

SCALE (Strengthening healthcare workforce capacity through global learning) Toolkit



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Introduction

Background on the partnerships

The SCALE (Strengthening healthcare workforce capacity through global learning) partnerships facilitate collaborative learning and exchange between UK and overseas healthcare organisations. SCALE began in 2021 between UK partners and counterparts in Uganda, with a focus on critical care medicine. It has since expanded to involve partnerships in multiple clinical specialty areas including emergency medicine, neonatal, maternity, cardiology, ophthalmology and cancer care.

The UK partners are primarily NHS trusts and academic institutions, while overseas partners are national referral hospitals and ministries of health. The goal is to build mutually beneficial relationships that strengthen health systems through knowledge sharing, training, and exchange of healthcare professionals.

The partnerships aim to advance medical education, improve quality of care, and develop new health leaders. They utilise different modalities like virtual grand rounds, in-person conferences, and clinical fellowships. Oversight and coordination is provided by the Global Health Unit at NHS England.

Purpose and overview of the toolkit

The SCALE toolkit has been developed to support organisations looking to work collaboratively with overseas partners. This toolkit will guide you through the process including planning, implementing, and governing of your project.

Every partnership will be unique and therefore may have different requirements. The toolkit is designed to be flexible and to guide you rather than be a set of instructions. The toolkit takes reference from the normal project management approach of initiation, planning, implementation, monitoring and close.

The SCALE partnership model involves three primary phases:

- **Phase 1** focuses on Building Virtual Grand Rounds to facilitate collaborative learning through interactive videoconferencing sessions.
- **Phases 2 and 3** centre around Exchanging Healthcare Professionals through fellowships or observerships to directly strengthen skills, leadership capabilities, and relationships through immersive, onsite learning overseas.

While the three phases can occur concurrently, they can also be implemented over time. For example, partners may choose to start by establishing strong virtual connection through grand rounds, before progressing to in-person exchanges. Moving in phases enables milestones and allows for pilot testing approaches on a smaller scale.

The inclusion of case studies, a mind map, a flowchart, and a comprehensive checklist further enriches the toolkit, providing users with real-world examples, visual summaries, and actionable items to navigate the complexities of international collaborations.

Intended audience

The intended audience of the Toolkit are individuals who are directly involved in planning and managing international health partnerships and exchanges between healthcare organisations, specifically NHS trusts, academic institutions and global health ministry's/agencies.



Theory and Practice

A review of several academic papers on virtual grand rounds demonstrated a number of valuable insights in relation to implementing and sustaining impactful virtual partnerships :

Building Virtual Engagement

The research outlined important considerations around selection of user-friendly videoconferencing platforms and effective use of interactive features like chat, polling, and breakout rooms to facilitate participation. Recording sessions for viewing later was also shown to expand potential reach and access.

Evaluating Impact

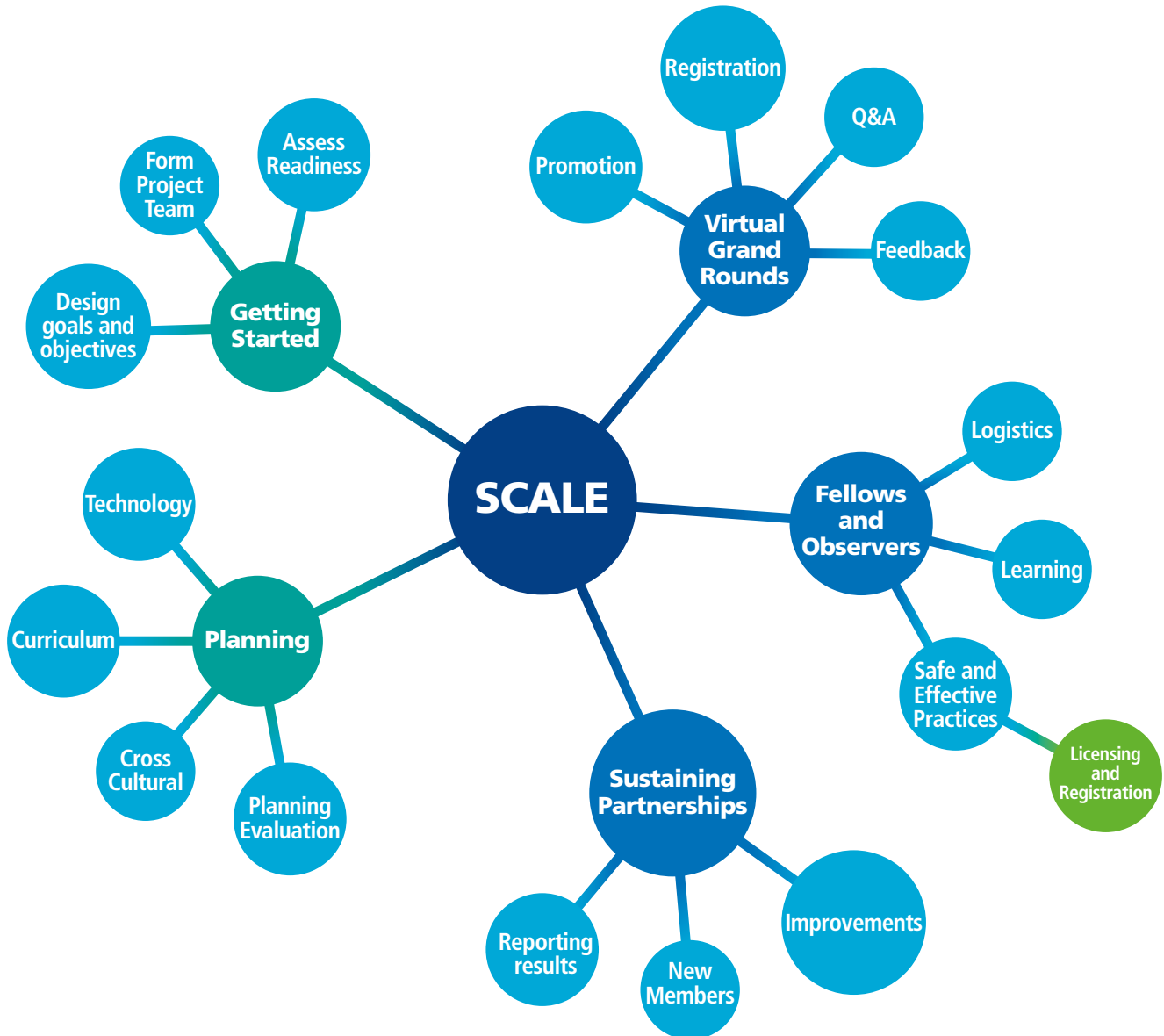
The analysis revealed virtual grand rounds increased attendance, knowledge gains, and expanded speaker diversity. Implementing post-event surveys captured data on participation rates, attendance and speaker locations.

Sustaining Partnerships

The studies demonstrated a commitment to sustain virtual grand rounds long-term based on their convenience, accessibility and cost/time savings. However, there was also recognition that a flexible hybrid model facilitates valuable in-person interactions and relationships.

SCALE Mind Map

The SCALE Mind Map serves as a visual summary of the structure of the SCALE Toolkit and demonstrates the interconnectedness of various components of the toolkit. The mind map details the phases and components integral to the development, implementation, and sustainability of international health partnerships. By dividing the toolkit into sections such as Getting Started, Virtual Grand Rounds, Fellows and Observers, Sustaining Partnerships, and Planning, the mind map provides a clear overview of SCALE.



Getting Started

Overview

The Getting Started section outlines the key initial steps to take when first exploring or launching a SCALE partnership. This includes:

- Conducting an organisational readiness assessment to determine if your institution is prepared for and positioned to commit to an international collaboration.
- Forming a project management team consisting of engaged leads from partnering organisations.
- Defining overarching partnership goals and specific measurable objectives tied to planned activities.
- Understanding how to adapt the SCALE toolkit based on the user and their priorities.

Assessing readiness

When first exploring a SCALE partnership, performing an organisational readiness assessment can help determine if your institution is prepared to commit to and sustain an international collaboration. Consider factors such as:

- **Leadership support** – Is there buy-in from organisational leaders and willingness to dedicate resources? Executive sponsorship is an important consideration for project success.
- **Capacity** – Does your institution have the staff, infrastructure, and bandwidth to take on partnership activities?
- **Risk tolerance** – Are there any major regulatory, legal, or ethical risks, and is your organisation comfortable with the level of risk involved?
- **Strategic priorities** – Does the partnership align with and further your organisation's goals and focus areas?
- **Funding** – Are there available resources to support partnership costs?
- **Past experience** – Has your organisation engaged in global partnerships before and built needed structures/processes?
- **Cultural factors** – Are there any cultural dynamics (language, norms, values) to consider between partners?

Conducting an honest readiness assessment will help determine if the timing is right and identify any gaps to address before launching a partnership.

Forming a project team

One of the first steps in launching a SCALE partnership is forming a strong project team with leads from both the UK and in-country partners. SCALE partnerships have Project Technical Teams (PTTs) consisting of clinical leads, nurses, and allied healthcare professionals from each partner country.

The PTTs oversee operational aspects like organising virtual grand rounds in their specialty area. It is important to identify team members who are engaged and can dedicate time to partnership activities. Defining roles and responsibilities early on will help clarify expectations, provide guidance and advice to help the partnership achieve its goals.

It can also be valuable to map out an overall theory of change to illustrate the logical sequence of how programme activities will lead to desired changes reflected in the goals.



Defining goals and objectives

An initial step for the PTT is to clearly define the overarching goals and specific objectives of the SCALE partnership. This will provide direction and alignment for all activities and initiatives.

As outlined in the Theory and Practice section, virtual grand rounds have been shown to increase attendance, expand speaker diversity, drive knowledge gains, and provide convenient accessibility across distances. With those benefits in mind, an example goal could be:

Conduct virtual nursing rounds focused on infection control best practices, reaching 50 participants over 1 year.

Goals could include things like:

- Improving healthcare workforce capacity through exchange and training
- Advancing medical education and quality of patient care
- Fostering mutually beneficial collaboration between partners

Objectives would outline how you aim to accomplish the goals through specific, measurable activities for example:

- Conducting X number of virtual grand rounds on focused topics
- Facilitating fellowship of X number of healthcare professionals

Adapting toolkit to different audiences

While this toolkit aims to provide general guidance on SCALE partnerships, it is designed to be flexible so that users can adapt it to their specific context and needs. When introducing the toolkit, have open conversations about what aspects are most relevant. Be prepared to emphasise or expand on certain sections based on the user's role and priorities.

The toolkit structure enables users to dive into the phases and topics most pertinent to them. Keep in mind any cultural considerations, terminology differences and objectives of the partnership.

Planning the Partnership

Overview

The Planning the Partnership section outlines important elements required in the preparation of partnership building. This includes:

- Clarifying roles and responsibilities expected of each partner organisation and team members.
- Developing a workplan
- and maintaining an active risk register.

Clarifying roles and responsibilities

Clearly defining roles and responsibilities early on lays a foundation for the partnership. Key roles include the PTT representing each partner organisation. The PTT Leads oversee the clinical specialty area through organising the virtual engagements.

Other roles like project managers, coordinators, and advisory committee members provide operational support and guidance. It is important to delineate the specific contributions expected from each partner in areas like communications, logistics, curriculum development, and evaluation.

Drafting terms of reference and partnership agreements can help formally align on responsibilities.

Building in regular check-ins provides an opportunity to review roles as the partnership evolves. Keeping responsibilities balanced and transparent will facilitate effective collaboration.

Developing a workplan

Once goals are defined, creating a comprehensive workplan is key to guiding partnership activities. The workplan should outline specific initiatives, assigned roles, associated timelines, and key milestones. For example, the workplan can map out the logistics, curriculum, and schedule for these engagements over a set timeframe, such as quarterly or annually based on frequency agreed upon by the PTT. It should be informed by partner and stakeholder input to ensure it is realistic and responsive to needs.

Managing risks

When embarking on an international collaboration, proactively identifying and managing potential risks is essential. Partners should assess organisational risk tolerances and consider legal, regulatory, ethical, and other risks.

It is recommended to maintain an active risk register detailing any risks the partnership may face, the likelihood and potential impact of the risk, and mitigation strategies. Risks may involve data security, professional credentials and licensing, liability coverage, and protection of healthcare professionals while abroad. Partners should have open discussions to align on risk levels they are comfortable accepting and develop joint protocols for monitoring and minimising risks.



Case Studies:

The planning process began by identifying the core areas where each side faced challenges and could benefit from the other's strengths. In the UK, the primary healthcare system was robust, but in Uganda, there was a need for advanced and specialised healthcare knowledge that the UK could provide. This led to the selection of specific clinical areas for focus: maternal foetal medicine, neonatology, critical care, and emergency medicine. These were not just chosen randomly but were areas where mutual benefits could be maximised.

A significant part of the planning involved the integration of virtual grand rounds, a strategy born out of necessity when COVID hit, but one that laid the groundwork for continuous knowledge exchange despite physical barriers. This virtual component was crucial, for beginning the conversations and learning what would pave the way for future exchanges and placements between Uganda and the UK.

The Uganda SCALE had the benefit in the early stages of a significant visit by the Permanent Secretary of the Ministry of Health to the UK, a moment that built on our ongoing relationship with the Uganda UK Health Alliance. This visit brought to light the question of how to elevate the partnership between the UK and Ugandan Governments to benefit both health system more effectively. This was about taking our collaboration "to another level to ensure that there is stronger mutual benefit."

This ambition led to the setting up of a partnership model that was inclusive and sustainable. This model included different layers of partnership: "the government-to-government partnership, which gives a blessing for other partnerships that would follow," and then moving to "the regional partnerships which would enable us to nurture twinning programmes at a regional level." The institutional and peer-to-peer partnerships were also crucial elements in this multi-layered approach.¹

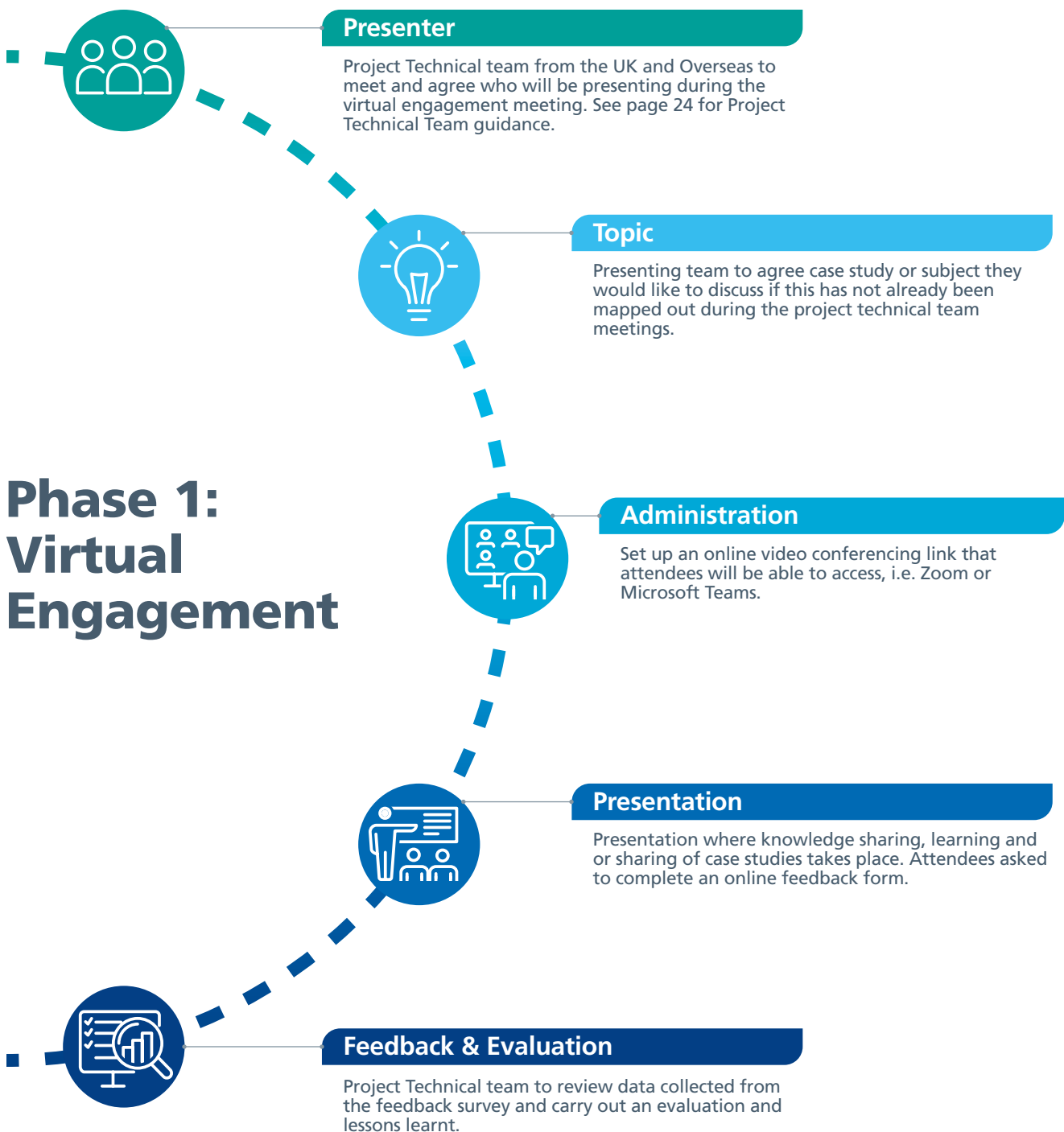
¹ Adapted from an Interview, in February 2024 with Dr JP Bagala, SCALE Uganda Lead.



Phase 1: Building Grand Rounds

Overview

The initial phase of Building Grand Rounds is a structured approach designed to facilitate impactful virtual grand rounds. This phase is organised into distinct steps, ensuring a comprehensive and engaging learning experience for all participants.



Presenter and Topic Selection

The process begins with the Project Technical Team (PTT), comprising members from both the UK and overseas, convening to decide on the presentation team and the topic. This critical planning step ensures that the selected case study or subject for discussion aligns with the overarching goals of the SCALE programme and addresses the identified needs. Further guidance for the PTT is provided to assist in these decisions, ensuring a focused and relevant discussion – see the section Further Guidance.

Administration: Setting Up the Virtual Platform

Once the presenters and topics are decided, the next step involves the administrative task of setting up an online video conferencing link, utilising platforms such as Zoom or Microsoft Teams. This setup includes preparing for the session with test runs to mitigate any technical issues, ensuring a smooth execution of the virtual grand round.

Presentation: Knowledge Sharing and Learning

The heart of the Virtual Engagement phase is the presentation itself, where the sharing of knowledge, learning, and case studies takes place. This interactive session encourages active participation from all attendees, who are later asked to provide their insights and feedback through an online evaluation form, aimed at developing a two-way learning process.

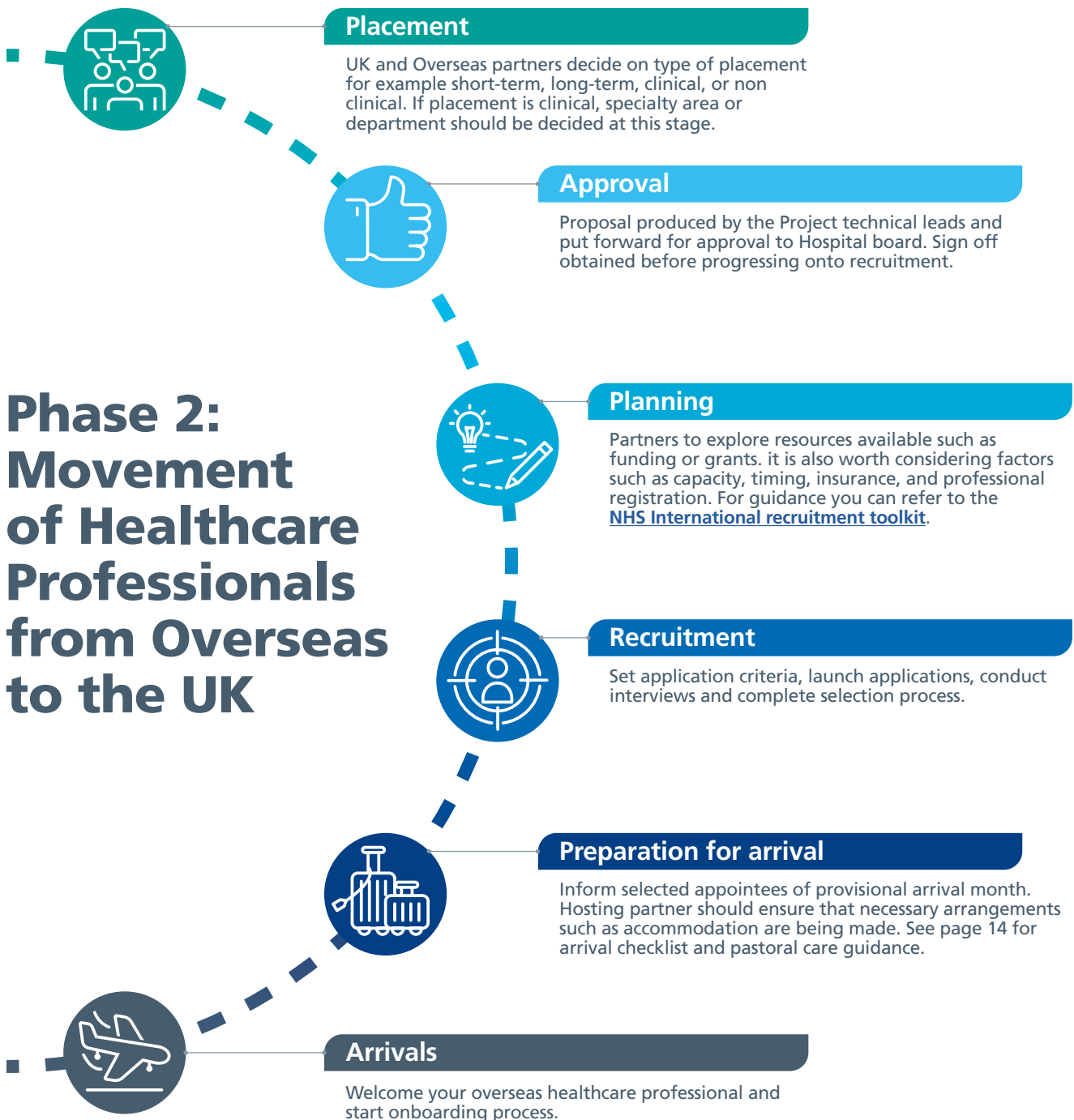
Feedback and Evaluation

Following the presentation, the PTT reviews the feedback collected from attendees to evaluate the session's impact. This crucial step involves analysing the data to identify key learnings, areas for improvement, and strategies for enhancing future sessions. The evaluation focuses on understanding how well the session met its objectives in terms of knowledge sharing, participant engagement, and addressing the specific needs of the healthcare professionals involved.

Phase 2: Movement of Healthcare Professionals from Overseas to the UK

Overview

The Phase 2 of the SCALE programme focuses on facilitating the movement of healthcare professionals from overseas to the UK, ensuring a structured and beneficial exchange. This phase is organised into distinct stages, from deciding on the placement type to welcoming and onboarding the healthcare professionals.



Placement and Approval

The process begins with UK and overseas partners collaboratively deciding on the type of placement – short-term, long-term, clinical, or non-clinical. If the placement is clinical, the specialty area or department is determined at this stage. Partners then explore available resources, such as funding or grants, and consider factors like capacity, timing, insurance, and professional registration, utilising resources like the [NHS International Recruitment Toolkit](#) for guidance.

Recruitment

With the placement details and approvals in hand, the next step involves setting application criteria, launching applications, conducting interviews, and completing the selection process. This ensures that selected healthcare professionals align with the programme's objectives and the specific needs of the placement.

Preparation for Arrival

Selected appointees are informed of their provisional arrival month, and the hosting partner begins making necessary arrangements, such as accommodation. An Arrival Checklist can serve as an essential tool in this process and key components could include:

- **Accommodation Details:** Confirmation of living arrangements, including address, contact details and instructions for key collection.
- **Transportation:** Arrangements for airport pickup and transportation to the accommodation, as well as guidance on local transportation options.
- **Orientation Schedule:** A structured plan for the first few days, including a welcome meeting, hospital or facility tour, introduction to key team members, and overview of the local area.
- **Registration and Documentation:** Assistance with registering for work permits, visas, and professional registrations.
- **Healthcare and Emergency Contacts:** Information on local healthcare services.
- **Cultural Orientation:** Guidance on local customs and cultural norms.
- **Banking and Financial Services:** Advice on opening a bank account, managing finances, and understanding the cost of living in the new location.
- **Communication:** Suggestions for obtaining a local mobile phone SIM card.

In addition to the Arrival Checklist, a Pastoral Care Guide plays a key role in addressing the well-being of the healthcare professionals. As the primary connection to the new country, the hosting partner plays a vital role in their adjustment and integration process. It's essential to allocate sufficient resources and preparation to meet the comprehensive needs of overseas employees.

Engaging with overseas appointees early and frequently is key to a smooth transition. Contact should be maintained from the moment a clinical placement is offered, including the period before their arrival in the UK. Facilitating virtual meetings and introductions with essential colleagues can foster a sense of belonging and ease anxieties about the move. NHS Employers have some excellent resources on Pastoral care which can be found in the International Recruitment Toolkit, An Interactive Guide to Encourage and Enable Good Practice in the NHS².

By meticulously planning for the arrival of healthcare professionals and providing comprehensive support through both an Arrival Checklist and a Pastoral Care Guide, hosting partners can significantly ease the transition process, ensuring a positive and enriching experience for all involved.

² [International Recruitment Toolkit, An Interactive Guide to Encourage and Enable Good Practice in the NHS.](#)



Arrivals and Onboarding

Upon arrival, overseas healthcare professionals are welcomed and begin the onboarding process. This includes providing orientation to the UK healthcare system, the specific roles they will be undertaking, and any necessary supervision and oversight of clinical activities.

Other issues to consider:

Logistics, Support, and Maximizing Learning

Effective management of logistics and providing comprehensive support are essential components of this phase. This involves not just travel, visas, and accommodations, but also ensuring a clear point of contact for visiting professionals for guidance before and upon arrival.

Ensuring Safe and Ethical Practices

Throughout the exchange, maintaining the safety of visitors and adhering to ethical standards are of utmost importance. This includes regulatory compliance related to licensing, data protection, and liability coverage.

Case Studies:

A critical component of the SCALE initiative was the exchange of healthcare professionals between the UK and Uganda. This exchange was designed to address specific needs within the healthcare sectors of both countries, developing a mutually beneficial learning environment. The programme planned two phases to facilitate this exchange: one where Ugandan clinicians would undertake Fellowships in the NHS to appreciate how the NHS healthcare system operates, and another that welcomed NHS professionals into Ugandan settings to appreciate and contribute to healthcare in a low resource environment.

It's important to begin the exchanges with virtual clinical sessions as this would lay a solid foundation for future in-person exchanges. By engaging in case presentations and discussions moderated by senior clinicians from both sides, participants were prepared for their respective exchange experiences, ensuring an easier transition into new healthcare environments. This preparatory phase was crucial for acclimatising clinicians to the operational and cultural nuances of their host countries, thereby maximising the learning outcomes of the exchange.

The programme has succeeded in placing clinicians into critical care placements in Cambridge³.

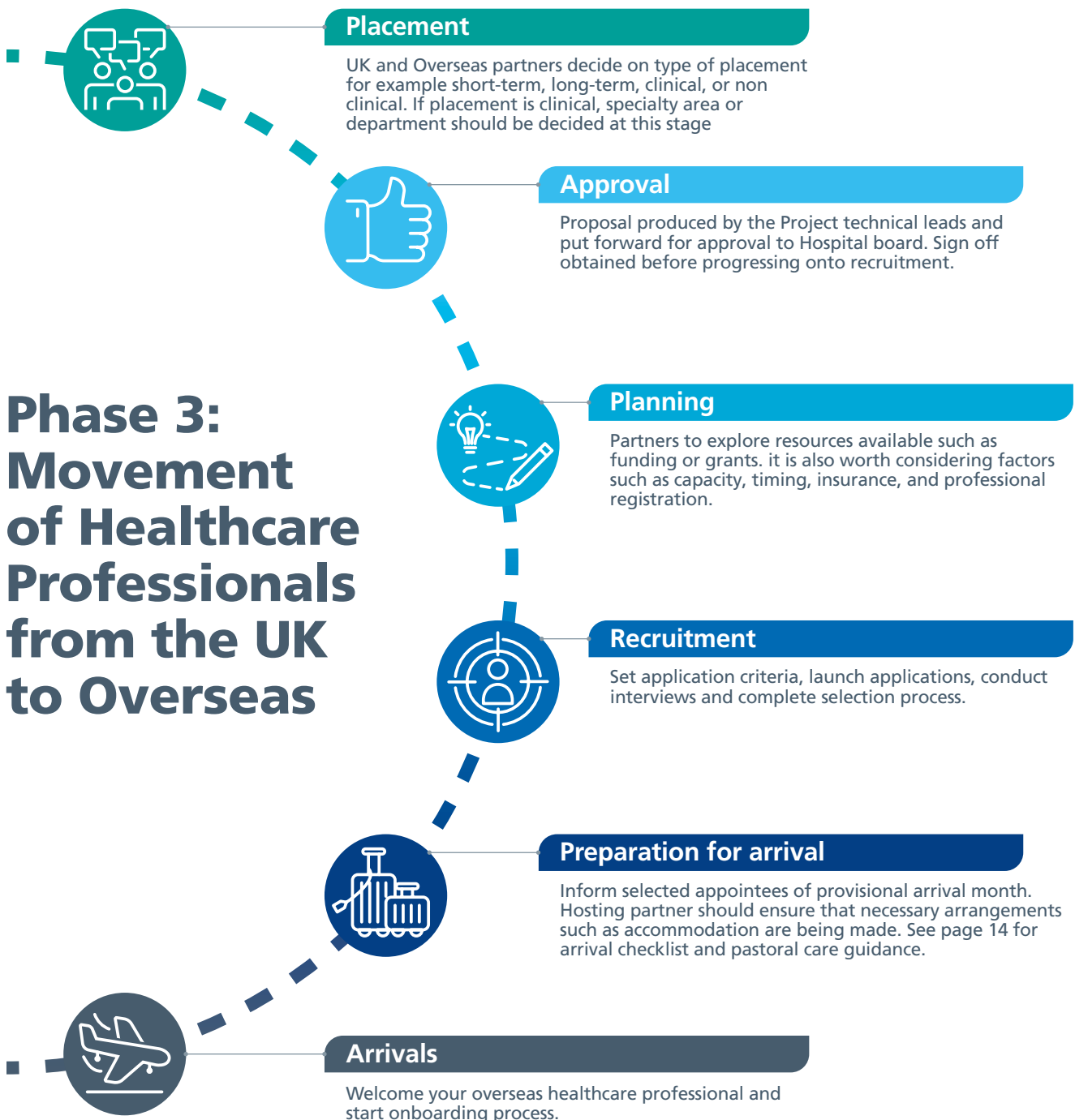
³ Adapted from an Interview, in February 2024 with Dr JP Bagala, SCALE Uganda Lead.



Phase 3: Movement of Healthcare Professionals from the UK to Overseas

Overview

Phase 3 of the SCALE programme is specifically designed to facilitate the movement of healthcare professionals from the UK to overseas partners, marking a critical step in the bilateral exchange of knowledge and skills. This phase is arranged into sequential stages, focusing on the planning and execution necessary for successful placements.



Placement and Approval

This phase commences with a collaborative decision-making process between UK and overseas partners to identify the type of placement, whether it be short-term, long-term, clinical, or non-clinical. For clinical placements, the selection of a specialty area or department is critical at this early stage. Both parties must then assess available resources, such as funding or grants, and contemplate various logistical aspects including capacity, timing, insurance, and professional registration requirements.

Recruitment

With a clear understanding of the placement's scope and the necessary approvals in place, the recruitment phase involves establishing the application criteria, launching the application process, conducting interviews, and ultimately selecting the most suitable candidates. This step ensures that the healthcare professionals chosen are well-aligned with the programme's objectives and the placement's specific requirements.

Preparation for Arrival

Once selections are made, appointees are notified of their provisional month of arrival. The hosting overseas partner is responsible for making all necessary preparations, including accommodation and any other logistical needs, to ensure a welcoming and supportive environment for the UK healthcare professionals.

Arrivals and Onboarding

Upon their arrival, UK healthcare professionals are warmly welcomed and immediately integrated into the onboarding process. This includes an orientation to the local healthcare system, an overview of their roles, and the provision of necessary supervision to ensure they can effectively contribute and learn from their overseas experience.

Logistics, Support, and Maximising Learning

Managing logistics and offering support are fundamental to this phase, encompassing travel, visas, accommodations, and the establishment of clear points of contact for guidance.

Ensuring Safe and Ethical Practices

Safeguarding and adhering to ethical practices during their overseas placement is paramount. This involves ensuring compliance with regulatory standards related to licensing, data protection, and liability coverage in the host country. Transparent communication and risk management are essential to uphold these standards throughout the exchange.



Sustaining the Partnership

Overview

The Sustaining the Partnership section outlines important components to continue delivering value over the long-term. This includes:

- Evaluation of current initiatives
- Consistently reporting on activities, outputs and outcomes to leadership to demonstrate ROI.
- Benchmarking progress made towards partnership goals and vision.

Provide opportunities for partners to evaluate current initiatives, give input on new directions, and co-develop enhancements to the partnership. Variety in virtual session formats, cross-partner mentorships, and collaborative projects can stimulate ongoing interest.

Recognise members for meaningful contributions. Create pathways for new members to join and current leads to take on additional responsibilities over time. Sustained engagement relies on nurturing a culture where partners feel valued, heard, and mutually invested in advancing shared goals.

Finding ways to measure the return on investment will be an important consideration for the Executive sponsor.

Reporting results and impact

Consistently reporting on partnership activities, outputs, and outcomes is essential for demonstrating value. Partners should provide quarterly updates and data to inform monitoring and evaluation.

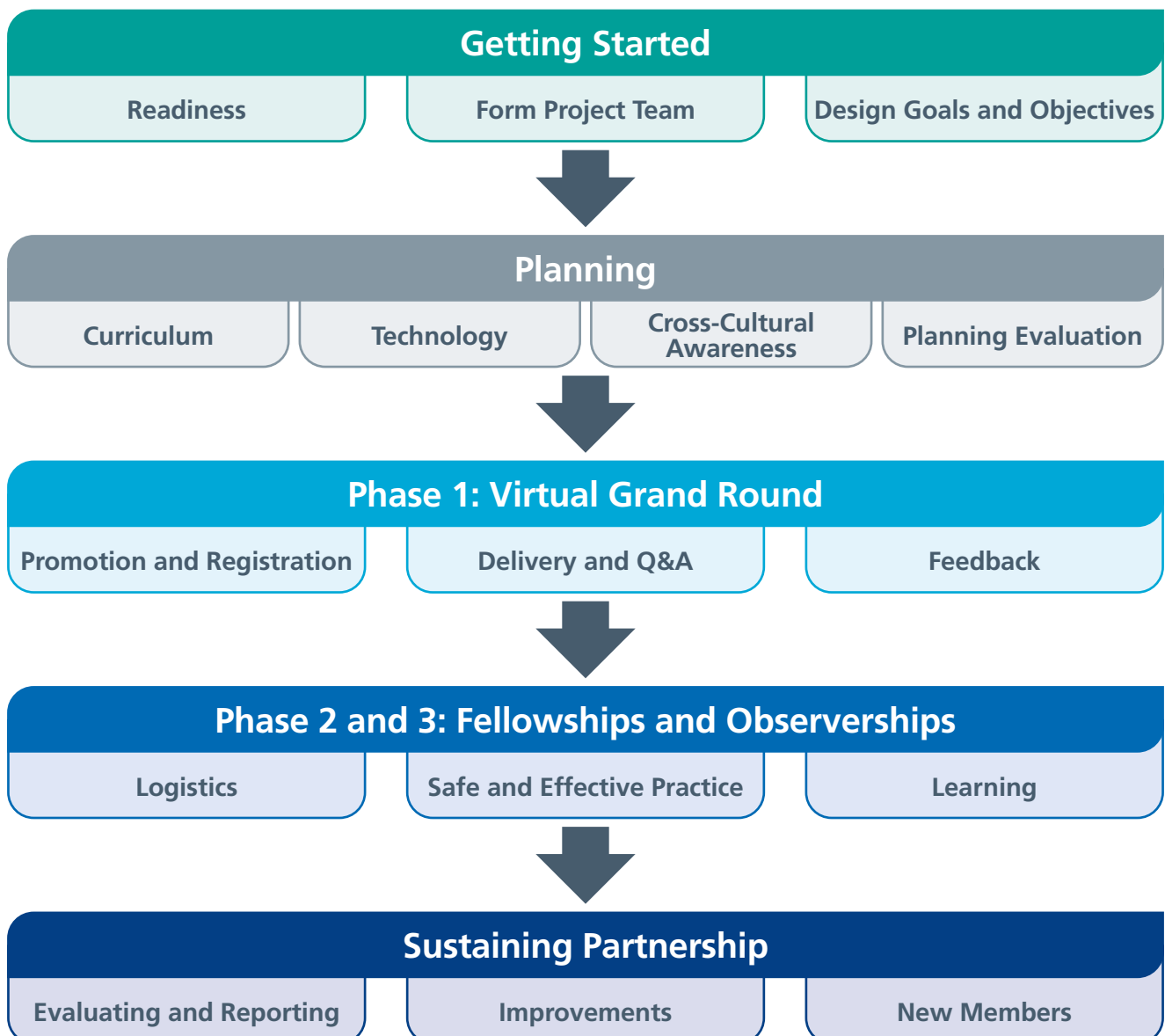
Areas to report on include:

- Participation rates and feedback from exchanges.
- New policies, guidelines, or curriculums developed.
- Research studies initiated through collaborations.
- Improved care outcomes.
- Progress benchmarked against defined objectives.

SCALE Flow Chart

The Flow Diagram serves as a visual summary of the entire SCALE Toolkit, designed to guide users through the structured phases of initiating, planning, executing, and sustaining international healthcare partnerships. This diagram breaks down the process into key sections: Getting Started, Planning, Phase 1: Virtual Grand Round, Phases 2 and 3: Fellowships and Observerships, and Sustaining Partnerships.

Each section is further delineated into sub-headers, including readiness assessments, forming project teams, designing goals and objectives, curriculum development, leveraging technology, fostering cross-cultural awareness, and planning evaluations. The diagram not only highlights the progression from promotional activities and registration to the delivery of virtual grand rounds and feedback collection but also outlines the logistics, safe practices, and learning opportunities inherent in fellowships and observerships. Finally, it underscores the importance of evaluation, reporting, continuous improvements, and the integration of new members to ensure the long-term sustainability of partnerships.



SCALE Checklist

Getting Started

- Conduct organisational readiness assessment
- Form cross-functional project team
- Define goals and objectives
- Develop theory of change

Planning Partnership

- Map out roles and responsibilities
- Draft partnership agreement
- Create detailed workplan
- Maintain risk register

Phase 1: Building Grand Rounds

- Select videoconferencing platform
- Schedule test sessions
- Develop promotion strategy
- Design curriculum and activities
- Plan interactive elements
- Gather post-event feedback

Phase 2 and 3: Exchanging Professionals

- Determine in which direction the professional will travel – UK to Overseas or Overseas to UK
- Arrange travel and logistics
- Connect visitors with peer mentors
- Establish supervision procedures
- Address ethical and legal requirements
- Conduct debriefs

Sustaining Partnerships

- Regularly review and refresh initiatives
- Track and report on metrics
- Recognise member contributions
- Create sustainability plan



Bibliography and Further Resources

Bibliography and Further Resources

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Further Resources

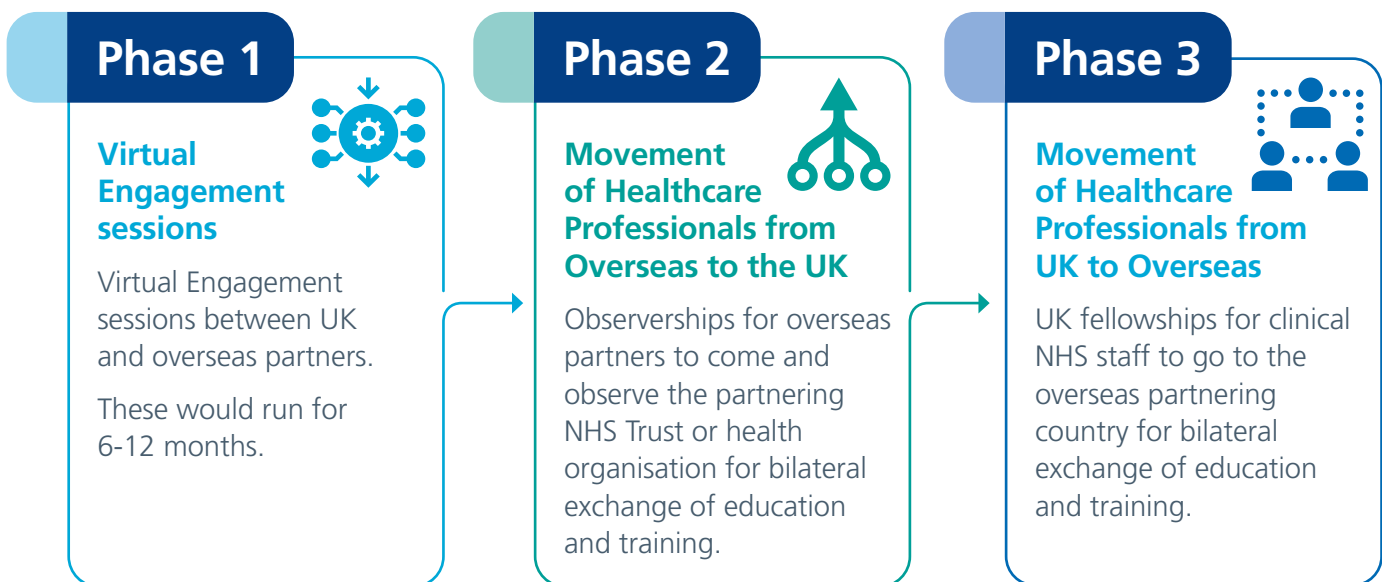
Introduction to SCALE Presentation

Strengthening Health Workforce Capacity through Global Learning also known as SCALE is a methodology that started 2-3 years ago in East Africa.

It aims to develop capacity in critical specialty areas with the expectation that health workers trained under this methodology will be able to drive health system changes in their clinical areas.

It is a 3-phase approach to developing mutually beneficial and sustainable partnerships between UK organisations and overseas counterparts currently mainly in East Africa, with Uganda being the pioneers and now Kenya coming on board.

SCALE Roadmap



The development of SCALE

The SCALE methodology is championed by governments and developed by clinicians. For example, in Uganda and Kenya the project has taken a top-down approach with establishment of the government-to-government partnership as the primary step which then led to the development of the regional, institutional, and peer-peer partnerships.



NHS England's Director of the Global Health Unit meeting with Uganda's Ministry of Health.

What do the current partners have to say about SCALE so far?



“The learning Uganda has acquired through its Ministry of Health from the West Yorkshire and Harrogate LMNS has enabled the country to establish 15 LMNSs with the core objective of strengthening regional accountability and catalysing the delivery of Reproductive Maternal Newborn Child and Adolescent Health Services in the various regions across the country.”

Dr. John Paul Bagala
SCALE Lead, Regional Coordinating Hub, East Africa



“All the LMNSs established in Uganda now use local data to devise local solutions. The next step Uganda is look at is establishing Regional – Regional Partnerships such as the West Yorkshire and Harrogate LMNS with the Kampala Metropolitan LMNS. By this approach we enable the establishment of more sustainable mutual global relationships and partnerships.”

Dr. John Paul Bagala
SCALE Lead, Regional Coordinating Hub, East Africa



“The journey we have started will change women’s and children’s lives.”

Dr Diane Atinwe
Permanent Health Secretary of Uganda

The approach can flexibly focus on various clinical specialty areas based on partner needs – such as critical care, emergency medicine, OB/GYN, ophthalmology, etc.

Project Governance Roles & Responsibilities

NHS England SCALE Team

- Support, co-develop and systemise a mutually beneficial health partnership between UK partners, NHSE and Overseas partners.
- Manage overall SCALE Project whilst contributing and ensuring that the project objectives are being met.
- Selecting and matching Partners
- Facilitating and supporting the partners in building the relationships
- Funding advice and planning
- Providing overarching Research and Evaluation of SCALE methodology

UK Partner Organisations

- Being an active participant in the partnership by committing to working with a bilateral approach.
- Determine level of commitment required and capacity
- Assess organisations internal tolerances for collaborations and risk
- Selecting and agreeing members of the Project technical team (PTT)
- Agreeing the members that would form the advisory committee.
- Carrying out internal monitoring and evaluation of the project and providing reports.
- Providing quarterly updates and feedback about the progress of the project to NHS England.
- Facilitating where possible, with resources and funding.

Overseas Partner Organisations

- Being an active participant in the partnership by committing to working with a bilateral approach.
- Determine level of commitment required and capacity
- Assess organisations internal tolerances for collaborations and risk
- Selecting and agreeing members of the Project technical team (PTT)
- Agreeing the members that would form the advisory committee.
- Carrying out internal monitoring and evaluation of the project and providing reports.
- Providing quarterly updates and feedback about the progress of the project to NHS England.
- Facilitating where possible, with resources and funding.

Project Technical Teams

What is the Project Technical Team (PTT)

SCALE is a partnership initiative and so it is expected that there is specific leadership from both partners. This means that there will need to be a project technical lead from UK healthcare partners and the in-country healthcare partner.

The PTT is responsible for leading and planning the first phase of SCALE which is the functionality of the virtual grand rounds. It is made up of a combination of Clinical leads, Nurses and Allied health care professionals from the UK and partnering countries.



The Global Health Unit, NHS England will not be responsible for the administration of these meetings however they can facilitate and provide guidance. The Research and Evaluation team will occasionally attend PTT meetings to observe as this will aide in ensuring that the evaluation framework is fit for purpose.

Factors to consider when putting the PTT together are the following:

- Representation from UK and Overseas partners.
- Fair representation gender groups
- Characteristics (Ethnicity or cultural backgrounds and or Tribes)
- Fair representation of clinical levels and specialised skills i.e. consultants, junior doctors, nurses, allied healthcare professionals.
- Membership can evolve over time.
- Each PTT has a Lead, and it is designed to align with 1 clinical area and therefore oversee management of the virtual grand rounds. It is this body that is responsible for the following:
 - Agrees how regularly the virtual grand rounds take place.
 - Each PTT is responsible for setting up specific terms of reference related to the clinical area they are linked to.
 - Setting objectives for the virtual grand rounds
 - Agreeing minimum number of stakeholders present at each session.
 - Holding pre-grand round meetings to plan
 - The duration of the sessions
 - Prepares and sets the clinical learning schedule that will be covered for each session.
 - Managing the administration that goes into setting up the virtual sessions i.e., setting up Zoom, sending out calendar invites, sharing the recording and presentations used.
 - We recommend that minutes/actions are taken at each PTT meeting.
 - Selecting presenters and the formation for example if they will be rotating.
 - Evaluating the sessions and providing midterm reports or feedback to the Global Health Directorate in NHS England
 - PTT Leads to attend SCALE advisory group meetings to give updates.
 - Good document management skills with structured agendas, minutes and action logs can facilitate implementation.

SCALE Advisory Committee Guidance

The purpose of the advisory committee is to give advice, share perspectives, review issues, and give recommendations for the SCALE project.

The committee should be diverse so it can have as fair representation as possible. When agreeing the members please consider the following:

- Representation from UK and Overseas partners.
- Fair representation gender groups
- Characteristics (Ethnicity or cultural backgrounds and or Tribes)
- Fair representation of clinical levels i.e., Consultants, Junior doctors, Nurses, Allied healthcare professional.
- NHS England Senior Leadership representation



It is important that clear expectations are set for each member to ensure that the group meets its goals. For example, it would be expected that by agreeing to be part of this group you are committing to attending the meetings, responding to emails within a timely manner and actively participating in discussions.

We would suggest that the committee agree a chair lead who would be responsible for chairing the meeting. Admin support would also be beneficial to help with any tasks relating to the committee such as sending out the agenda, minute taking and sending out invites.

The duration of the meeting can be decided by the members, but we would recommend that they take place every 4-8 weeks.

What are the responsibilities of the Advisory committee:

- Use collective experience and knowledge to offer strategic guidance.
- Advise where necessary in response to service, legislation, or organisational change.
- Understanding progress of the project.
- Providing advice to the project technical team when needed.

Managing Risk

Unmanaged risks can prevent a project from achieving objectives or even cause the project to fail. Risk management is important during project initiation, planning, and execution. Managing risks well will significantly increase the likelihood of the project succeeding.

There are a range of ways to manage risk, we recommend using a risk management approach and a risk register. Please note that this is only a recommendation, and you can use any technique that best suits the partnership.



Monitoring and Evaluation

Monitoring and evaluation are important tools for understanding whether a project or programme is on track and achieving its objectives.

We suggest that all partners have a mechanism of carrying out their own internal monitoring and evaluation process as it will help identify potential problems before they become critical and make adjustments. It will also help with highlighting the successes.

Monitoring and Evaluation with the Global Health Unit, NHSE

The Research & Development team (R&D) will be aiming to look at the overall evaluation of all the SCALE projects.

As a part of the SCALE methodology, they will capture learning and experiences which can help improve the SCALE methodology. There will be a level of engagement required from all stakeholders for this process.

As well as occasionally attending virtual grand rounds, the participants will be required to complete surveys and interviews when invited.

Project technical team leads will be required to submit and support monitoring and evaluation reports as well as providing administrative data.

The Research and Development team will collate all of this data for reporting and dissemination.

