NIVAS
National Infusion and Vascular Access Society

The 14th NIVAS Conference

STANDARDISING EXCELLENCE

shared standards | shared responsibility | shared safety

Hilton Brighton Metropole | 7-8 July 2026

Conference Report

The National Infusion and Vascular Access Society (NIVAS) Annual Conference once again brought together healthcare professionals, clinical leaders, researchers, educators and industry partners from across the UK to share knowledge, showcase innovation and promote excellence in infusion therapy and vascular access care.

The conference provided an invaluable opportunity for delegates to learn from expert speakers, explore the latest evidence and best practice, and engage in meaningful discussions on the challenges and opportunities facing the specialty. Through a programme of keynote presentations, clinical updates, case studies, interactive sessions and networking opportunities, delegates gained insights into current developments and emerging trends that support the delivery of safe, effective and patient-centred care.

This report provides an overview of the conference, including key highlights from the programme, delegate engagement, exhibition and sponsorship activities, and feedback from attendees. It also reflects on the success of the event and identifies opportunities for future development as NIVAS continues to support healthcare professionals working within infusion therapy and vascular access across the United Kingdom.

NIVAS remains committed to advancing practice through education, collaboration and the sharing of evidence-based knowledge, and the conference continues to play a vital role in achieving these objectives.

So, the meeting came to an end, and all involved made their way home having gained insight, new ideas and learned new techniques. Equally importantly they had the opportunity to meet old friends and make a few new ones as well.

See you next year.

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Day 1 – Tuesday 7th July 2026

Our NIVAS 14th annual conference focussed on 'standardising excellence' looking at 'shared standards', 'shared responsibilities' and 'shared safety'. The event was held in Hilton, Brighton Metropole on the 7th to the 8th of July 2026, with over 200 delegates and over 30 exhibitors, our biggest event so far.

Day one kicked off with a welcome message from our chair Andrew Barton; who launched the NIVAS new standards for Vascular Access & Infusion Therapy, as well as a new conference 'App' for showing all speakers, events, content etc. We'd be using voting (using Slido™) for the first time, looking at the word cloud and networking opportunities. We reviewed where potentially the 2027 conference could be held, some early suggestions included Scotland, Wales and Liverpool. The slido system was shared again on day two, and the potential venues for 2027, and which one was selected.

Andrew went on to launch the standards in detail, which took over three years to produce, with adjustments, reviews and multiple meetings to get to this fantastic position where we at last had a national document that we could share with all our colleagues. There are 31 sections throughout the standards, Andrew went on to mention the 300 standards and five core principles throughout this standard.

1st Principle ; vascular access placement and IV therapy administration must only be undertaken if clinically indicated. Alternative routes of Drug Administration must be considered first

2nd Principle; informed consent must always be sought prior to initiating vascular access or IV therapy

3rd Principle; Vessel health and preservation must be the primary consideration in clinical practice

4th Principle; Aseptic Non touch technique ANTT and infection prevention standards must always be followed in clinical practice

5th Principle; all healthcare professionals providing vascular access, insertion or care and maintenance on IV therapy practice must be appropriately educated, maintain their competence and work within a scope of practice

Andrew also introduced the new VADEIP score, it's hoped to be adopted and replaces the old VIP score developed by Andrew Jackson way back in 1998, Andrew Jackson's VIP score (Zero to 5) has been adopted nationally and internationally, In fact globally, across the planet. The new VADEIP score launched at conference asks people to score the cannula as either zero (No signs of any infection or injury or harm) or a 1, which means there are signs of redness, swelling, pain or discharge and consider removing the cannula. It's also important to say that when we do get to a VIP score, or a new VADEIP

score, that they should also be documented in People's risk recording system DATIX or incident software to help investigate and review compliance and support your local policies.

Another tool outlined in Andrew's introduction speech was around the 'IDECIDED' tool and that is built into the new standards. In addition, the new standards also includes ultrasound guided insertion, some new E learning tools on how to follow proper steps, these often missed processes, so it's really important to have these, signposted throughout.

The second session was delivered by Steve Hill, Procedure Team Manager from the Christie Hospital and former Board Member. Steve's topic and theme around ECG placement of chest devices, also covered a detailed history and background around ECG tip Confirmation Sharing excellent updated training videos, on ports port placement etc. He also went on to talk about the challenges of patient records and saving images into patient records and how an integrated system could be used.

The next session was a panel of experts Led by Julie Godfrey (Board member for NIVAS) Emily Smith and Angela Hastings. The discussion centred around the nurse LED pick port services and LED to a healthy discussion around implementation risks and challenges.

Our first industry sponsored session Sponsored by BD after refreshments looked at digital foundations to transformational impact. How to build a sustainable intravenous access service this was delivered by Tesni Sullivan Lead Vascular access nurse and Dr Nathan Littley anaesthetic trainee from Betsi Cadwaladr University Health Board; North Wales. They highlighted the three major sites that they have and with about an hour's drive between each. They talked about the challenges of implementing, such a service. They are an 'IVAS' service and how important the need is for data. They talked about the digital system, giving them data visibility, sustainability and availability and they use a CiviCA'

Cito' systems. This includes videos and images, and they're able to upload those to them. The team were very successful in driving forward, they are a new vascular access service, and promoted the NIVAS white paper launched just a few years ago around 'adoption of vascular access teams' and implementation of such a service. All contacts for their service are done online, so they have no bleep and no multiple phone interruptions during the day which received a warm applause from the audience. They use interactive, up-to-date modern sessions such as; online learning and even share podcasts they developed their own software tool their IVAS scoring/ranking system using a traffic light model of red amber and green.

Our next session, delivered by DJ Shannon, was around CALBSI and CABSI. DJ flew in from America and is an infection prevention manager working in community hospitals in East Fishers, Indiana. He raised the question about understanding PIVCs. What are they? and who's looking?. . . . Let's all agree.. he said. . . . *that doing what's right for your patients is important*, let's measure

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for infections, Let's record and document these, the standards used in America are very similar to the ones that we're aware of in the UK, the AVA standards from 2024, NQF standards and the APIC (The Association for Professionals in Infection Control and Epidemiology) standards of 2025. Some important references were shared, which can be searched via the NIVAS website (www.nivas.org.uk) including Young's paper from 2023 looking at the cost of impacts of bloodstream infections. Dante's et al paper from 2017, Suggesting 49% of preventable bloodstream infections, 5% were in PIVCS, and Stacks paper from 2023, again 43% preventable and 3.3% being on Peripheral Intravenous cannulas. . . not news to the audience, but important to see, that our American colleagues are facing similar situations and nobody seems to have all the answers to all the ongoing issues.

Our final session before refreshments, and lunch was Dr Tatiana Tonu a specialist in anaesthetics from East Cheshire NHS Trust (and new Board member of NIVAS) talking about mid-thigh pics. This was her first time speaking at conference, and she spoke with great confidence and support from all the audience. She's talked about a case study looking at difficult access and special precautions; also mentioning something called the agitated sodium chloride or the 'bubble test' and went into great detail about the complications and prevention actions. A great insight and personal story that touched base with so many of the audience members, congratulations and well done Tatiana on your first presentation, and the content was very well received; and we look forward to your next (second session coming up later).

Our first session after lunch. Introduced by Dr James Bennett Consultant Anaesthetist from Birmingham Children's hospital and NIVAS Board Member looked at PIV assist; Sonosite's new 'AI' Artificial intelligence driven solution. James started off by asking everybody to think about the current challenges we face every day; demographics, age, fragility, demands on service, larger patients, and of course all backed up with no funding, no money or training.

James talked about the increased demand on Vascular Access services and also talked about success rates, a very important topic area. Looking at ultrasound insertion; Can it help on first success rates? he also talked about the advice that can be given on gauge size, not to mention the depth required as well, and focused in on the catheter to vein ratio, something that's picked up in the NIVAS clinical standards for vascular access and Infusion Therapy (2016). James carried out a demo of PIV, Assist, showing arteries and veins and how to distinguish them, the use of AI to support clinical decisions. It's the future and we've seen it here at NIVAS.

Next up was Sara Melville nurse consultant and lead for vascular access service in Alder Hey Children's hospital (NIVAS Board) and she updated conference on flushing and locking catheters in paediatrics. Sara gave updates on her project and progress to date using a product called 'kitelock™'. She shared the success across all patients, with robust audits, and good, results. This has allowed the team to remove heparin from midline use, with good, robust evidence to support it. Questions of flow rates and any effects and doesn't seem to have any negative impact patient outcomes.

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INNOVATION;

A couple of years ago, NIVAS introduced a new section to conference around innovation and development, and we were pleased to have three updates starting off with a presentation from Faye Allen all around routes into NHS supply chain, and a fascinating review of the work that's carried out behind the scenes the product evaluation the groups and committees that exist and how products go from development innovation design to adoption.

The second session was an update from Paul Lee (Consultant Clinical Scientist, working in medical equipment management in Swansea Bay University Health Board). Paul updated the conference on his project around 'senseIV™'. An intelligent sensor dressing that can be used to detect injuries Infection, extravasation, leakage, swelling, and dislodgement. The intelligent sensor is 'aimed at peripheral cannulation. Early days, In terms of it's design and prototyping, but very much on its way, in terms of product development, research funding, and who knows Paul said in 10 years' time every peripheral cannula may have, an integrated dressing with sensor technology helping to carry out VADEIP (Vascular Access Device Exit-Site Infection or Phlebitis) scoring, monitoring the condition of your patient's cannula and reporting back to the nurses station on how well the cannula is being used; being monitored 24/7 without you having to be there.

We were pleased to invite back for our final innovation session, Dr Tore Allerup who had travelled from Denmark to show us the final stages of his product 'DropletIV™' .. early prototypes were shared at previous NIVAS conference, but it was amazing to see the development stage and pretty much the final product that was going to be available in the very near future to help all staff, who administer intravenous medications. Aimed at IV bags of fluids, this automatic flushing device can be simply plugged in line and automatically flush all antibiotics at the end of the infusion, taken into consideration the residual medication left in the giving set; another key factor raised not just by manufacturers and suppliers, but also included in the new clinical standards for vascular access and infusion therapy from NIVAS. Tore was then off to Las Vegas to share his innovation, and we wished him a safe journey and looked forward to seeing this amazing innovation make its way to the NHS catalogue and safe adoption too.

No excuses for the next session From Dr Tatiana Tonu as it was no longer her first ever presentation, as it was her second, having presented earlier on in the day. Dr Tonu, a specialist in anaesthetic from East Cheshire NHS Trust talked about setting up ultrasound PIVC training service its benefits and how it's affected their area of work. There are three teaching sessions per year, with up to six nominated staff that can attend. It's vert hands on, very technical,

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very practical and feedback across the board has been excellent. It's also an opportunity to raise awareness of new practises, and also an opportunity for all staff to share their skill. Tatiana left us with one key question "*what if the patient being cannulated was your mum or dad or loved one*"... Wouldn't you want the person doing this to be the best trained, and to have to hand the best available, most up to date, technological assistance to ensure safe, cannulation? Unsurprisingly, the audience's response was a resounding "yes."

Conference broke for the final refreshment and visit, to the exhibition and a chance to see all the abstracts and interview the authors as they stood by the posters. A great buzz in the room and loads of interactions between delegates and those submitting their work. The next session of the day was the Annual General Meeting. Restricted to NIVAS Members only where the Chair (Andrew

Barton) presented financial updates, and a round robin of the progress since we last met in 2025 to date. The rest of the board presented updates on membership and were on hand for Q&A sessions.

The formal part of the conference was closed by our chair for the day, Julie Godfrey (Lead Vascular Access Nurse practitioner Mid and South Essex NHS Foundation Trust) who thanked all speakers, all contributors, all suppliers. Alll Members, all poster abstract presenters and of course, Media One for putting on such a fantastic event as we look forward to day two, and the close of day one we moved into the final session and networking reception for all attendees, industry partners where everybody could join the NIVAS Board for an informal cheese and wine reception, that always goes down a storm and is very well supported by our sponsors and members alike.

Written by Paul Lee, NIVAS Board Member

Day 2 – Wednesday 8th July 2026

Day 2 of the 14th NIVAS Conference provided a fitting conclusion to an outstanding event, bringing together national guidance, patient safety innovation, service development, clinical research and hands-on education. Building on the foundations established on Day 1, the programme focused not simply on what best practice looks like, but on how organisations and clinicians can successfully implement it to improve patient outcomes and reduce variation in care.

Chaired by Julie Godfrey, the day commenced with an update on the **Association of Anaesthetists Safe Vascular Access 2025 Guidance,** delivered by Dr James Bennett. The session reinforced the importance of evidence-based device selection, ultrasound-guided insertion, catheter tip confirmation and clinical governance. More importantly, it reflected the continued evolution and professionalisation of vascular access services as a specialist area of practice, underpinned by education, competency and standardisation.

Patient safety remained a central theme throughout the morning. The ivWatch-sponsored session reflected explored the growing need to move from reactive management of infiltration and extravasation injuries towards proactive recognition and a wider NHS shift from responding to complications after harm occurs towards preventative approaches.

This theme was further developed during the presentation on Extravasation in Critical Care, where Gemma Millen highlighted the unique challenges of recognising complications in critically ill patients. The session demonstrated that despite advances in technology and clinical practice, vigilance,

escalation pathways and consistent assessment remain fundamental to minimising harm in high-acuity environments.

The NIVAS Member Oral Abstract Presentations showcased the breadth of innovation, quality improvement and service evaluation taking place across the UK vascular access community. Congratulations were extended to *Morgan Lee*, who received the award for *Best Oral Presentation*, recognising the quality and relevance of the work presented.

The poster exhibition showcased the depth of innovation, research and quality improvement activity taking place across the vascular access community. The high standard of submissions provided valuable

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opportunities for sharing practical learning, service developments and evidence-based improvements that can be translated into clinical practice.

Congratulations to *Jera Mae Palmosa*, whose work was recognised with the Best Poster Award—a well-deserved achievement that reflected the quality and impact of the poster presentations on display.

A session on *Moving Services into the Community* explored the continued expansion of vascular access and IV therapy services beyond traditional hospital settings. The discussion reflected broader NHS ambitions to provide more care closer to home while maintaining the same standards of safety, governance and patient experience.

The afternoon's session examined emerging products, technologies and clinical approaches shaping the future of practice.

The interactive workshop programme was a particular highlight of Day 2, offering delegates practical exposure to evolving technologies and techniques. **The DLX Intracavitary ECG and Tip Navigation** workshop demonstrated

how technology can improve accuracy and consistency of catheter placement, supporting greater standardisation of practice across services. The **Ultrasound-Guided Vascular Access with Site Rite 9** workshop reinforced the importance of ultrasound as a cornerstone of contemporary vascular access practice.

Among the most engaging sessions was **From PICC to PICC-Port**, which encouraged clinicians to re-evaluate traditional approaches to long-term vascular access device selection. The workshop highlighted the importance of choosing devices based on treatment pathways, patient preference, quality of life and future vascular access needs rather than familiarity or historical practice. A standout feature was the opportunity for delegates to undertake **hands-on PICC-Port insertion using fresh tissue models**, providing an exceptional level of anatomical realism and practical experience rarely available in conference-based education - one of the most memorable learning opportunities of the event.

The final educational sessions focused on learning from real-world experience. The **Case Study Showcase** examined complex clinical scenarios including Kite lock catheter treatment, a retained catheter in the azygos vein and a mycobacterial port infection. These presentations demonstrated the value of openness, multidisciplinary review and shared learning in driving continuous improvement and strengthening patient safety.

The conference concluded with *"Who Wants to be Compliant? Winning the Game of Infection Prevention and Medical Device Safety"*, where Paul Lee explored the relationship between compliance, human factors, culture and

patient outcomes. A fun-engaging and thought-provoking session that provided a fitting finale to an outstanding two-day conference.

Across every session, a common message emerged: achieving excellence requires more than adopting new technologies or following guidance—it requires clinical leadership, continuous learning, multidisciplinary collaboration and an unwavering focus on patient safety. Together, these themes provided a powerful conclusion to a conference dedicated to **shared standards, shared responsibility and shared safety**.

Written by Maya Guerrero, NIVAS Board Member

We look forward to seeing you all next year in Liverpool for the 15th Annual NIVAS Conference.