



Wound Care Alliance UK - 6th Annual Conference

Tissue Viability: from Acute to Community

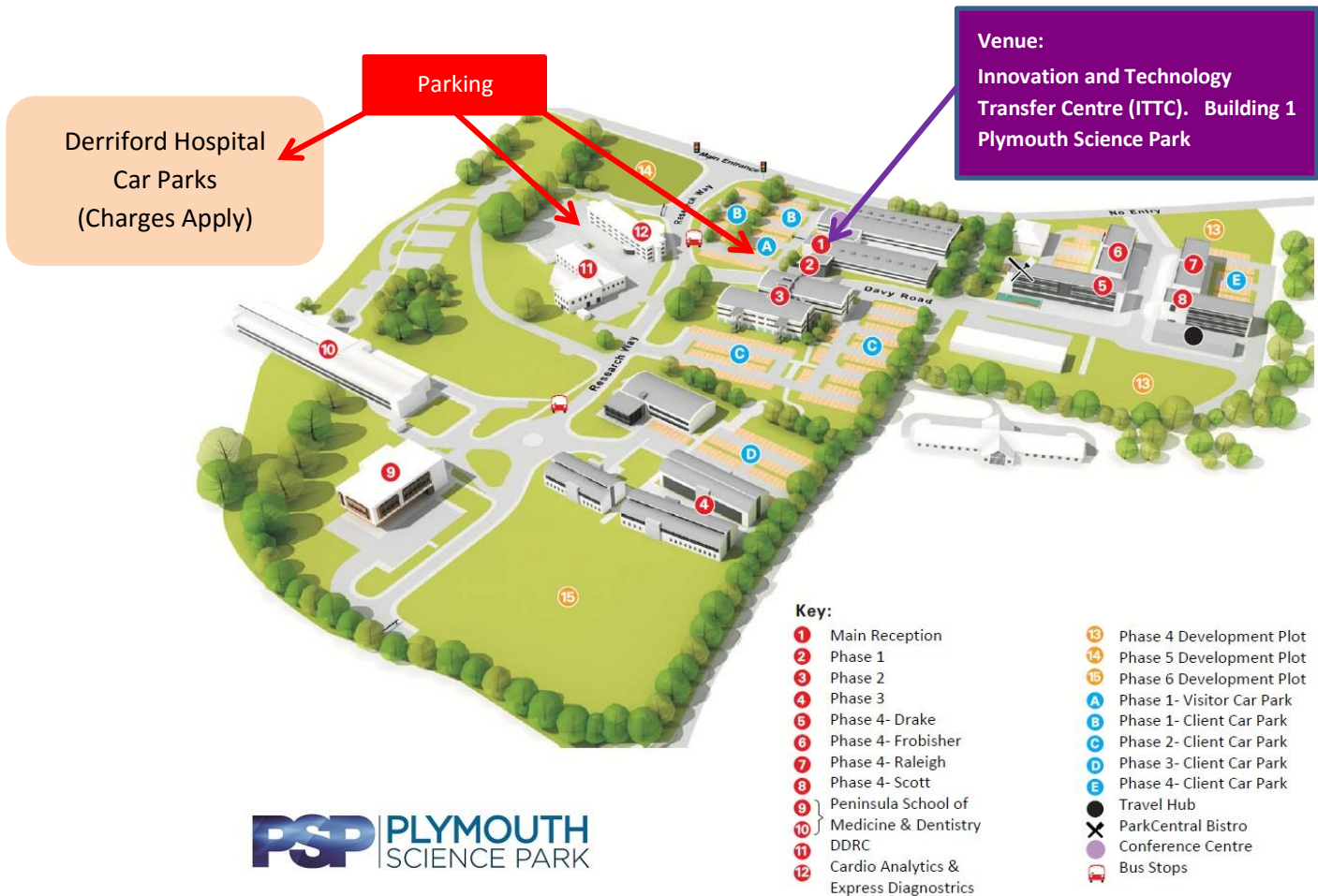
Plymouth Science Park (ITTC - Building 1), Plymouth, PL6 8BX

Wednesday 19th October 2016

9.00am – 3.45pm

Programme

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| 0900 - 0930 | Coffee and Registration |
| 0930 - 0940 | Introduction and Welcome
Jackie Stephen-Haynes, Professor and Consultant Nurse in Tissue Viability, Birmingham City University and Worcestershire Health & Care NHS Trust
& Dr Gary Smerdon, CEO DDRC Healthcare, Plymouth |
| 0940 - 1010 | The new Nursing Framework
Michelle Carolan, Quality & Safeguarding Lead Nurse, Sandwell & West Birmingham CCG |
| 1010 - 1035 | Surgical Wound Management in the Acute setting
Dr Mike Ellis, TV Lead, Derriford Hospital, Plymouth |
| 1035 – 1100 | Surgical Wound management in the Community setting
Theresa Mitchell, TV Lead, Plymouth Community Health |
| 1100 – 1130 | Coffee and view exhibitions |
| 1130 - 1200 | Wound Dressings explained
Rosie Callaghan, Tissue Viability Nurse Specialist, Worcestershire Health & Care Trust |
| 1200 - 1230 | The use of antimicrobial dressings
Richard White, Professor, University of Worcester, Director, DDR Wound Care |
| 1230 - 1345 | Lunch and view exhibitions (Plymouth Science Park) |
| 1345 - 1415 | The importance of Pressure Ulcer Prevention
Julie Evans, TV Nurse, Abertawe Bro Morgawwg University Health Board, Swansea |
| 1415 – 1445 | Essential Skin care
Menna Lloyd Jones, Independent Tissue Viability Specialist |
| 1445 - 1515 | Wound Healing : what to expect in a surgical wound
Ali Bishop, DDRC Healthcare, Plymouth |
| 1515 – 1530 | What else can we do? A brief introduction to hyperbaric oxygen therapy
Dr Gary Smerdon, DDRC Healthcare, Plymouth |
| 1530 - 1545 | Discussion, Summary and Evaluation |
| 1545 - 1600 | Certificates and Close |



To book your place please complete the form below and return it to the address below or email info@wcauk.org

Cost: £5 which includes a year's free membership to WCAUK. Cheques payable to WCAUK

Exhibition: WCAUK Commercial Sponsors

Name:

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Email Address:

Job Role:

Employer:

Dietary Requirements:

Return this form to

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