**BTS Smoking Cessation Audit (1 Jul – 31 Oct 2021)**

**Anyone needing access to the data entry for this audit must**

**be named as either an Audit Lead or Delegate on this form**

To avoid delays in being approved for access, all Leads/Delegates should be registered on the audit system before submitting this form: <https://audits.brit-thoracic.org.uk/>

Please complete one registration form per hospital – if there are any changes please notify audittools@brit-thoracic.org.uk.

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| **Hospital**  |  |
| **NHS Trust/ Health Board** |  |

**Audit Lead Contact Details:**

*The Audit Lead must be a Consultant Physician and* ***must have an account on the BTS Audit System***

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| **Name** |  |
| **Job title**  |  |
| **NHS Email Address** |  |
| **Telephone number** |  |

**Audit Lead Responsibilities**

* 1. To coordinate data collection and data entry for this audit, including nomination of Audit Delegates who will have access to the data entry (see page 2).
	2. To disseminate information about the audit to colleagues and trust management/IG department if appropriate.
	3. To disseminate audit results.
	4. To participate in any BTS outlier review process

**National Audit Reporting**

Reports of aggregated national and site-level data will be made available to participants to allow benchmarking to take place. A National Report of aggregated data will be made publically available on the BTS website, and further reports, including those that identify individual hospital performance, may also be published by BTS and made publically available. Third parties may apply for access to data entered for this audit in accordance with the BTS Data Access Policy and may publish material using the audit data.

For further information on how we use audit data and our outlier policy, please see the BTS Clinical Data Policy: https://www.brit-thoracic.org.uk/media/432486/clinical-data-policy-and-appendices-oct-2018.pdf.

Audit Lead Signature:………………………………………………………………. Date: ………………………………

**Audit Delegates*:*** *Audit Delegates must be nominated by the Audit Lead.*

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| **Name** |  |
| **Job title**  |  |
| **NHS Email Address**  |  |

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| **Job title**  |  |
| **NHS Email Address**  |  |

**Please add details of any additional Audit Delegates as needed.**

**When completed, please send this form to the BTS Audit Team at:**

AuditTools@brit-thoracic.org.uk