COPP 4.13 – Bindi Bindi Mental Health Unit

Bandyup Women’s Prison

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| PrinciplesAs referenced in the [Guiding Principles for Corrections in Australia, 2018](https://justus/intranet/prison-operations/Documents/guidelines-for-corrections-in-aus.pdf):2.1.8 Restrictions placed on prisoners/offenders are no more than necessary to maintain safety and security and are based on individual assessment of risk.3.1.2 Prisoners/offenders are effectively managed, supervised and suitably placed to maintain the safety of all persons.3.3.2 Prisoners are assessed and allocated to accommodation compatible with their assessed risks and needs to ensure their safety and security and the good order of the facility.3.3.5 Prisoners who are segregated/separated have daily contact with appropriate staff and their circumstances are reviewed on a regular basis.3.3.9 Where prisoners who present an increased risk are accommodated in specifically designated area(s), they are subject to a transparent and accountable Supervision Care Plan.3.4.1 Rules and routines provided to prisoners encourage their responsible behaviour and support the security, good order and management of the prison. |

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# Scope

This Commissioner’s Operating Policy and Procedure (COPP) applies to all prisons administered by or on behalf of the Department of Justice (the Department).

This COPP relates to the placement of prisoners in the Bindi Bindi Mental Health Unit (Bindi Bindi) and the High Dependency Area (HDA) within Bindi Bindi.

# Policy

Bindi Bindi provides a step up/step down service for prisoners who are at increasing risk of experiencing an acute episode of, or have recently experienced acute mental illness, and require a higher intensity of care and treatment than can be provided within a standard prison unit.

Bindi Bindi provides suitable prisoners with recovery-focused treatment and care in a culturally appropriate, trauma informed, and supportive environment. It offers a state-wide mental health service providing prisoners across the women’s custodial estate an opportunity to stabilise and address their mental illness and support reintegration into the community upon release or back into mainstream prison placement.

This COPP sets out the procedures that apply in relation to the referral, assessment, management and review of prisoners who are at an increased risk of acute mental illness and require placement in Bindi Bindi.

# Bindi Bindi Structure

## General information

### Bindi Bindi is made up of two separate placement areas:

1. subacute area
2. High Dependency Area (HDA).

## Subacute area

### The subacute area of Bindi Bindi offers an area for prisoners to ‘step-up’ from a standard living unit within the prison for treatment in a monitored and supportive environment.

### The subacute area is designed to support prisoners, with the aim of:

### reducing the risk of harm to themselves and/or others

### achieving further symptom reduction and preventing hospital admission

### aiding transition back to standard living accommodation

### increasing the ability for supportive independent living.

### The subacute area may also be used for prisoners to ‘step-down’ from the HDA or upon their return from the Frankland Centre for further treatment.

### Prisoners in the subacute area:

1. are accommodated in one of 22 ligature minimised single cells
2. have access to a large, landscaped garden and courtyard area with covered seating
3. have access to a consultation room and a large support/activity room for group activities, therapy and meals.

## High Dependency Area (HDA)

### The HDA within Bindi Bindi consists of six single cells which are identified as cells 10 – 15 in accordance with [COPP 5.2 – Observation Cells](https://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### The HDA provides prisoners whose needs are most acute and complex, with severe symptoms of mental illness and associated significant disturbance of behaviours, with support through recovery-focused treatment and care in a safe, secure, and structured environment.

### Prisoners in the HDA:

1. are accommodated in a cell with additional infrastructure amendments aimed at further reducing the availability of ligature points within the cell (eg, televisions encased in Perspex)
2. are intended to be placed in the HDA for short stay only, dependent on need and acuity of illness, response to treatment, and waiting time for an authorised hospital bed, if needed
3. have access to a small common room which also provides a space for individual counselling, assessment, and management planning
4. have access to a landscaped garden area with covered seating
5. have access to bathroom facilities independent of the subacute area.

# Referral

## Criteria for referral

### Prisoners who are considered suitable for referral to Bindi Bindi (both subacute and HDA areas) may include:

1. prisoners in the acute phase of a serious mental illness, as determined by Health Services, who need intensive mental health input
2. prisoners who are suffering from acute mental illness requiring individual and multidisciplinary support services
3. prisoners referred to the Frankland Centre under the *Mental Health Act 2014* for inpatient assessment and/or treatment and are awaiting a bed
4. prisoners returning from the Frankland Centre requiring further care and treatment prior to transfer to a standard living unit
5. prisoners who have ongoing symptoms of mental illness and associated complex needs and/or significant disturbance of behaviour who need care in a more supportive and observed environment than is available in a standard living unit
6. prisoners assessed as high risk for self-harm or suicide related to serious mental illness and who are deemed suitable for placement in Bindi Bindi rather than a Crisis Care Unit; and
7. prisoners whose primary diagnosis includes schizophrenia, psychosis or severe affective disorder, or a co-occurring complex Post Traumatic Stress Disorder, personality disorder, or substance abuse history.

## Referral process

### The sources of referral to Bindi Bindi may be as follows:

1. any medical practitioner across the prison estate (referrals from custodial staff may be progressed via the local medical practitioner);
2. psychological health services;
3. Psychologist/Psychiatrist;
4. prison health services;
5. Superintendent/Deputy Superintendent/Assistant Superintendent;
6. a member of Bandyup Women’s Prison’s Clinical Intake Team (the Clinical Intake Team);
7. Prisoner Risk Assessment Group; or
8. any other member of staff authorised by the Superintendent.

### Referrals shall be made using the [Bindi Bindi Mental Health Unit Referral Form](https://justus/intranet/prison-operations/Pages/copp-forms.aspx).

### Completed referral forms shall be emailed to the Clinical Intake Team at AC-WCPF-BAN-Clinical Intake Team.

# Assessment

## Assessment process

### All referrals for placement into Bindi Bindi shall be assessed by the Clinical Intake Team.

### The Clinical Intake Team consists of the following team members:

1. Assistant Superintendent Special Unit (ASSU); and
2. Senior Mental Health and Other Drugs (MHAOD) Nurse

### The Clinical Intake Team may seek input for a recommendation from the Consultant Psychiatrist and/or Psychological Health Services following assessment of the referral.

### If the referral was received from another prison, the Clinical Intake Team may contact the referring prison if further information is required.

### Decisions regarding referrals are made by the Clinical Intake Team during business hours as per [Appendix A – Bindi Bindi Mental Health Unit Meetings](#_Appendix_A_–).

### If a prisoner is received outside business hours, they may be temporarily accommodated in another Unit (eg, CCU) pending the Clinical Intake Team’s assessment.

### The Clinical Intake Team shall consider the most suitable placement for the prisoner (ie, subacute or HDA) following acceptance into Bindi Bindi.

### For prisoners approved for placement in Bindi Bindi from another prison, the ASSU in consultation with the sending prison, shall facilitate the transfer of a prisoner in accordance with [COPP 12.4 – Prisoner Transfers](https://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### In circumstances where a referral is not accepted, the referring prison shall be notified by the Clinical Intake Team (or as agreed by the Multi-Disciplinary Team (MDT)), and the unsuccessful referral documented on EcHO and TOMS. The MHAOD Team shall provide the referring prison advice for ongoing treatment options. Should the prisoner’s circumstances change a new referral may be made.

# Multidisciplinary Team

## Member composition

### The MDT shall consist of the following members:

1. ASSU (Chair)
2. Superintendent (as required)
3. Bindi Bindi Unit Manager/Senior Officer
4. State Forensic Mental Health Service (as required)
5. Member of MHAOD nursing staff
6. Prison Counsellor
7. Psychiatrist
8. Psychiatry Registrar (as required)
9. Occupational Therapist
10. Aboriginal Mental Health Worker (as required)
11. Psychological Health Services
12. Prison Officer (as required).

## Member responsibilities

### The MDT is responsible for:

1. reviewing placements in accordance with this COPP;
2. reviewing prisoners approved by the ASSU out of session;
3. determining the appropriate placement within Bindi Bindi; and
4. reviewing prisoners within Bindi Bindi.

### The MDT shall meet weekly, as per [Appendix A](#_Appendix_A_–), with additional meetings approved by the ASSU as necessary.

### Prior to the MDT meeting, the ASSU or authorised person, shall send each MDT member a list of:

1. prisoners requiring review;
2. all placements approved by the ASSU out of session;
3. all placement referrals received from Superintendents; and
4. any additional information received on HDA prisoners for review.

### MDT members shall review all information relevant to the prisoner/s prior to the meeting, to ensure that all of the prisoner’s requirements are considered.

### The ASSU or authorised person, where there are changes to the placement of a prisoner, shall, as soon as practicable:

1. forward the updated changes to the MDT members and other relevant stakeholders; and
2. enter any amendments on TOMS.

# Placement

## General information

### The Clinical Intake Team shall be responsible for determining a prisoner’s initial placement within Bindi Bindi.

### The MDT shall review a prisoner’s suitability for placement within the HDA.

### Changes to a prisoner’s placement within Bindi Bindi (ie, between the HDA and subacute area) shall be determined by the MDT, dependent on the prisoner’s level of need and risk as it changes over time.

### Prisoners shall not be placed in the HDA as a form of punishment.

## Placement in the HDA outside of business hours

### Should a prisoner require placement in the HDA outside of business hours, Bindi Bindi Unit Officers shall consult with the Officer in Charge (OIC) for a decision in the absence of the MDT.

### The OIC shall provide notification of the placement to the MDT via email as soon as practicable and note the placement into the HDA on TOMS.

### The Mental Health Team shall review the prisoner at the earliest opportunity, following placement in the HDA outside of normal business hours and in accordance with [COPP 5.2 – Observation Cells](https://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### The MDT shall also review the prisoner’s placement into the HDA as soon as practicable.

## The Frankland Centre

### Prisoners awaiting placement at the Frankland Centre under the *Mental Health Act 2014* (Form 1A) shall be prioritised for an urgent transfer by the MDT.

### Prisoners transferred to the Frankland Centre may have their bed in Bindi Bindi held for them pending their return.

### The ASSU is responsible for ensuring the bed placement remains suitable, and actioning any change to the bed placement, prior to the prisoner’s return from the Frankland Centre.

# Review

### Each prisoner placed in Bindi Bindi shall be reviewed by the MDT for placement suitability at a minimum of once per week.

### Movement to or from the HDA shall be determined by the MDT, taking into consideration the prisoner’s [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx) (refer section 9.3).

### Urgent movement to or from the HDA (ie, prior to the MDT’s weekly review) shall only be considered in consultation with the ASSU, Bindi Bindi Unit Manager and the Mental Health Manager.

### In some instances, such as in the event of a risk to others in the Unit, removal from Bindi Bindi may be required due to a prisoner’s unsuitability and shall be determined by the MDT.

### Where immediate removal is required after hours (eg, following a serious incident), the OIC is authorised to determine an alternative placement, with notification to the on-call Duty Manager.

### Following review by the MDT, prisoners requiring acute inpatient care and/or involuntary treatment shall be referred to the Frankland Centre and remain in Bindi Bindi while awaiting transfer.

### A medical practitioner or Authorised Mental Health Practitioner (AMHP) under the *Mental Health Act 2014* shall make a referral to the Frankland Centre.

# Management and Routine

## Supervision Levels

### Given the environment and restrictions, Bindi Bindi shall only implement two Supervision Levels:

1. basic supervision
2. standard supervision.

### Entitlements based on a prisoner’s supervision level shall be in accordance with [COPP 10.1 – Prisoner Behaviour Management](https://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### The Superintendent or their delegate shall authorise a prisoner’s progression or regression of supervision level.

## Daily routine

### The Superintendent shall ensure all prisoners placed in Bindi Bindi have access to the same management and daily routine procedures as mainstream prisoners, in accordance with [COPP 10.2 Daily Routine and Population Counts](https://justus/intranet/prison-operations/Pages/prison-copps.aspx), to include:

1. orientation
2. communications
3. prison facilities (eg recreational activities, library etc.)
4. employment
5. education
6. healthcare services
7. support programs
8. mealtimes
9. visits.

### The Superintendent shall ensure that prisoners placed in the HDA have access to the following in accordance with Appendix B – Observation Cell Regime/Access to Facilities, [COPP 5.2 – Observation Cells](https://justus/intranet/prison-operations/Pages/prison-copps.aspx):

1. prison facilities (eg library, recreation etc.)
2. communications
3. employment
4. education
5. healthcare services
6. support programs
7. mealtimes
8. visits.

### Where the above is unable to be facilitated due to an increased risk of harm to self/others, this shall be recorded on the [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx) in accordance with [COPP 5.2 – Observation Cells](https://justus/intranet/prison-operations/Pages/prison-copps.aspx).

## Supervision Care Plan

### All prisoners placed in Bindi Bindi shall have a [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx) completed in accordance with [COPP 5.2 – Observation Cells.](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)

### The Clinical Intake Team shall develop the [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx) upon initial assessment, with the MDT updating it as required following review.

### The primary consideration shall be the care and wellbeing of the prisoner.

### The routine of a prisoner accommodated in Bindi Bindi should equate as much as possible to the prisoner’s normal supervision routine, subject to managing the prisoner’s welfare whilst considering continuation of normal prison routines.

### Details of a prisoner’s placement in the HDA, including the reasons for such placement, shall be recorded on the [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx) in accordance with [COPP 5.2 – Observation Cells](https://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### Prisoners placed in Bindi Bindi shall be advised of their [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx) in such a way as to assist with the prisoner understanding. Where deemed suitable, prisoners may receive a hard copy of their plan.

### Prisoners within Bindi Bindi placed on ARMS shall be managed in accordance with [COPP 4.9 – At-Risk prisoners](https://justus/intranet/prison-operations/Pages/prison-copps.aspx) and the [ARMS Manual](https://justus/search/Pages/results.aspx?k=ARMS%20manual).

# Security and Control

## Prisoner movement

### The ASSU shall ensure prisoners placed in Bindi Bindi are classified as “escorted ground access” or “unescorted ground access” for all prisoner movements during orientation and in accordance with their [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx).

## Unescorted ground access

### Prisoners classified as “unescorted ground access” are permitted out of Bindi Bindi unsupervised to attend scheduled appointments and approved activities.

## Escorted ground access

### Prisoners classified as “escorted ground access” shall be escorted and supervised to all areas of the prison including scheduled appointments and approved activities.

## Searching

### Prisoner, cell and area searches shall be in accordance with [COPP 5.2 – Observation Cells](https://justus/intranet/prison-operations/Pages/prison-copps.aspx) and [COPP 11.2 – Searching](https://justus/intranet/prison-operations/Pages/prison-copps.aspx).

# Bindi Bindi Management Committee (BBMC) Meetings

## General information

### The BBMC is responsible for providing local leadership to deliver and improve services to prisoners with acute mental health illness who are placed in Bindi Bindi.

## BBMC responsibilities

### The BBMC is responsible for:

### reviewing Key Performance Indicators (KPIs)

### ensuring the Model of Care and the philosophies are embedded

### identifying areas of improvement

### developing strategies to ensure best practices are supported.

## Membership

### The BBMC may include, but is not limited to, the following:

### Superintendent (chair)

### ASSU

### Bindi Bindi Senior Officer

### Mental Health Manager

### Occupational Therapist

### Psychiatrist

### Mental Health Nurse

### Manager Security

### Business Manager

### Administrative Staff (responsible for secretariat functions (eg Minutes).

## Quorum

### The quorum of the BBMC is four members, consisting of the:

### Superintendent;

### ASSU;

### Mental Health Manager; and

### One additional member.

### Any member who is unable to attend a meeting shall provide to the minute taker their KPIs and overview at least two days prior to the meeting (where possible).

### The minutes of each meeting shall be disseminated to the BBMC members as soon as practicable after the meeting.

### Meeting papers are to be captured in the Department’s recordkeeping system, Content Manager.

# Annexures

## Forms

* [Mental Health Unit Referral Form](https://justus/intranet/prison-operations/Pages/copp-forms.aspx)
* [Supervision Care Plan](https://justus/intranet/prison-operations/Pages/copp-forms.aspx)

## Related COPPs

* [COPP 5.2 – Observation Cells](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 10.1 – Prisoner Behaviour Management](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 10.2 – Daily Routine and Population Counts](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 11.2 – Searching](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 12.4 – Prisoner Transfers](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)

## Definitions and acronyms

|  |  |
| --- | --- |
| Term | Definition  |
| At-Risk Management System (ARMS) | The At-Risk Management System is the Department's multi-disciplinary suicide prevention strategy for offenders. The tri-level system includes:* Primary prevention - strategies to create physical and social environments in the detention centre that limits stress on detainees.
* Secondary prevention - strategies to support detainees at statistically higher risk of self-harm or suicide.
* Tertiary prevention - strategies aimed directly at individuals identified as at risk of self-harm or suicide.

Or An interim or endorsed strategy to manage the detainee’s at-risk behaviour. |
| Assistant Superintendent Special Units (ASSU) | The Assistant Superintendent Special Units or Manager Assessments (or in the case of privately operated prisons, the relevant Assistant Director) of the prison whose responsibilities include prisoner management and/or assessments. The Authorised Assistant Superintendent Special Units is authorised by the Designated Superintendent to undertake the responsibilities as described in this document. |
| Commissioner’s Operating Policy and Procedures (COPP) | COPPs are policy documents that provide instructions to staff as to how the relevant legislative requirements are implemented. |
| Daily Routine | Refers to the timing and timeline allocated for the provision of a structured day for prisoners which supports the delivery of custodial services within a prison. |
| Guiding Principles for Corrections in Australia, 2018 | The guidelines and the accompanying principles constitute outcomes or goals to be achieved, rather than a set of absolute standards or laws to be enforced. They represent a statement of intent that each Australian State and Territory can use to develop their own range of relevant legislative, policy and performance standards to reflect best practice and community demands. |
| High Dependency Area (HDA) | The HDA within the Mental Health Unit consists of six beds (single cells) for women whose needs are most acute and complex |
| Supervision Care Plan  | An individualised plan that details and describes key elements for managing prisoners which includes but not limited to: * Delivery of entitlements and privileges
* Proposed behavioural management strategies

Internal escort information (eg required staff, recommended restraints). |
| Supervision Care Plan | The approved plan developed in consultation with clinical and operational staff. The Care Plan spans the time whilst undergoing treatment with Mental Health, Alcohol and Other Drugs. It identifies prisoner needs and contains recommendations for prison placements, security classification and interventions that will assist the prisoner to live a pro-social life on release to the community. |

## Related legislation

* *Prisons Act 1981*
* *Mental Health Act 2014*

# Assurance

It is expected that:

* Prisons will undertake local compliance in accordance with the [Compliance Manual](https://justus/intranet/department/standards/Pages/monitoring.aspx).
* The relevant Deputy Commissioner will ensure that management oversight occurs as required.
* Operational Compliance Branch will undertake checks in accordance with the [Operational Compliance Framework](https://justus/intranet/department/standards/Pages/monitoring.aspx).
* Independent oversight will be undertaken as required.

Document version history

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| 0.1 | Operational Policy | Initial draft | 1 December 2021 | N/A |
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Appendix A – Bindi Bindi Mental Health Unit Meetings

A number of multidisciplinary and community meetings occur for the Mental Health Unit. These are outlined in the below table.

All committees are to adhere to standard Departmental policies and procedures, the Department’s Code of Conduct and Records Management Policy with regard to the exchange of information and confidentiality. Meeting papers should be captured in the Departments records management system (Content Manager)

|  |  |  |  |
| --- | --- | --- | --- |
| Meeting | Frequency | Attendees | Purpose |
| **Clinical Intake Meeting** | Weekdays, 5 x a week | ASSU and Nurse Unit Manager with input from the Consultant Psychiatrist (asrequired) | To review referrals |
| **Multidisciplinary Team Meetings** | Weekly | All key clinical staff (Psychiatrist, nurses, OT, and Prison Counsellor, SFMHS Prison In-reach, and psychiatry registrar(if available)) as well as custodial staff | To review the care and progress of all prisoners within the Mental Health Unit and to establish regular review of prisoner care plans, and risk assessment and management plans |
| **Bindi Bindi Management Committee (BBMC) Meetings** | Quarterly | Superintendent, ASSU, Bindi Bindi Senior Officer, Mental Health Manager, Occupational Therapist, Psychiatrist, Mental Health Nurse, Manager of Security, Business Manager, Administrative Staff  | To discuss process improvements, KPI achievement, emerging risks and trends and the implementation of bestpractice |