Answers

1 REPORT

To: The board of AirPure Systems (APS)
From: Business adviser
Subject: Readiness for expansion into Norland – capability, information and ethics
Date: XX June 20X6

(a) POPIT assessment of internal capability and readiness for expansion

People

People are overstretched: APS's workforce is operating under increasing pressure. Overtime has risen from 820 hours in December 20X5 to 1,710 hours in May 20X6, and rework is also increasing. This suggests that employees may be tired, that some skills may be insufficient for the more demanding healthcare models, or that both problems exist at the same time. This weakens APS's readiness for expansion because an overstretched workforce is more likely to make mistakes, miss deadlines and respond poorly when faults arise in a new market. **(2 marks)**

People capability should be stabilised: APS should prepare a short-term capacity plan so that workloads become more manageable. This could include temporary labour, revised shift patterns or selective recruitment in key areas. APS should also provide targeted training for the healthcare models, especially in testing, documentation and fault diagnosis, because these products require stricter control and stronger technical support. A clear limit on overtime would also help reduce fatigue and the risk of avoidable errors. **(2 marks)**

Organisation

Organisational accountability is not clear enough: APS is moving beyond a simple domestic manufacturing business and is preparing to manage exports, distributor relationships and after-sales support. In that situation, unclear ownership of planning, inventory accuracy and delivery performance will make problems harder to control. If responsibilities are not clearly assigned, managers may delay action or assume that another team is responsible for resolving the issue. **(2 marks)**

Roles and decision rights should be defined: APS should assign clear responsibility for demand and capacity planning, inventory control, customer delivery performance and distributor management in Norland. It should also define who is allowed to change promised dispatch dates, who approves dispatches recorded at month-end and who is responsible for escalating overdue orders. This would improve control and make decision-making faster and more disciplined. **(2 marks)**

Processes

Processes are unstable: APS's core operating processes are not working reliably. Inventory record accuracy has fallen from 96% to 86%, while orders older than six weeks have increased from 120 units to 312 units. These trends show that planning, scheduling and inventory control are weak. If APS expands into Norland before these processes are stabilised, the added complexity of export logistics and distributor support is likely to make the situation worse. **(2 marks)**

Quality processes are not robust enough: The healthcare models require more testing, documentation and inspection than the standard products, yet rework is increasing. This indicates that APS is not consistently getting quality right at the first attempt. If this continues, APS may face repeated defects, higher warranty costs and damage to its reputation, especially in a market where healthcare customers expect high reliability. **(2 marks)**

Planning and inventory routines should be strengthened: APS should introduce a monthly sales and operations planning process so that sales forecasts, production capacity and purchasing plans are reviewed together. It should also hold weekly backlog reviews focused on overdue orders so that delays are identified and resolved earlier. In addition, routine cycle counts and disciplined goods-in and goods-out controls should be restored so that inventory records become more accurate and more reliable for decision-making. **(2 marks)**

Information and technology

Information is not aligned with customer outcomes: APS is reporting higher shipment volumes, with units recorded as shipped rising from 3,090 to 4,320, but customer-confirmed on-time delivery has fallen from 93% to 84%. This shows that internal reporting is not reflecting the customer's actual experience. As a result, managers may believe performance is improving when customers are experiencing worse service. **(2 marks)**

Information and technology should support one trusted view: APS should redesign its reporting so that the board sees customer-confirmed delivery, backlog levels, rework or returns and inventory accuracy alongside production and shipment volumes. It should also introduce a regular reconciliation between operational data and finance data so that the business works from one trusted set of numbers instead of relying on spreadsheets and manual month-end corrections. This would improve internal readiness before expansion into Norland. **(2 marks)**

Marking scheme

- *POPIT points: up to 2 marks per well-explained point, clearly linked to case evidence and placed under the correct POPIT heading. Maximum available: 10 marks*
- *Recommendations: up to 2 marks per recommendation, practical and clearly linked to the weakness identified. Maximum available: 5 marks*
- *Generic points: award on merit up to a maximum of 6 marks*
- *Maximum of 12 marks in total for (a)*

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated analysis?	**Not at all**	**Limited**	**Appropriate**	**Comprehensive**
Analysing APS's internal capability and readiness using the POPIT model, linked to case evidence.	No analysis using POPIT and/or no linkage to the case.	Limited POPIT analysis with weak linkage and/or incomplete coverage.	Appropriate POPIT analysis linked to relevant evidence, leading to sensible conclusions.	Comprehensive POPIT analysis with clear cause-and-effect, prioritisation and tight linkage to evidence.
	0	**1**	**2**	**3**

(b) Costing and process-measurement: why information is unreliable and how to improve it

Overhead allocation is too simplistic: APS still uses a single overhead absorption rate based on direct labour hours, even though production is now more automated and indirect costs have become a much larger share of total cost. This approach no longer reflects the way resources are actually consumed. As a result, simple products may be allocated too much cost, while more complex healthcare models may be allocated too little cost, which could lead to poor pricing and weak decisions about product margins. **(2 marks)**

Inventory corrections reduce confidence in the numbers: APS relies on system adjustments and spreadsheet-based month-end corrections to inventory and cost of sales, and operational managers do not understand these entries well. This weakens trust in reported product costs, inventory values and profitability information. It also makes it harder to distinguish between real operational problems and accounting adjustments, so managers may struggle to identify the true causes of shortages, delays and cost movements. **(2 marks)**

Process measures encourage paper performance rather than real performance: The measure "units recorded as shipped" can be improved simply by recording dispatches in the system, even when customers have not yet received the goods. The May month-end pattern shows a large difference between units recorded as shipped and units confirmed as received by customers. This means the KPI can show apparent success without demonstrating that customer service has actually improved. **(2 marks)**

There is no single version of the truth: Managers are finding it difficult to reconcile operational reports with financial results, and this problem is made worse by the use of spreadsheets that are not clearly understood across the business. When different departments rely on different figures, management attention is diverted into arguing about the numbers instead of solving the underlying problems. That is particularly dangerous when APS is considering international expansion and needs dependable information. **(2 marks)**

Costing and KPIs should be redesigned around real drivers and outcomes: APS should replace the current single overhead rate with a more suitable approach, such as activity-based costing or multiple absorption rates, using drivers such as testing time, number of inspections, calibration effort and documentation time. It should also standardise KPI definitions so that important measures, including on-time delivery, are based on customer-confirmed outcomes rather than internal system events. Finally, APS should implement a regular reconciliation involving finance, operations and ERP reports so that decisions are based on consistent and credible information. **(2 marks)**

<u>**Marking scheme**</u>

- *Weaknesses / reasons information is unreliable: up to 2 marks per point, clearly linked to case evidence. Maximum available: 7 marks*
- *Recommendations / improvements: up to 2 marks per recommendation, justified and practical. Maximum available: 4 marks*
- *Generic points: award on merit up to a maximum of 4 marks*
- *Maximum of 9 marks in total for (b)*

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated evaluation?	Not at all	Limited	Appropriate
Evaluating APS's costing and process-measurement system and recommending justified improvements.	No evaluation and/or recommendations are generic or not justified.	Limited evaluation, weak justification and/or partial linkage to the issues.	Appropriate evaluation with clear justification and recommendations that address the specific weaknesses.
	0	**1**	**2**

(c) Operational readiness risks for expansion and actions to strengthen capability

Capacity risk is already significant: APS is already operating under strain, as shown by rising demand, increasing overtime and growing operational pressure. Expansion into Norland would add further work through export administration, distributor support and cross-border order management. If APS does not increase or better manage capacity first, the business may damage both domestic and export performance at the same time. **(2 marks)**

Delivery risk is becoming more serious: Customer-confirmed on-time delivery has fallen to 84%, while orders older than six weeks have risen to 312 units. This shows that APS is struggling to meet its own promised lead times even before international expansion begins. If the company enters Norland without first improving delivery reliability, distributors and customers may lose confidence quickly and APS could damage its reputation in the new market at an early stage. **(2 marks)**

Inventory risk threatens fulfilment: Inventory record accuracy has fallen to 86%, and shortages of key components are already causing rescheduling and delays. This creates a serious risk for expansion because export orders require greater certainty. Once goods are being supplied across borders, shortages and missed delivery dates are more difficult and more costly to correct, and distributor confidence may be affected. **(2 marks)**

Quality and compliance risk will increase in a new market: APS's healthcare models already require more testing, documentation and inspection, and rework on these models is increasing. That raises the risk of non-compliance, warranty claims and reputational damage. These risks become more serious when the business expands into a new market, because failures may affect not only end customers but also the confidence of local distributors. **(2 marks)**

Expansion should be controlled through a pilot approach: APS should not move immediately to full-scale expansion. Instead, it should begin with a controlled pilot in Norland using limited product volumes and a narrow product range. This should be supported by stronger planning routines, tighter dispatch controls and clear service level agreements with distributors. APS should only increase volumes once delivery performance, backlog levels and inventory accuracy have met agreed thresholds for at least two consecutive months. (2 marks)

<u>Marking scheme</u>

- *Risks: up to 2 marks per point, clearly linked to case evidence and relevant to expansion. Maximum available: 7 marks*
- *Recommendations/actions: up to 2 marks per recommendation, practical and addressing the risks. Maximum available: 4 marks*
- *Generic points: award on merit up to a maximum of 4 marks*
- *Maximum of 9 marks in total for (c)*

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated commercial acumen?	**Not at all**	**Limited**	**Appropriate**
Prioritising key performance risks and recommending practical actions that support a realistic expansion into Norland.	No prioritisation of key risks and/or actions are generic or unrealistic.	Some relevant risks identified but prioritisation is weak and/or actions lack practicality.	Key risks are prioritised and actions are practical, realistic and protect customer outcomes and reputation.
	0	**1**	**2**

(d) Ethical and behavioural issues in shipment inflation and responsible reward practices

Performance reporting may be misleading: If shipment numbers are increased by recording dispatches before goods physically leave the site, or before customers receive and accept them, APS's reports may give the board a false impression of performance. This creates an integrity issue because reported success would not reflect the real customer outcome. **(2 marks)**

The bonus scheme creates self-interest and pressure: Managers and supervisors may have a personal financial incentive to increase reported shipments in order to achieve a monthly bonus. At the same time, pressure to hit the target can create an intimidation threat, especially if teams believe that poor performance will be criticised. These pressures can encourage behaviour such as prioritising easy orders, delaying more complex orders or recording dispatches too early**. (2 marks)**

Recording and assessing the same measure creates control weaknesses: If managers are involved both in recording dispatches and in using those dispatch figures to demonstrate that targets have been met, there is a self-review threat. In addition, if questionable month-end practices become accepted over time, a familiarity threat may arise because employees stop challenging behaviour that no longer reflects genuine performance. **(2 marks)**

Month-end pressure undermines due care: The COO's email suggests that routine inventory checks and investigation of differences are being postponed so that teams can focus on month-end dispatch activity. This creates a risk that staff are no longer exercising proper care in the way work is completed. As a result, errors, rework, stock discrepancies and customer service failures may become more likely. **(2 marks)**

A short-term culture can damage professional behaviour: A culture that rewards shipping at all costs can encourage staff to focus on internal targets rather than fair reporting and customer outcomes. This can weaken professional behaviour by normalising rule-bending and by sending the message that meeting the number matters more than reporting truthfully. The whistleblower allegation also means that confidentiality must be protected during any investigation. **(2 marks)**

Managers may become advocates for a misleading story: There is also an advocacy threat if managers use internal shipment figures to present an overly positive picture of performance to the board or to support expansion plans. In that case, they may promote a result that is favourable to themselves rather than provide balanced and objective information about actual delivery performance. **(2 marks)**

Objective investigation procedures should be used: APS should investigate the allegation using system logs, dispatch records, proof-of-delivery evidence and other audit trails so that the facts are established objectively rather than relying on managers' explanations alone. This is important because the ethical issue is not just poor performance reporting, but the possibility that shipment figures have been deliberately manipulated for personal gain. A structured investigation would help APS test whether reported dispatch activity reflects genuine customer

fulfilment and would also support fairness to any employees involved by ensuring that conclusions are based on evidence rather than suspicion. **(2 marks)**
Disciplinary action should support ethical behaviour: Where wrongdoing is confirmed, APS should apply disciplinary procedures consistently and in line with its policies. This is necessary because, if manipulation is ignored, staff may conclude that misleading reporting and short-term behaviour are tolerated when targets are under pressure. A clear response would reinforce the importance of integrity, objectivity and professional behaviour, and it would show that the company takes unethical conduct seriously rather than treating it as an acceptable way to achieve results. **(2 marks)**

Bonus measures should be redesigned around real outcomes: The reward scheme should be changed so that bonuses depend on customer-confirmed delivery, quality performance and inventory accuracy rather than on internal shipment recording alone. This would reduce the self-interest threat created by the current scheme, because managers would no longer be rewarded simply for generating favourable internal figures. It would also align performance measurement more closely with customer outcomes and encourage behaviour that supports reliable service, rather than behaviour that improves reported numbers without improving actual performance. **(2 marks)**

Independent controls should reduce manipulation risk: APS should introduce independent checks, clearer KPI definitions and stronger approval controls at month-end, especially over dispatch recording and on-time delivery reporting. These controls are important because the ethical concern arises partly from weak definitions and weak oversight, which allow managers to influence the numbers on which their own bonuses depend. Independent review would reduce self-review risk, clearer definitions would make it harder to exploit ambiguity, and stronger approvals would help ensure that reported performance is credible and not distorted by month-end pressure. **(2 marks)**

<u>Marking scheme</u>

- Ethical and behavioural issues (including principles and threats): up to 2 marks per point, applied to the case facts. Maximum available: 7 marks
- Recommendations / actions: up to 2 marks per recommendation, practical and reducing manipulation risk. Maximum available: 6 marks
- Generic points: award on merit up to a maximum of 5 marks
- Maximum of 10 marks in total for (d)

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated scepticism?	**Not at all**	**Limited**	**Appropriate**	**Comprehensive**
Questioning whether reported shipments and internal delivery measures reflect real customer outcomes, and recommending controls and reward-practice improvements.	No scepticism shown and/or accepts reported measures at face value.	Some questioning but weak linkage to evidence and limited controls.	Questions reliability, links to evidence and recommends sensible controls.	Clearly challenges assumptions, identifies manipulation points and recommends robust, practical controls and reward redesign.
	0	**1**	**2**	**3**

2 REPORT

To: Lisa Mitchell, chair of the board
From: Strategy and governance manager
Date: XX June 20X6
Subject: Expansion into Eastria – SAF assessment and governance readiness

This report assesses whether MTS is ready to expand MedTriage into Eastria. It applies the SAF framework and highlights the key governance actions needed before committing to the expansion timetable.

(a) SAF assessment of expansion into Eastria (13 marks)

Suitability

Strategic fit but high reputational risk: Expansion could support growth before funding runs out. However, clinician concerns and control gaps mean MTS could face criticism in a more regulated market. That would damage credibility with hospitals and the regulator. **(2 marks)**

Acceptability

Clinician and governance confidence is not secured: Feedback shows concerns about reliability, missing audit records and the lack of a documented incident process. These issues may prevent approval by hospital governance committees and senior clinicians. **(2 marks)**

Financial tolerance for disruption is low: Cash is under pressure and contracts include potential service credits. Delays, disputes, or reputational damage could reduce revenue and weaken investor confidence. **(2 marks)**

Feasibility

Performance monitoring is not yet controlled: Monitoring is limited and thresholds are not agreed. MTS cannot yet show it can detect drift early, investigate issues, and pause updates when necessary. **(2 marks)**

Audit trail completeness is not dependable: Audit information varies by hospital and can be missing when data feeds fail. This weakens incident reviews because MTS cannot always evidence what was shown at the time. **(2 marks)**

Higher "entry standard" in Eastria: Eastria expects clear evidence on safety monitoring, governance arrangements and audit trail completeness. This is a higher standard than MTS is currently achieving consistently across hospitals. **(2 marks)**

Recommendation

Delay until readiness criteria are met: MTS should delay committing to the six-month signing target. It should proceed only after monitoring thresholds, minimum audit fields and update approvals operate consistently and can withstand regulator scrutiny. **(3 marks)**

<u>Marking scheme</u>

- *SAF points: up to 2 marks per point for relevant Suitability/Acceptability/Feasibility points supported by case evidence. Maximum 11 marks*
- *Recommendation: up to 2 marks for a clear conclusion (proceed/modify/delay) justified using SAF evidence. Maximum 2 marks*
- *Generic points: award on merit up to 6 marks where linked to the case. Maximum 6 marks*
- *Maximum of 13 marks in total for (a)*

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated analysis?	**Not at all**	**Limited**	**Appropriate**	**Comprehensive**
Analysing the expansion decision using SAF and case evidence.	No SAF analysis or not based on the case.	Some SAF structure but limited linkage to case evidence.	Clear SAF analysis with appropriate case linkage and a supported conclusion.	Comprehensive, prioritised SAF analysis integrating key risks and stakeholders into a well-supported recommendation.
	0	**1**	**2**	**3**

(b) Leadership and governance oversight of MedTriage, with improvements (12 marks)

Board assurance is not strong enough yet: The board will face more scrutiny in Eastria. The case shows gaps in monitoring, audit trail completeness and release control. This means the board does not yet have reliable assurance information to demonstrate oversight. **(2 marks)**

Governance routines are immature: Key roles exist, but routines are not operating consistently. Thresholds are not agreed, audit evidence is incomplete, and practices vary by hospital. This suggests governance is not yet embedded into day-to-day operations. **(2 marks)**

Clinical oversight is not translating into control: Clinicians want a documented incident process and clearer change summaries. This indicates clinical safety governance is not yet producing consistent controls that hospitals can rely on for approval. **(2 marks)**

Release control and communication are not fit for regulation: Updates are frequent and clinical sign-off is not required for every relevant release. Release notes are technical, not clinician-friendly. This increases the risk that clinical users misunderstand changes and lose confidence. **(2 marks)**

Information governance is a weak point: Audit trail gaps reduce the ability to evidence what the system did at the time and why. That weakens incident investigation and creates regulator risk. It may also increase dispute risk with customers. **(2 marks)**

Minimum audit standards should be enforced: MTS should define a minimum set of audit trail fields that must be captured at every hospital site, including model version, key inputs, output and explanation text. This is necessary because the current inconsistency in audit trail detail weakens incident investigation and makes it harder for the board to demonstrate credible oversight to regulators and hospital governance committees. **(2 marks)**

Monitoring thresholds and escalation routes should be agreed: MTS should set clear thresholds for issues such as override levels, missing audit data and other warning signs of model drift, and it should define who must be informed and what action must follow when those thresholds are breached. This would strengthen governance because the current monitoring process is limited and does not yet show that MTS can detect problems early and respond in a controlled way. **(2 marks)**

Incident handling and service levels should be documented: MTS should produce a formal incident management process that explains how incidents are logged, investigated, escalated and closed, together with clear service levels for response times and updates to customers. This would address hospital concerns directly and would improve confidence that MTS can support clinical governance requirements in a regulated market. **(2 marks)**

Board reporting should focus on evidence of control: Reports to the board should present concrete evidence such as audit trail completeness, override trends, incidents raised, actions taken and release approvals, rather than relying on broad statements that governance is strong. This is important because the board needs reliable assurance information if it is to demonstrate effective oversight before external engagement in Eastria. **(2 marks)**

Marking scheme

- *Evaluation points: up to 2 marks per point for case-linked evaluation of governance and oversight effectiveness. Maximum 8 marks*
- *Improvements: up to 2 marks per recommendation for practical improvements linked to a stated weakness. Maximum 4 marks*
- *Generic points: award on merit up to 4 marks where linked to the case. Maximum 4 marks*
- *Maximum of 10 marks in total for (b)*

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated evaluation?	**Not at all**	**Limited**	**Appropriate**
Evaluating MTS governance effectiveness and recommending justified improvements	No clear evaluation or not based on the case	Mostly descriptive, limited judgement and justification	Balanced evaluation with case-linked weaknesses and feasible improvements
	0	**1**	**2**

Conclusion

Overall, expansion into Eastria should be delayed until MTS can evidence stable monitoring, complete audit trails and robust change control. These controls are needed to secure hospital governance approval and regulator confidence.

Any questions, please ask.

Regards,
Strategy and governance manager

MEMO

To: Michael Huang, COO
From: Strategy and governance manager
Date: XX June 20X6
Subject: Clinical stakeholder assessment and actions to support Eastria expansion

This memo summarises the main stakeholder concerns raised by clinical and governance users and sets out practical actions to address each issue before expansion.

(c) Stakeholder roles, claims and interests, with actions (12 marks)

Issue – ED consultants need safety confidence and usable explanations: ED consultants are senior emergency doctors. They are concerned about patients being misclassified, especially for rare but serious cases. They also need explanations that support clinical notes and decision-making. This is likely to reduce clinician trust and increase overrides, meaning the tool is used inconsistently (or ignored) in busy shifts. It also creates possible legal and governance exposure because decisions are harder to justify if an adverse event is reviewed. **(2 marks)**

Improvement – strengthen safety assurance and explainability: Provide a clinician-facing explanation standard describing what inputs drove the urgency suggestion. Introduce regular review of high-risk overrides and share outcomes with hospital clinical leads. **(2 marks)**

Issue – senior clinicians need stability and controlled changes: Senior clinicians are responsible for clinical decisions and approvals. They have raised concerns where similar cases receive different outputs after an update. They want confidence that versions and local settings are controlled. This makes clinicians less willing to rely on the tool because the same type of case can be scored differently after an update. Hospitals may also slow or pause rollout until updates are better controlled and clearly explained.**(2 marks)**

Improvement – improve change control and communication: Require clinician sign-off for releases that affect scoring behaviour. Provide short change summaries in plain language before deployment. Publish a release calendar and limit emergency releases. **(2 marks)**

Issue – governance teams need audit evidence and an incident process: Governance coordinators and governance lead support incident logging and safety oversight. They have raised concerns about missing audit items and a lack of documented incident handling. Without this, wider rollout may be blocked. **(2 marks)**

Improvement – standardise audit fields and incident handling: Define mandatory audit fields across all sites, including model version, key inputs, output and explanation text. Implement an incident response process with clear service levels and responsibilities. Test audit completeness monthly. **(2 marks)**

Issue – adoption depends on trust and credible oversight: MTS has commercial pressure to expand quickly. Hospitals in Eastria are likely to require regulator approval and evidence. If MTS appears to prioritise sales over safety controls, trust will reduce. **(2 marks)**

Improvement – build a structured engagement model for expansion: Prepare a governance engagement pack focused on evidence and controls. Agree who attends governance committees and what evidence is provided. Confirm approval timelines and required documents early. **(2 marks)**

<u>**Marking scheme**</u>

- *Stakeholder points: up to 2 marks per point for case-linked analysis of roles, claims and interests. Maximum 8 marks*
- *Actions: up to 2 marks per recommendation for practical actions linked to stakeholder concerns. Maximum 8 marks*
- *Generic points: award on merit up to 5 marks where linked to the case. Maximum 5 marks*
- *Maximum of 12 marks in total for (c)*

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated commercial acumen?	**Not at all**	**Limited**	**Appropriate**	**Comprehensive**
Prioritising stakeholder actions that protect adoption, reputation and expansion timing.	Actions are generic and not linked to stakeholder influence or expansion outcomes.	Some case linkage, but limited prioritisation of the most important stakeholders and actions.	Appropriate prioritisation of actions that address adoption blockers and protect credibility and timing.	A comprehensive and commercially focused assessment is provided, with clear prioritisation of the most influential stakeholders, well-judged actions and strong linkage to adoption, reputation and expansion timing.
	0	**1**	**2**	**3**

(d) Usefulness of financial and business information in the briefing pack, with improvements (5 marks)

Financial claims may not be faithfully represented: The pack refers to revenue growth, investment in development and attractive margins. It does not explain the basis of preparation or what is included in these measures. Under the Conceptual Framework, faithful representation requires information to be complete, neutral and free from error. This standard is not yet supported by the disclosures provided. **(2 marks)**

Disclosure is needed to improve understandability and comparability: The Conceptual Framework emphasises understandability and comparability as enhancing qualitative characteristics. The pack does not define “gross margin” or explain cost allocation. It also does not explain the impact of service credits and support commitments. Users may therefore compare MTS to other providers incorrectly. **(2 marks)**

Improve relevance with decision-useful disclosures: Relevant information helps users make decisions. The pack should define key measures, explain inclusions and exclusions and state the basis of preparation. It should disclose key uncertainties, such as potential service credits, and clearly separate historical results from forecasts or ambitions. This improves relevance and reduces misunderstanding. **(2 marks)**

Any questions, please ask.
Regards,
Strategy and governance manager

Marking scheme

- *Assessment points: up to 2 marks per point applying qualitative characteristics and disclosure needs to the pack's financial/business information, linked to pack content. Maximum 4 marks*
- *Improvements: up to 2 marks per recommendation for practical disclosure and clarity improvements linked to the pack. Maximum 2 marks*
- *Generic points: award on merit up to 2 marks where linked to the pack. Maximum 2 marks*
- *Maximum of 5 marks in total for (d)*

Professional skills may be additionally rewarded as in the following rubric:

How well has the candidate demonstrated communication?	**Not at all**	**Limited**	**Appropriate**
Communicating clear, audience-appropriate improvements to external financial/business disclosures	Unclear or vague recommendations not suited to external users	Generally clear but limited tailoring to the external audience	Clear, concise, audience-focused recommendations improving understandability and disclosure
	0	**1**	**2**