

## Code of Conduct

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### 1. BSMS Obligations and Responsibilities

The aim of the Blood Stocks Management Scheme (BSMS) is to promote optimal stock management throughout the blood supply chain by facilitating the availability of a reliable data management system, through the provision of objective information on participant performance, and professional advice and assistance where appropriate.

BSMS is open to all UK blood services and the hospitals they serve (not all blood services may choose to participate in the scheme). Other participants may be accepted by agreement of the BSMS Steering Group.

The staff involved in directing and operating the BSMS must be appropriately qualified, as defined within the person specification and job descriptions associated with each role.

The BSMS will monitor participant performance in relation to data entry standards and report levels of compliance to the BSMS Steering group. Activity is graded in accordance with the criteria set out in the activity reports issued to participants by email. Where performance falls below the expected standard participants will be notified and supported with recommendations for improvement.

The BSMS will provide regular reports to participants on their data.

Confidentiality of individual participants' data and performance will be maintained except under the circumstances specified as data transparency.

Complaints regarding the BSMS service should be directed to the BSMS Manager or Chair of the BSMS Steering Group. Complaints should be in the form of an e-mail sent to [bsms@nhsbt.nhs.uk](mailto:bsms@nhsbt.nhs.uk). NHSBT have a formal complaints procedure, and all complaints will be logged and monitored via internal mechanisms.

Meetings and educational sessions will be scheduled to fulfil the educational role of BSMS and to allow participants to discuss matters of current interest relating to stock management and to promote best practice.

The BSMS will provide an annual inventory practice survey for participants to complete on a topic related to stock management, enabling BSMS to report back on current trends in stock management.

BSMS will respond to requests, in a timely manner, from participants where a supply of data, change of registration details or advice had been requested.

## **2. Hospital Participants Obligations and Responsibilities**

Participants are currently expected to:

- i. Enter daily data on red cells stock
  - ii. Enter daily or monthly wastage data on red cell, platelet, fresh frozen plasma and cryoprecipitate.
  - iii. Enter monthly movements data for all components where applicable.
  - iv. Enter receipt data for commercial FFP where applicable.
- Active participation in BSMS is essential in order to best utilise data on blood stock management, wastage and blood utilisation.
  - Persistent non-entry of data to the BSMS via the data management system may result in the participant being contacted to ascertain reasons for non-submission.
  - Entry of correct data to the BSMS is the participants' responsibility. Participants should validate the data submitted to the BSMS regularly and notify the BSMS of any irregularities found.
  - Participants should complete the inventory practice survey on a topic related to stock management, allowing the BSMS to report back to participants on current trends in stock management.
  - Participants should update BSMS of any changes to stock holding practices or changes to activity that influences stock management
  - Participants should review and update their ideal stock levels annually.
  - Participants should notify BSMS of any changes to their registration details immediately. Any changes should be sent to the BSMS in writing by e-mail sent to [bsms@nhsbt.nhs.uk](mailto:bsms@nhsbt.nhs.uk).

## **3. Blood Service Obligations and Responsibilities**

- Blood Service participants are expected to provide a daily automatic feed of data on red cell, platelet, FFP and cryo component issues and red cell and platelet wastage within the blood service.
- Participants must formally validate the data submitted to the BSMS prior to going live and at six monthly intervals. The BSMS must be notified of any irregularities found and an action plan agreed.

## 4. Summary of Changes

This section records the history of material changes that affect the content, scope or application of this document. Minor editorial amendments are not included.

This document will be reviewed every 2 years.

| Version | Date       | Author/Reviewer                           | Description of change                                 |
|---------|------------|-------------------------------------------|-------------------------------------------------------|
| 3.0     | 12/01/2026 | Ness Hayes<br>Lead Specialist BSMS        | Periodic review                                       |
| 2.1     | 01/06/21   | Jill Caulfield<br>Lead Specialist<br>BSMS | Reviewed<br>Matthew Bend BSMS Manager<br>New template |
| 2.0     | 04/09/19   | BSMS Manager                              | Document signed off by BSMS<br>Steering Group members |

Where significant changes are made to this document, the version number will be incremented by 1.0.

Where changes are made for clarity and reading ease only and no change is made to the meaning or intention of this document, the version number will be increased by 0.1.

## 5. Appendix

Activity by participants is graded as follows:

- **Pass:** 20 or more entries per month (red cell stock) and 1 red cell, platelet, FFP and cryo wastage entry per month.
  - **Fail:** less than 20 entries per month (red cell stock) or no data entry for red cell, platelet, FFP and cryo wastage.
  - Where data submission falls below the expected standard, participants will be contacted and offered support and guidance to help improve.
1. A period of two months of insufficient data submission will be followed up with an email from the BSMS team offering support or guidance.
  2. The hospital will then be monitored for a further four months. If insufficient data submission continues at six months, an improvement notice will be sent by the BSMS team to the Transfusion Laboratory Manager.
  3. During the six-to-twelve-month monitoring period, hospitals with ongoing insufficient data submission will be presented to the Steering Group, with escalation considered at twelve months.
  4. At twelve months of insufficient data submission, an improvement notice, co-signed by the BSMS team and the Steering Group, will be sent to the Chair of the Hospital Transfusion Committee.