UNIFIED PROCESS FRAMEWORK

Electronic Applications for Free Secondary Legal Aid

Combined five-centre analysis, target process and internal-control framework

Evidence base	Purpose	Status
Consolidated Process Stages for all five centres; regional narratives and visual maps	Move from verified current practice toward one controlled and measurable process	Working proposal for process-owner validation

Core conclusion The five centres perform the same legally defined service, but differ in routing, QES handling, KIAS/ASKOD sequence, acknowledgement, signing authority and follow-up. The common target should standardise legal logic, control points and evidence while avoiding unnecessary uniformity in local organisational structure.

Purpose and use of this document

This document combines the earlier cross-regional analysis and standard process framework with the later five-centre operational analysis prepared from the consolidated Process Stages document. It deliberately separates factual comparison, decisions requiring process-owner authority, and the proposed target process. The target is therefore a working design, not yet an approved procedure.

The purpose is not to declare one regional centre's current practice to be the model for all others. Instead, the document identifies the elements that must be uniform because they protect legality, equal treatment, timeliness and traceability. It then distinguishes these from organisational choices—such as internal routing or the precise job title of the responsible officer—that may remain locally adaptable if the same controlled outcome is achieved.

- A verified comparison of all five regional centres.
- A cautious classification of variations and their possible causes.
- A decision agenda for the process business owner.
- A proposed end-to-end target process with roles, systems and control points.
- A RACI matrix, risk-and-control register, KPIs and phased implementation plan.

Design principles

Principle	Application
Common core, local mapping	Standardise the legal and control logic; map regional titles and delegations to functional roles.
Evidence before decision	Treat gaps in descriptions as "not evidenced", not automatically as absence of a procedure.
End-to-end completion	The process ends after system recording, applicant notification and retained evidence.
Minimum handovers	Each routing or approval step must add responsibility, review or legal authority.
Traceability	Every receipt, return, decision and notification must remain auditable, even when QES is defective.
Conditional exceptions	TOT/video identification is available in all centres but activated only when legal conditions apply.

1. Evidence base and overall assessment

The five-centre comparison covers Western, Northern, Southern, South-Eastern and Eastern. It adds concrete operational evidence that was absent from the earlier four-centre review: the timing of QES verification, receipt confirmation, archive handling, the six-applications limit, decision-signing levels and post-decision routing.

Overall assessment The five-centre consolidated comparison should be used as the factual baseline, subject to confirmation by each centre. The earlier framework remains necessary because it adds process ownership, functional accountability, controls, risk treatment and balanced performance monitoring.

Taken together, the submissions show that there is already a recognisable common process. Every centre receives an electronic application, records or routes it, checks formal requirements, assesses eligibility and refusal grounds, prepares a decision, obtains an authorised signature and communicates an outcome. The differences lie mainly in who performs these activities, in which system and in what sequence—not in the underlying purpose of the service.

This is an important distinction for standardisation. A unified approach should begin with the common legal and control spine, rather than with a uniform organisational chart. It should define the required result and evidence at each control point, while allowing each centre to map its own positions to common functional roles such as registration officer, case officer, reviewer and authorised decision-maker.

Common legal and operational spine

Common element	Minimum common meaning
Trigger	Electronic application and supporting documents are received from an applicant or representative.
Registration	Receipt is officially recorded and allocated; the original date/time remains traceable.
Formal check	Article 18 information, documents, format and QES are assessed.
Correction branch	All identified deficiencies are explained and the application is returned within three working days.
Special identification	A standard conditional procedure applies where an eligible applicant cannot use QES.
Substantive assessment	Article 14 entitlement, usage limit and Article 20 refusal grounds are assessed.
Decision control	The draft is reviewed and signed by a legally authorised role.
Completion	ASKOD/KIAS are updated, the applicant is notified, evidence is retained and the case is closed or transferred.

What the common spine means in practice

The process starts at the moment an application reaches an official work channel, not only when it has been entered in KIAS. The original time of receipt must therefore be preserved. This protects the applicant's position and gives the organisation a reliable point from which to monitor deadlines.

The formal-completeness branch must remain separate from the substantive decision branch. If required information, documents, format or QES are deficient, the applicant should receive one clear communication listing all identified deficiencies within the applicable three-day period. A corrected submission should be linked to the earlier record so that the case history remains understandable.

For formally complete applications, the organisation assesses entitlement, the applicable usage limit and any grounds for refusal. The resulting draft is reviewed and signed under an approved delegation. The process is complete only after the signed outcome has been reflected consistently in ASKOD and KIAS, communicated to the applicant and supported by retained evidence of dispatch or delivery.

2. Five-centre “as-is” comparison

The comparison below should be read as a map of current reported practice, rather than as an audit finding. It highlights where further validation is needed and where a management decision would create a more consistent applicant experience or stronger internal control.

Note: “Not detailed” means that the consolidated source did not provide sufficient information; it is not proof that the centre has no procedure or control.

Control point	Western	Northern	Southern	South-Eastern	Eastern
Entry point	Direct/KIAS; manual forwarding	ASKOD	ASKOD	ASKOD	Direct/KIAS; manual forwarding
Routing	Centre head → dept → division → lawyer	Director → dept → division → bureau	Division → bureau; shorter route	Vertical ASKOD route	Similar to Western
QES vs KIAS	No fixed order	Almost simultaneous	QES after KIAS/receipt slip	QES before KIAS module	QES before KIAS
Receipt confirmation	Manual slip	Reply with ASKOD number	Manual slip	Not issued	Not issued
Outside tracking	Local spreadsheets/forms	Some spreadsheets	Relies on systems	Shared decision sheet only	Some spreadsheets
Usage-limit check	Proposal to check earlier	Not detailed	At substantive review	Not detailed	Not detailed
Draft prepared by	Lawyer	Not detailed	Division head/bureau lawyer	Bureau lawyer	Division head
Decision signed by	Department head	Department head	Department head	Split by provider/decision type	Department head
TOT procedure	Not detailed	Not detailed	Brief reference	Fully formalised	Only partly referenced
Notification	Not detailed	Reply/letter	Depends on decision type	Applicant’s chosen method	Not detailed

Interpretation of the comparison

The largest variation occurs at the front of the process. Some centres receive and register applications directly through ASKOD, while others rely on direct receipt, KIAS entry or manual forwarding. Receipt confirmation also differs: some centres issue a slip or reply with the ASKOD number, whereas others do not report a separate acknowledgement. This creates an avoidable difference in the applicant’s ability to demonstrate that an application was received.

A second group of differences concerns the order of QES verification and KIAS registration. The current evidence does not establish that one sequence is legally required in every circumstance. What is essential is that every receipt remains traceable, that the QES check is evidenced, and that incomplete or defective applications do not disappear from monitoring simply because a full KIAS case record has not yet been created.

The centres also differ in internal routing, drafting responsibility and signing arrangements. These differences may reflect workload, staffing and valid delegations. They should not automatically be removed. The better test is whether each handover adds a necessary allocation, quality-review or legal-authority function, and whether the final responsibility is clear.

Finally, the South-Eastern centre provides the most developed description of the special video-identification procedure. This is useful as a starting point, but the procedure should be validated and converted into a common conditional exception available to all centres—not imposed as a mandatory step for every application.

3. Classification of variations

Not every difference should be treated in the same way. The classification below is intended to prevent two opposite errors: accepting all current practices merely because they are established, or forcing complete uniformity without considering legal authority, workload and operational reality.

Category	Examples	Treatment
Objectively justified or potentially useful	Conditional TOT/video identification; differentiated follow-up for lawyer versus advocate appointments.	Preserve as a controlled exception or assess as possible good practice.
Operational variation not prescribed by law	ASKOD/KIAS entry order; receipt form; Excel tracking; person drafting documents.	Assess efficiency, risk and system capability before deciding whether to harmonise.
Possible regulatory or procedural gap	QES/KIAS sequence; usage-limit timing; signing authority; definition of an electronic document.	Refer to the process owner and legal function; do not resolve by analysis alone.
Documentation gap	Practice marked “not detailed” in the source.	Confirm with the centre before drawing conclusions.

Important caution

The absence of an explicit legal basis does not automatically make a regional practice wrong or inefficient. Workload, valid delegations, local capacity and security conditions may justify different arrangements. The test should be whether the variation complies with law, manages risk, preserves accountability and delivers the required outcome.

Objectively justified differences may remain as controlled exceptions. Operational differences should be tested against efficiency, system capability and risk before a common method is selected. Possible regulatory gaps must be resolved by the competent process owner and legal function. Documentation gaps require factual confirmation from the centre concerned; they cannot be closed through inference alone.

4. Decisions required from the process owner

The analysis can identify where practices diverge, but it cannot legitimately settle every point. Several choices affect legal interpretation, delegation of authority or system design and therefore require an explicit decision by the process business owner, supported where necessary by legal and IT advice. The table presents the questions together with a recommended direction for validation, rather than a final ruling.

Decision	Question	Recommended direction for validation
1. Official receipt channel	Should one official mailbox be mandatory?	Use one primary channel, but forward and register applications received at other official work addresses; do not simply reject them.
2. Receipt versus acceptance	What confirmation does the applicant receive and when?	Use an immediate acknowledgement of receipt; distinguish it from confirmation of formal completeness/acceptance.
3. ASKOD/QES/KIAS sequence	When is a KIAS application record created?	ASKOD receipt must always be registered. Decide the KIAS point, but preserve a trace of every application and return.
4. QES evidence format	Separate protocols or combined archive/PDF?	Approve one legally valid evidence standard after technical/legal review.
5. Usage-limit check	At application-card or substantive stage?	Place as early as reliable data allow, while retaining it as a substantive eligibility control.
6. TOT eligibility/identity	When may missing QES be replaced by video identification?	Adopt a common conditional procedure after validating the South-Eastern model.
7. Reclassification	May a centre reclassify FSLA as primary aid at intake?	Define objective criteria, authority, notification and complaint route.
8. Signing authority	One level or risk-based delegation?	Assess legality, workload and segregation before choosing; do not assume one senior level is automatically best.
9. Routing levels	Must every case pass director → dept → division?	Use the minimum chain needed for allocation, review and legal authority.

Decision	Question	Recommended direction for validation
10. External spreadsheets	May local trackers continue?	Remove only after ASKOD/KIAS provides equivalent reliable monitoring.

Relationship between the decisions

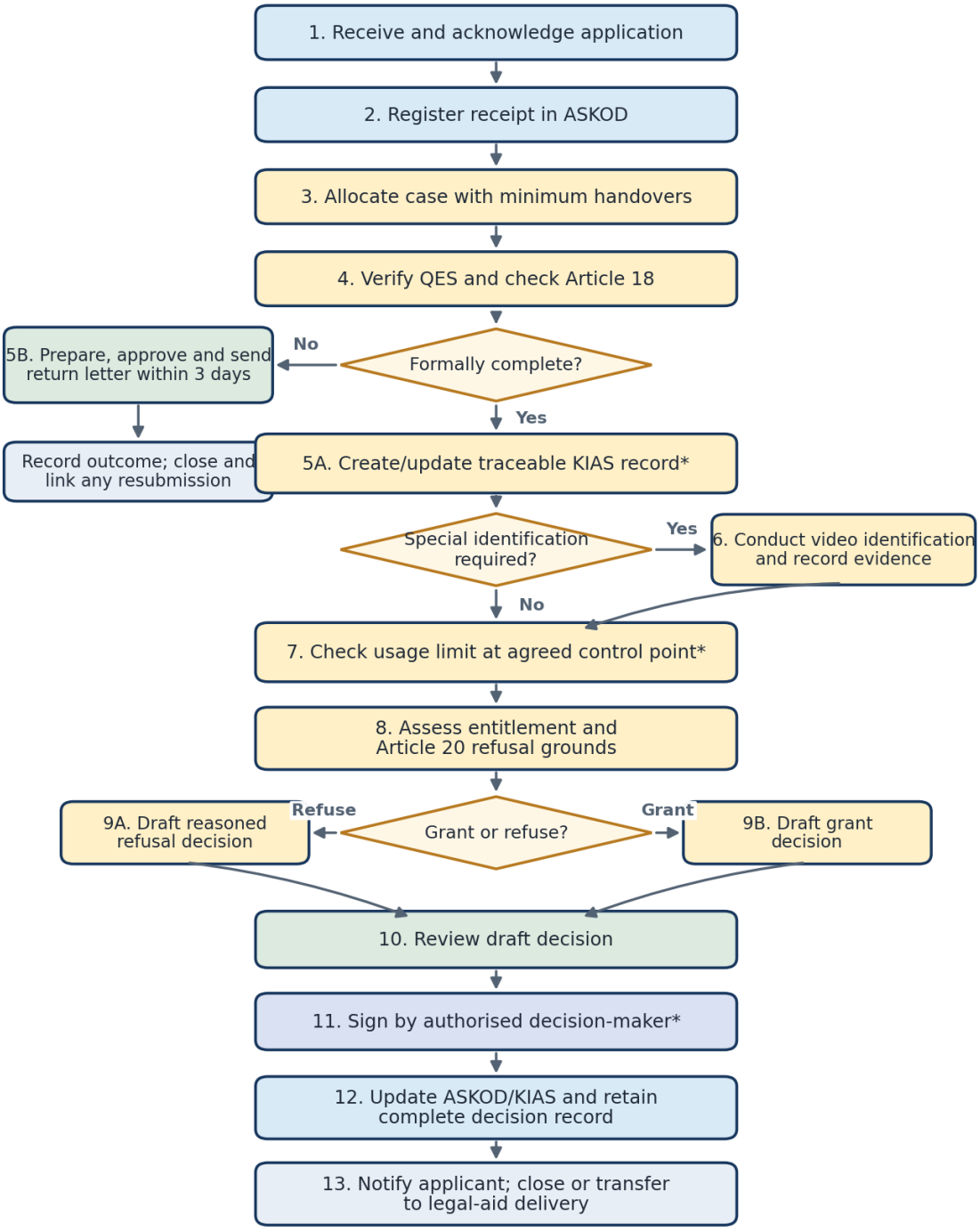
These decisions are interdependent. For example, the selected receipt channel affects acknowledgement, ASKOD registration and duplicate handling. The agreed QES/KIAS sequence affects which incomplete applications appear in system reports. The delegation model affects both the routing chain and the RACI matrix. Decisions should therefore be taken as one coherent design package rather than as ten isolated procedural choices.

The proposed direction is deliberately cautious. It favours one primary channel without penalising applicants who use another official address; immediate acknowledgement without implying formal acceptance; early and reliable eligibility checks; and the shortest routing chain compatible with review and lawful signature. Local spreadsheets should be retired only when the central systems provide equivalent monitoring and exception reporting.

5. Proposed unified target process

The target process below fixes the common legal and control spine. Items marked with an asterisk in the flow remain dependent on the decisions in Section 4.

The flow is designed around four consecutive control blocks: receipt and registration; formal verification and correction; substantive assessment and decision; and recording, notification and closure. It also shows two separate branches that need particular attention: the return of an incomplete application and the conditional use of video identification.



* Final placement/signing level requires a process-owner decision. All receipts and outcomes must remain traceable.

Figure 1. Proposed unified end-to-end process (working design)

Narrative description of the target process

Receipt, acknowledgement and allocation

An application is treated as received when it reaches an official work channel. The registration function preserves the original date and time, issues an acknowledgement and creates an ASKOD reference. If the application arrived at another official work address, it is forwarded internally rather than rejected. A designated manager then allocates the case to a responsible officer within the agreed allocation period, using the minimum number of handovers needed for accountability.

Formal verification and the correction branch

The case officer verifies the QES, electronic format, required information and supporting documents against a common Article 18 checklist. If the application is incomplete, all identified deficiencies are consolidated into one return communication. The return is reviewed or approved under the applicable delegation, sent within three working days and supported by retained evidence. Any later resubmission is linked to the earlier receipt so that the organisation can follow the complete history.

Substantive assessment and special identification

A formally complete application proceeds to the agreed KIAS recording point. Where the legally defined conditions for the special identification procedure are met, video identification is conducted and its evidence is retained. This is an exception branch, not a routine requirement. The case officer then checks the six-applications limit at the approved control point and assesses entitlement under Article 14 together with any Article 20 refusal grounds.

Decision, recording and completion

The case officer prepares a reasoned grant or refusal decision. A reviewer checks the evidence, legal reasoning, consistency and use of the approved template before an authorised decision-maker signs. The signed outcome is then uploaded or recorded consistently in ASKOD and KIAS. The applicant is notified through the approved channel, proof of notification is retained, and the case is closed or formally transferred to the legal-aid delivery process.

The activity table below translates this narrative into operational responsibilities, systems, outputs and indicative timeframes. Asterisks identify steps that still depend on process-owner decisions.

No.	Activity	Responsible	System	Control/output	Timeframe
1	Receive and acknowledge	Registration officer	Email	Preserve original receipt date/time; forward from other official addresses.	Same day
2	Register receipt	Registration officer	ASKOD	Create official incoming record and unique reference.	Same day
3	Allocate case	Designated manager	ASKOD	Assign responsible case officer using minimum necessary handovers.	Within 1 working day
4	Verify QES and formal requirements	Case officer	Verification tool / checklist	Verify QES, format, completeness and Article 18 requirements.	Immediately
5B	Incomplete branch	Case officer + reviewer/signatory	ASKOD/KIAS	Explain all deficiencies, approve, send and retain proof; link resubmission.	Within 3 working days
5A	Create/update case record*	Case officer	KIAS	Create a traceable record under the agreed KIAS registration rule.	Agreed control point
6	Special identification, if applicable	Case officer + reviewer	Video tool / KIAS	Apply standard TOT/exception procedure and retain evidence.	Within legal deadline
7	Check usage limit*	Case officer	KIAS	Check six-applications limit at the approved stage.	Before decision
8	Substantive assessment	Case officer	KIAS / checklist	Assess Article 14 entitlement and Article 20 refusal grounds.	Within overall deadline
9	Draft grant/refusal decision	Case officer	ASKOD	Prepare reasoned draft and supporting note.	Within overall deadline
10	Review draft	Reviewing manager	ASKOD	Check legality, evidence, reasoning and consistency; record comments.	Before signature

No.	Activity	Responsible	System	Control/output	Timeframe
11	Sign decision*	Authorised decision-maker	ASKOD/QES	Sign under the approved delegation model.	Within 10 working days
12	Record outcome	Case officer	ASKOD/KIAS	Upload signed outcome and reconcile status/attachments.	Immediately
13	Notify and complete	Case/registration officer	Approved channel	Notify applicant, retain evidence, close or transfer to delivery.	Within overall deadline

Completion rule The process is complete only when the signed outcome is recorded, the applicant is notified, evidence of notification is retained, and the case is closed or formally transferred.

6. Functional RACI

The RACI assigns functions rather than regional job titles. Each centre should map its own positions to these functions. “Responsible” means performing the activity; “Accountable” means owning the outcome; “Consulted” means providing input before completion; and “Informed” means receiving the relevant status or result.

Activity	Registration	Case officer	Reviewer	Decision-maker	Process owner
Monitor/acknowledge receipt	R	I	I	—	A
Register in ASKOD	R	I	—	—	A
Allocate case	I	I	R	—	A
Verify QES/Article 18	—	R	C	—	A
Prepare return letter	—	R	C	I/A*	A
Conduct special identification	—	R	C	—	A
Assess entitlement/refusal	—	R	C	I	A
Draft decision	—	R	C	I	A
Review draft	—	C	R	I	A
Sign decision	—	C	C	R/A	I
Update ASKOD/KIAS	C	R	I	—	A
Notify applicant	R	R	I	—	A
Monitor deadlines/performance	C	C	R	I	A

R = Responsible | A = Accountable | C = Consulted | I = Informed | * Subject to approved delegation.

The matrix is intended to clarify ownership without imposing unnecessary hierarchy. In particular, the reviewer role should add a genuine quality-control function, while the authorised decision-maker must act under a clear delegation. The process owner remains accountable for the design and performance of the overall process, but does not need to intervene in each individual case.

7. Risk-and-control register

Standardising the sequence alone will not ensure a controlled process. The target approach must also address the main ways in which an application can be lost, delayed, incorrectly returned, inconsistently decided or insufficiently evidenced. The register links each material risk to a minimum control and a functional owner.

Stage	Risk	Cause	Minimum control	Owner
Receipt	Application missed or duplicated	Multiple mailboxes/manual forwarding	Central mailbox monitoring; mandatory forwarding; unique reference; duplicate check	Registration manager

Stage	Risk	Cause	Minimum control	Owner
Registration	Receipt not traceable	QES/KIAS uncertainty	ASKOD registration of every receipt; exception report	Registration officer
Acknowledgement	Applicant cannot prove submission	No common confirmation	Standard electronic acknowledgement with date/reference	Process owner
QES	Valid submission incorrectly returned	Different formats/knowledge	Approved protocol; staff guidance; escalation route	Case officer/reviewer
Formal check	Deficiencies identified piecemeal	No standard checklist	Article 18 checklist; all deficiencies explained at once	Case officer
Identification	TOT exception applied inconsistently	Only one detailed model	Approved eligibility test; evidence retention; supervisory review	Reviewer
Assignment	Delay from excessive handovers	Long routing chain	Unassigned-case report; maximum allocation time; substitutions	Reviewing manager
Eligibility	Usage limit or refusal grounds missed	Check occurs too late/inconsistently	KIAS-supported Article 14/20 checklist	Case officer
Decision	Different reasoning/signing authority	Templates/delegations vary	Standard templates; recorded review; approved delegation	Decision-maker
Systems	ASKOD and KIAS conflict	Manual re-entry	Mandatory fields; attachment check; reconciliation report	System/process owner
Notification	Decision signed but not sent	Unclear ownership	Proof-of-notification control; unsent-item report	Case officer
Continuity	Power/internet/system outage	Security/technical incident	Backup arrangements; incident log; deadline escalation	Centre management
Data protection	Personal data or malicious files mishandled	Wrong recipient/unsafe attachment	Access controls; recipient check; antivirus; incident procedure	Centre management

The controls should be embedded in normal work wherever possible. Checklists, mandatory system fields, exception reports and standard templates are preferable to parallel manual controls. Local spreadsheets may temporarily support monitoring, but they should not become the only reliable source of deadline or status information. Continuity and data-protection controls remain necessary because electronic applications may contain sensitive personal data and may be processed during system or connectivity disruptions.

8. KPI and monitoring framework

The indicators are intended to show whether the unified process is timely, complete and reliable. They combine deadline compliance with measures of rework, record quality and applicant communication. This avoids judging performance only by processing speed while overlooking incorrect returns, incomplete evidence or unsent decisions.

Indicator	Calculation	Initial use/target
Same-day ASKOD registration rate	Receipts registered on day received ÷ receipts received	≥95%
Allocation timeliness	Cases allocated within approved time ÷ cases received	≥95%
Timely return rate	Incomplete applications returned within 3 days ÷ returns	100%
Timely decision/notification	Decisions completed and notified within 10 days ÷ decisions	100%
Average end-to-end time	Working days from receipt to notification	Trend
Repeat-return rate	Applications returned more than once ÷ returned applications	Reduce
Internal rework rate	Drafts returned by reviewer ÷ drafts reviewed	Monitor
Record completeness	Cases with complete consistent ASKOD/KIAS evidence ÷ cases checked	≥95%
Proof of notification	Cases with retained dispatch evidence ÷ completed cases	100%
Unofficial-channel/duplicates	Count of redirected and duplicate applications	Monitor
QES repeat requests	Applications requiring repeat documents due to QES issues ÷ applications	Reduce
Substantiated complaints	Complaints upheld ÷ completed applications	Monitor

Monitoring rhythm

Frequency	Review
Daily	Unregistered, unassigned, approaching-deadline and unsent cases.
Monthly	Timeliness, returns, rework, QES issues, record completeness and complaints.
Quarterly	Centre comparisons, risks, system issues and improvement actions.
Annually	Process design, delegations, control effectiveness and regulatory adequacy.

Initial centre comparisons should be used for learning, not as a league table. Differences in workload, case complexity, staffing and system access need to be understood before conclusions are drawn. Targets can be refined after a baseline period and pilot, particularly for indicators such as rework, repeat returns and QES-related repeat requests.

9. Phased implementation

Immediate mandatory roll-out would risk standardising assumptions that have not yet been legally or operationally validated. A phased approach allows the five centres to confirm the evidence, permits the process owner to settle the open design questions and tests the target process before system configuration and full implementation.

Phase	Timing	Main activities	Gate/output
0. Validate evidence	2–3 weeks	Each centre confirms the as-is table and corrects “not detailed” items.	Verified five-centre baseline
1. Decide design	2–4 weeks	Process owner/legal function resolves Section 4 questions and approves steps, roles and records.	Approved target design
2. Pilot	4–6 weeks	Pilot in one centre close to target and one with major divergence; collect timing, rework and complaints data.	Pilot evaluation
3. Upgrade systems	Planned separately	Configure ASKOD routing/acknowledgement and KIAS controls, fields, usage-limit check and monitoring.	Technical readiness
4. Roll out/train	After pilot	Train case officers, reviewers and managers; issue templates, checklists and delegations.	Five-centre implementation
5. Monitor/improve	First 3–6 months	Review KPIs, exceptions, centre feedback and unintended workload; refine procedure.	Stabilised standard

Transition and communication risks

Likely concern	Required response
South-Eastern: loss of flexible signing model	Evaluate its differentiated delegation as possible good practice before replacing it.
Eastern/South-Eastern: acknowledgement adds workload	Automate acknowledgement and clarify its complaint-prevention value.
Southern: QES-before-KIAS may delay quick confirmation	Separate immediate receipt acknowledgement from formal verification/acceptance.
Western/Northern: loss of Excel controls	Discontinue only when system reports provide equivalent or better monitoring.
All centres: increased documentation burden	Keep the visual map simple; place detail in checklists/templates and automate where possible.

The pilot should include one centre whose current process is relatively close to the proposed design and one with significant differences. This will reveal both whether the model works under favourable conditions and what adaptation costs arise where routing, acknowledgement or system use must change. The pilot evaluation should cover workload and user experience as well as formal deadline compliance.

10. Proposed management decisions

Management is not being asked to approve every operational detail immediately. The first decision is to accept the five-centre comparison as a baseline for validation and to authorise completion of the design work. Final approval of the standard should follow legal confirmation and pilot evidence.

1. Approve the verified five-centre comparison as the common evidence base after centre confirmation.
2. Assign the Coordination Center/process owner to decide the ten design questions in Section 4.
3. Approve the target process as a pilot design rather than an immediately mandatory procedure.
4. Develop common Article 18 and Article 14/20 checklists, QES evidence rules, templates and delegation arrangements.
5. Pilot the process in two contrasting centres and evaluate workload, timeliness, rework, complaints and control evidence.
6. Finalise the standard and system changes only after pilot evidence and legal validation.

Expected result A unified process that gives every applicant the same essential legal treatment, deadlines, control evidence and communication, while permitting documented regional arrangements that are lawful, efficient and properly controlled.