October 2024. A like-for-like comparison of April to October across both years highlights a deterioration in the position, with 2025/26 showing 8,786 unverified shifts versus 6,716 in 2024/25—an increase of approximately 31%.</p> <p>Since the first follow up work, the E-Rostering Team has introduced a new process whereby all unfinalised (unverified) shifts are cancelled prior to data being submitted to payroll. This control has been implemented to prevent the risk of incorrect or unauthorised payments, thereby providing assurance over payroll accuracy and reducing the potential for financial loss.</p> <p>However, while this process strengthens financial control, it introduces a staff morale and employee relations risk. Unfinalised shifts may, in practice, have been worked but cannot be paid if the required approvals have not been completed in time. Where staff do not receive payment in the following pay period, this can have a significant adverse impact, particularly during financially and operationally sensitive periods such as Christmas.</p>

Appendix A

Table 1 - Number of on time, late and unapproved rosters for roster period 30th March 2025 – 4th January.

Roster date	On time	Late	Unapproved	Grand total
30 th March 2025	3	278	3	284
27 April 2025	106	174	5	285
25 May 2025	141	139	6	286
22 June 2025	143	138	4	285
20 July 2025	136	145	6	287
17 August 2025	139	141	6	286
14 September 2025	145	133	8	286
12 October 2025	124	153	8	285
09 November 2025	157	120	11	288
07 December 2025	140	133	14	287
04 January 2026	144	115	28	287
Grand Total	1,378	1,669	99	3,146

Table 2 - Number of unfinalised and cancelled shifts April to December 2025.

Clinical Board	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	Total
CD&T	66	27	42	79	159	4	194	113	53	737
CEF	112	108	129	75	256	626	351	104	118	1879
Children & Women	57	257	14	137	127	162	414	87	127	1382
Corporate	4	10	38	88			10	5		155
Medicine	132	129	113	305	133	189	129	92	151	1373
Mental Health	200	258	124	451	449	180	72	111	95	1940
PCIC	28	131	17	19	146	28	44	11	54	478
Specialist	238	171	328	149	107	67	248	99	172	1579
Surgery	64	76	153	55	94	63	150	52	87	794
Total	901	1,167	958	1,358	1,471	1,319	1,612	674	857	10,317

Appendix B

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit & Assurance Committee.

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Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



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