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COURSE BROCHURE

Agile and Resilient Healthcare Leadership Training Course

15 – 19 February 2027
Rome

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Registered in the United Kingdom and Saudi Arabia

Agile and Resilient Healthcare Leadership Training Course

Ref: 3297_125728 **Date:** 15 – 19 February 2027 **Location:** Rome **Fees:** 6200 GBP

Agile and Resilient Healthcare Leadership is a 1-week training course for hospital department heads, ward managers and clinical service leads who must keep care safe when demand spikes, rosters thin or services fail, and it ends with a Surge Leadership Playbook for their own unit. Hospitals now face repeated pressure peaks, so steady leadership under strain is an everyday skill. Jupiter Prime Training offers this course for agile and resilient healthcare leadership.

Why Agile and Resilient Healthcare Leadership Matters Now

Three forces shape this subject today. Seasonal and unplanned demand surges arrive more often and last longer. Workforce shortages leave units relying on bank, agency and redeployed staff who do not know local routines. A unit led with agility keeps escalation calm, protects its staff from burnout and recovers quickly after each peak. A poorly led unit drifts into unsafe staffing and avoidable harm. The course draws on established thinking about high reliability organisations, crisis decision making and team recovery, described in plain practical terms.

Who Gains Most from Agile and Resilient Healthcare Leadership

- Leaders responsible for staffing a ward or department across day and night shifts
- Clinical leads who decide when to escalate capacity concerns to site management
- Service managers who coordinate theatre, outpatient or diagnostic slots during disruption
- Senior nurses and allied health leads who support teams after distressing events
- Operations leads who run bed meetings and site huddles during pressure periods

A hospital division that sends its medical, nursing and operational leads together gains most, because they leave with one shared escalation language.

Agile and Resilient Healthcare Leadership Capabilities

Participants practise leading under pressure through ward scenarios and staffing puzzles.

- Assess early warning signs of unit strain using staffing, acuity and flow indicators — site escalation decisions
- Design trigger-based escalation steps with clear owners for each pressure level — bed managers and on-call leads
- Weigh redeployment, skill mix and agency options against patient safety risk — divisional managers
- Communicate rapid briefings that keep frontline staff informed and calm — shift teams and patients
- Apply structured debriefs and recovery routines after peak periods — staff wellbeing leads
- Build a unit surge plan that links capacity, staffing and quality safeguards — hospital executives

Key Agile and Resilient Healthcare Leadership Terms

- Surge capacity — the extra beds, staff and supplies a unit can mobilise quickly when demand exceeds normal levels.
- Escalation trigger — a pre-agreed threshold of occupancy, acuity or staffing that prompts a defined leadership action.
- Acuity — the level of care and nursing attention a patient needs, used to match staff to workload.
- Safety huddle — a short, standing team briefing at shift start to flag risks, gaps and priorities.
- Moral distress — the strain staff feel when pressures stop them giving the care they believe is right.
- Hot debrief — a brief team conversation straight after a critical event to capture lessons and check wellbeing.

Agile and Resilient Healthcare Leadership Day by Day

Day 1: Pressure, Demand and the Leader's Role

- Demand Surge Patterns — Seasonal, Unplanned and Prolonged Pressure Peaks
- Unit Strain Indicators — Reading Occupancy, Acuity and Staffing Signals
- High Reliability Principles — Preoccupation With Failure in Clinical Units
- Leadership Presence on the Floor — Visibility During Busy Shifts
- Personal Resilience Baseline — Recognising Your Own Stress Responses

Day 2: Adaptive Decisions in Fast-Moving Care

- Rapid Decision Routines — Choosing Under Time Pressure and Uncertainty
- Priority Setting Grids — Ranking Competing Clinical and Operational Demands
- Delegation Under Strain — Matching Tasks to Available Skill Mix
- Scenario Rehearsal — Testing Leadership Choices Before the Real Event
- Decision Logs — Recording Rationale for Later Review and Learning

Day 3: Escalation and Staffing Under Strain

- Trigger-Based Escalation Levels — Linking Thresholds to Named Actions
- Safe Staffing Review — Redeployment, Bank and Agency Trade-Offs
- Bed Meeting Facilitation — Shared Site Picture and Agreed Moves
- Cross-Department Mutual Aid — Borrowing Capacity Without Hidden Risk
- Quality Safeguards in Surge — Protecting Observations, Medicines and Handover

Day 4: Team Recovery and Sustained Performance

- Safety Huddles — Short Briefings That Surface Risks Early
- Hot and Cold Debriefs — Capturing Lessons After Critical Events
- Moral Distress Conversations — Supporting Staff After Hard Shifts
- Fatigue and Rest Planning — Protecting Teams Through Long Peaks
- Recognition Routines — Sustaining Morale Between Pressure Periods

Day 5: Practising the Surge Leadership Playbook

- Unit Strain Simulation — Applying Indicators and Rapid Decisions Together
- Escalation Drill — Running Trigger Levels With Role-Played Bed Meetings
- Recovery Plan Draft — Combining Debriefs, Rest and Recognition Steps
- Peer Challenge Panel — Stress-Testing Plans Against Staffing Shocks
- Surge Leadership Playbook — Final Unit Version Ready to Share

Applying Agile and Resilient Healthcare Leadership After the Course

- Run a tabletop escalation drill with your unit's charge nurses using the trigger levels drafted during the course.
- Introduce a weekly cold debrief that reviews the busiest shift and records one change to staffing or flow routines.

Agile and Resilient Healthcare Leadership Questions FAQ

What is agile and resilient healthcare leadership and why does it matter now?

It is the skill of leading hospital teams safely through demand surges, staffing gaps and disruption. It matters now because pressure peaks are frequent, staff are stretched and patients still expect timely, safe care on every shift.

Which roles gain most from agile and resilient healthcare leadership?

Ward and department leaders gain most: charge nurses, clinical leads, service managers and operations leads who decide on staffing, escalation and team support.

How does agile and resilient healthcare leadership differ from a general crisis leadership course?

It is built around hospital realities. Instead of corporate crisis scenarios, you work with bed meetings, acuity, skill mix, safety huddles and clinical debriefs, so every method fits a busy ward.

What will I bring back from agile and resilient healthcare leadership?

You bring back a playbook for your unit. It sets out strain indicators, escalation triggers, staffing options, quality safeguards and recovery routines, ready to test with your team.

Agile and Resilient Healthcare Leadership: The Way Forward

The Surge Leadership Playbook gives each unit a shared answer to the first question of any busy shift: when does the unit escalate, and who acts. Charge nurses, clinical leads and bed managers use it together. After the first real surge, revisit its staffing options and recovery steps, since lived pressure always shows which safeguards held and which need strengthening.