

Goal	ALS review recommendation	Action	Rationale	Timeline	Where will change/update be documented?	Doc Category	KPI
Goal 1: Reduce evaluation timelines & improve evaluation consistency	See ALS Review p.10	Remove public summary requirement and publish full assessment reports (satisfactory and unsatisfactory)	Developing and evaluating public summaries of reports increased evaluation timeline. Publishing full reports will increase transparency. ALS Specification updated to explain process for redacting sensitive information in reports when needed. Reduce noise and misinformation about why reports fail.	Implemented 2 July 2021	Specification	O	Specification updated and published. Full reports available for download on report page on website.
	See recommendation in p.17	Cap length of full report and annexes.	Ensure that assessors are concise to reduce time invested by the QP in reviewing content.	Short Term (2021-2022)	Manuals	B	Updated manuals and templates. Continue enforcement of page limits.
	See recommendation in p.10	Publish a checklist of required contents for Key Issue sections of reports, and provide recommendations about common analysis issues.	This will help assessors and QPs know what contents must be provided and avoid common analysis issues causing reports to fail. Clarify minimum requirements for pass/fail topics (Key Issues) and to improve alignment between assessors and QP. This will contribute to consistency and fairness.	Q2- Q3 2022	In updated manual and report template	B	Reduced number of unsatisfactory sections in report evaluations. Checklist included as part of the new manual.
	See recommendation in p.10	Introduce sanction for when delays are caused by HCVN Secretariat.	This will improve HCVN integrity because we will show that we are also held to account and that we take commitments and deadlines seriously.	Short Term (2022)	Specification	O	Sanction option is developed and included in ALS Specification.
	See recommendation in p.13	Train Quality Panel on procedures and on clarity, and conciseness.	Ensure that QPs evaluate reports as consistently as possible and provide clear and concise feedback to assessors.	Short Term (2021-2023)	QP Guidance for Report Evaluation	B	Reduce number of accepted appeals.
	See recommendation in p.11	With full transparency of reports, phase out "checking of checkers" to a random sample basis with a set target of error.	Need to 'check checkers' will reduce as we improve documents and templates, train assessors and QPs and increase transparency. This happens de facto, the process however is not clearly explained in any ALS documents.	Short Term (2022)	ALS Operations Manual	O	Checking of checkers rate reduced. Random sample checking is within error limits.

Goal 2. Increase transparency	See recommendation in p.14	Publish procedure on how ALS controlled documents are developed, approved, updated. MC approval needed.	A procedure will help to ensure consistency in the way documents are developed, updated and consulted upon.	Published 4 Feb 2022	Procedure for development and update of ALS controlled documents	A	Procedure published on website and in use.
	See recommendation in p.10	Improve assessor page on website	Organisations commissioning assessments can hire assessors based on their track record.	Short Term (2021-2022)	N/A		New website
	See recommendation in p.10	Improve report page on website	Provide details on each evaluation phase, appeals, HCVs and HCS forests (area identified pre and post quality assurance).	Short Term (2021-2022)	N/A		New website
	See recommendation in p.16	Update Appeals Procedure.	Updated needed to further clarify the steps involved in processing appeals and to introduce fees for rejected appeals to cover time spend processing appeals.	Target for consultaion is April 2022	Appeal Procedure	B	Procedure published on website.
	See recommendation in p.10	Publish appeal forms and responses	This will increase transparency and possibly discourage superfluous appeals.	Q2 2022	N/A		Appeal information is published on website.
	See recommendation in p.10	Update Complaint Procedure.	The procedure needs further clarification about processing complaints and when complaints are resolved.	Q2 2022	Complaint Procedure	B	Procedure published on website.
	See recommendation in p.10	Publish complaint form and response	This will increase transparency and possibly discourage superfluous appeals.	Q2 2022	N/A		Published on website
	See recommendation in p.13	Clarify roles and responsibilities and decision authority during evaluations.	Review identified that there is a perception/ opinions that communications are funneled through ALS staff, creating bottlenecks, time spent on back and forth discussion, and introduction of bias.	Short Term (2022)	QP Guidance for Report Evaluation	B	Published on website
	See recommendation in p.10	Publish Quality Panel feedback forms for each evaluation stage including the individual feedbacks and consolidated feedbacks. Also publish the reports for each evaluation stage.	Increases transparency. Reduces perception of tampering etc. Shows what we ask assessors for in QP feedback.	Short Term (2022)	N/A		Feedback forms published in each report page.
	See recommendations in p. 14 & 15	Adjust fees annually (application, renewal, and report evaluation).	Ensure fees reflect inflation.	Announced Q1 2022 to be implemented from 11 May 2022	Specification	O	ALS Specification updated by 11 May.

Goal 3. Financial sustainability	See recommendations in p. 14 & 15	Remove Points-based rewards for Licensed Assessors	Rewards were introduced to recognize the efforts of Licensed Assessors who perform well and participate in peer-to-peer learning activities. They were also designed to promote engagement and to improve assessors' understanding of the ALS. Keeping track is time consuming and costly for the internal team.	Short Term (2022)	History of ALS changes	O	Points-based rewards for Licensed Assessors document removed
	See recommendations in p. 14 & 15	Remove performance-based HCV-only fees.	Current fee structure is variable and confusing. Fixed fees easier to administer.	Short Term (2021-2022)	Specification	O	ALS Specification updated and published.
	See recommendations in p. 14 & 15	Introduce fee for rejected appeals	Rejected appeals consume considerable time from internal team	Q2 2022	Appeal Procedure	B	Appeals Procedure updated and published.
	See recommendations in p. 14 & 15	Introduce new hourly support service for assessors that may want personalized support.	Assessors sometimes need to discuss in more detail evaluation results, or even consult during the preparation of assessments, and the ALS team does not have the capacity to provide this personalised attention. This new service will allow assessors to contract support from ALS staff by the hour as needed.	Short Term (2022-2023)	N/A		Hourly retainers available for purchase.
	See recommendations in p. 14 & 15	Continue to provide option for one free round of minor changes, but introduce a fee for additional rounds of minor changes to recover Secretariat staff time.	Minor changes contribute to longer report evaluation timelines and drain Secretariat staff time. Charging for minor changes is likely to deter multiple rounds of back and forth.	Short Term (2022)	Specification	O	Minor changes fee in operation. Overtime number of minor changes is reduced.
	See recommendations in p. 14 & 15	Develop a Quality Assurance Business Model based on time.	Explore introducing adaptive fees for resubmissions based on amount of corrections needed and time spent on re-evaluation of the report. This would improve the fairness of the system.	Medium Term (2022-2023)	N/A		
Goal 4. Strategy	See recommendations in p.16	Formalise partnerships between RSPO, HCSA, HCVN where shared goals and strategies are present.	The review flagged that is critical that HCVN, HSCA and RSPO work together for a coherent strategy of quality assurance and to ensure assessors, QPs, growers and others understand requirements. We have an MOU with HCSA and a montly coordination call with HCSA and RSPO.	Medium Term (2022-2023)	N/A	N/A	MOUs signed with HCSA and RSPO.

Goal 4. Strategy	See recommendations in p.8	Engage proactively with companies.	Get a sense of opportunities and challenges ahead, listen to concerns and proposals directly from end users.	Company Working Group established in 2021	N/A	N/A	Quarterly calls
		Develop Quality Assurance strategy as part of 2030 Roadmap.	Ensure some sort of level of Quality Assurance (depending on the context) is present not only in HCV identification phase, but other phases of the HCV Approach.	Medium Term (2022-2023)	N/A	N/A	
Goal 5. M&E and impacts	See recommendations in p.17	Improve internal databases.	Excel formats, etc. ensure data is gathered on Salesforce, reporting, etc.	Short term 2021-2022	N/A		Excel database and Salesforce databases cleaned up
	See recommendations in p.15	Develop M&E system linked to 2030 Roadmap.	The QA strategy should look at whether the system is working and measure the impacts (pulling from report dat). Identify KPIs to measure and report on. Framework for systematic gathering and processing of data to report on impacts.	Medium Term (2022-2023)	N/A		M&E system in place
	See recommendations in p.15	Continue with regular reviews.	It was useful to have an external person look at the system and provide recommendations for improvement. An option is to use the ISEAL Codes for an organisational self-assessment to identify areas for improvement (some previously identified)	Medium Term (2022-2023)	Specification	O	2023 review takes place