

**Medtronic**

# The voice of Europe's health leaders

Insights from 50 hospital CEOs  
on the state of healthcare

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An abstract graphic at the bottom of the page featuring flowing, wavy lines in various shades of blue, creating a sense of movement and depth.

# Foreword

Over the past two years, I've had the opportunity to speak directly with more than 50 hospital and health-system leaders across Europe. These conversations took place during a period of sustained pressure for healthcare – marked by workforce fatigue, financial constraint, and a growing recognition that incremental change is no longer enough.

The goal of this report is not to add another layer of commentary, but to listen and to understand how leaders themselves describe the moment we are in, and what they believe it will take to move forward.

What emerges is a portrait of realism and resolve: executives who are proud of what their institutions have achieved under strain, but aware that endurance has its limits. Their tone is sober yet constructive – focused on what can be rebuilt, redesigned, and reimagined.

These are leaders who have moved beyond rhetoric, acting pragmatically to preserve what works, strengthen what's fragile, and prepare their systems for the next stage of renewal.

This document captures that transition – the moment when resilience becomes reinvention, and intent turns into structure for lasting progress.

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## Executive summary

Across Europe, health systems differ in structure and governance, but their direction is converging. Hospitals are adapting under constraint – managing today's pressures while rebuilding for a different future.

This report draws on conversations with fifty hospital and health-system leaders who describe both the strain and the progress underway. Their messages are consistent across borders: the fundamentals of healthcare delivery are being rewritten in real time.

Six themes dominate the conversation:

1. Workforce sustainability has become the defining constraint on performance.
  2. Financial resilience now means converting efficiency into capacity for change.
  3. Digital integration has replaced digital novelty as the priority.
  4. Care models are shifting beyond hospital walls toward more connected, continuous forms of care.
  5. Leadership and partnerships must evolve toward shared accountability and collaboration.
  6. Sustainability – environmental, social, and financial – is becoming the measure of long-term credibility.
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Taken together, these insights reveal a system under pressure but still moving, driven by leaders who combine realism with persistence. Europe's hospital CEOs are not waiting for reform; they are shaping it.

# Introduction: Listening to Europe's healthcare leaders

European healthcare is at a point of recalibration. Hospitals have emerged from the pandemic with renewed purpose but diminished reserves. Workforce shortages, inflation, digital fragmentation, and shifting patient expectations have become permanent features of daily management.

Yet in these constraints lies the seed of reinvention. Many of the leaders interviewed are reshaping how their institutions work by building alliances, integrating digital infrastructure, experimenting with new workforce models, and redesigning pathways of care beyond traditional walls.

This report captures both sides of that reality: the weight of constraint and the persistence of progress. It reflects the voices of leaders steering transformation from within – navigating the tension between daily pressure and long-term purpose.

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## Methodology and scope

Between 2024 and 2025, 50 CEOs and senior executives from hospitals and health systems across Europe were interviewed through a series of structured conversations. Participants included leaders of university hospitals, regional networks, and private providers. These leaders are directly responsible for balancing clinical outcomes, financial sustainability, and workforce stability.

Each conversation explored four themes central to hospital transformation: workforce and culture, financial resilience, digital integration, and care redesign. The intent was depth, not statistics, to understand how Europe's most experienced leaders describe their present challenges and emerging strategies.

These dialogues were made possible through long-standing partnerships established via Medtronic Integrated Health Solutions (IHS), which collaborates with more than 200 hospitals and health systems across Europe. This proximity allowed for open, grounded exchanges rooted in shared experience. To encourage candour and protect confidentiality, all interviews were conducted under conditions of anonymity.

The insights that follow synthesize the patterns, tensions, and signals of renewal observed across those discussions.

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## Six key insights

### 1. The human constraint: Workforce sustainability at the core

Every conversation with hospital leaders began, and often ended, with people. Staffing shortages are no longer a temporary aftershock of the pandemic; they are the new baseline of European healthcare. Vacancies persist, overtime is chronic, and temporary staff fill essential gaps at an unsustainable cost. Many CEOs now spend more time managing workforce fragility than driving strategic change.

Yet even in this fatigue, innovation is emerging. Hospitals are redefining roles, expanding advanced-practice positions, and creating hybrid functions that bridge clinical and administrative work. Some are pooling staff across networks to smooth capacity. Others are using automation and digital workflows to cut administrative burden and free clinical time. A few are embedding wellbeing and career progression into performance objectives, treating workforce recovery as a strategic investment, not a cost center.

Progress remains fragile. Fatigue is visible on every ward, and the scale of shortage dwarfs early gains. But for the first time, leaders are treating workforce renewal as the foundation of transformation, not its outcome. Across the continent, the consensus is clear: Workforce sustainability will not come from adding people, but from reinventing how work is done through design, technology, and trust.

“Retention starts with meaning,” a French CEO told us. But he added: “Meaning is hard to find when you’re constantly understaffed.”

For most hospitals, sustainability is still an aspiration, not an achievement. The challenge is to create enough breathing room in schedules, budgets, and expectations to begin that reinvention at all.

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*“We can’t solve the workforce crisis with more people. We have to reinvent how work is done.”*

– CEO of a university hospital in the Netherlands

## 2. Financial resilience: Stability as the basis for change

Finances dominate every board discussion. Costs rise faster than income, energy and wage inflation absorb efficiency gains, and reimbursement rarely covers the true cost of care. Many CEOs admit they are already operating on the edge: “We are one bad winter away from the red.”

The usual levers of procurement consolidation, shared services, and cost freezes buy time but rarely build strength. Savings are quickly re-absorbed by new cost pressures before they reach transformation budgets.

Still, a quiet shift is underway. Leaders are moving from austerity to *productive resilience*, using efficiency and partnership to preserve strategic capacity. Some are turning energy or procurement gains into ring-fenced innovation funds. Others use managed-service and risk-sharing models to modernize infrastructure without new debt.

The goal is changing. Financial resilience no longer means balancing the books; it means protecting the ability to adapt. The most advanced hospitals treat liquidity and financial flexibility as strategic assets, aligning capital, workforce, and digital investments through multi-year planning frameworks.

Progress remains fragile. Economic volatility and policy uncertainty can undo months of effort. Yet across Europe, CEOs increasingly see disciplined reinvestment as the only sustainable path forward, using each euro saved to buy transformation space rather than temporary relief.

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*“Efficiency keeps the lights on. Transformation keeps the system alive.”*

– CEO of a private hospital group in Italy

### 3. Digital acceleration: Integration over innovation

Every CEO names digital transformation among their top three priorities; almost none believe they are where they should be. Most systems are still a patchwork of half-implemented Electronic Medical Records (EMRs), specialty software that doesn't talk to the rest, and analytics that come months late.

The appetite for new technology has cooled. "We have plenty of tools," one Austrian leader said. "What we don't have is coherence."

The focus has shifted from experimentation to fixing what already exists: rationalizing systems, improving interfaces, training staff, and rebuilding trust in data.

A growing number of hospitals are now linking electronic medical records, command centers, and analytics platforms into single data environments. Some use AI to accelerate imaging, optimize theatre scheduling, or predict bed occupancy. Others combine real-time dashboards with predictive staffing tools to anticipate demand rather than react to it. The results are uneven but measurable: shorter patient journeys, smoother operations, and more informed decision-making.

Leaders recognize that adoption follows utility, not enthusiasm. "If it saves 10 minutes, they'll use it; if it adds one click, it dies," one Swiss CEO told us. That realism is reshaping the digital agenda from experimentation to execution and from novelty to reliability.

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*"We've stopped chasing new apps. The challenge now is to make what we have actually work together."*

– CEO of a university hospital in Germany

### 4. Care model transformation: Beyond the hospital walls

Every CEO agrees that care must shift outward – closer to patients, lighter in infrastructure, and more continuous in experience. The logic is that hospitals cannot absorb rising demand, and patients no longer accept long stays for conditions that can be managed elsewhere.

The direction is clear, but execution is hard. Reimbursement still favors inpatient activity. Community capacity is inconsistent, and data often stop at the hospital door. Several leaders admitted that when they discharge patients earlier, continuity breaks down because follow-up services are already overstretched.

Still, progress is visible. Ambulatory surgery is expanding fast in orthopedics, ophthalmology, and gastroenterology. Hospital-at-home programs are now mainstream in France, the Nordics, and parts of Spain. A few systems have created joint outpatient hubs with community partners to deliver diagnostics and chronic care outside hospital walls. The impact is measurable with shorter stays, fewer readmissions, and higher patient satisfaction.

These advances are not about relocating care but redesigning it – aligning incentives, sharing data, and coordinating staff across settings. As one Spanish CEO put it: "Every kilometer of the road to community care still needs building." The work is administrative, technical, and political, but it is now irreversible. Care beyond the hospital has become the test of system maturity.

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*"Moving care closer to patients is not relocation. It's redesign, and redesign takes bandwidth we don't have."*

– Chief Executive of an integrated care system in the United Kingdom



## 5. Governance and partnership: From control to collaboration

Governance has become the quiet revolution of hospital transformation. Traditional hierarchies still dominate, but they no longer match the speed or interdependence of today's challenges. "Our systems are built for control, not for change," one CEO said.

Inside hospitals, leadership is becoming more distributed. Transformation boards now bring together clinical, digital, financial, and operational leaders with shared accountability. Decision cycles are shorter, and ownership is shifting from departments to cross-functional teams. The change is uneven but real: success increasingly depends on coordination, not authority.

Externally, hospitals are learning to manage partnerships as part of governance, not apart from it. Industry collaborations, digital ventures, and integrated-care alliances are moving from transactional to strategic. The best examples combine shared data, joint KPIs, and risk-sharing models that align incentives across organizations.

Progress remains fragile. Many boards still struggle to delegate power or navigate public-private boundaries. But the direction is clear: governance is evolving from hierarchy to network, from control to collaboration. The most effective leaders now spend less time deciding alone and more time shaping how decisions get made together.

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*"Transformation doesn't fail for lack of ideas – it fails for lack of alignment."*

– CEO of a university hospital in France

## 6. Sustainability and long-term value

Sustainability has moved from the margins to the center of hospital strategy. Once driven mainly by regulation and energy costs, it is now tied to workforce engagement, reputation, and long-term competitiveness. "Younger staff want to work in institutions that live their values," one Dutch CEO said. "It's as much about identity as about carbon."

The agenda is broadening. Hospitals are cutting emissions and waste, but also rethinking procurement, supply chains, and clinical practice. Low-flow anesthesia, reusable instruments, and optimized theatre scheduling are reducing both cost and footprint. A few systems are embedding sustainability metrics into executive scorecards or investment reviews, making environmental and social impact part of performance.

Progress remains uneven. Many initiatives still sit in facilities departments, disconnected from clinical or financial planning. Expertise is limited, and the payback horizon can deter investment. As one French CEO put it: "We all want to be sustainable; most days we're just trying to be operational."

Yet the logic is shifting. Sustainability is no longer a constraint; it is a management discipline. Hospitals that master it gain predictability in costs, credibility with staff and patients, and access to new funding streams tied to Environmental, Social, and Governance (ESG) performance. The most advanced leaders now see sustainability as risk management over decades, not years – a way to protect the organization's license to operate. In a sector built on trust, the ability to endure responsibly is fast becoming the new definition of value.

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*"Sustainability is the discipline of thinking beyond our own term in office."*

– CEO of a university health system in Denmark

# Converging systems, shared pressures

Across Europe, healthcare systems differ in ownership and design, but the equation is the same: too few people, rising costs, fragmented data, and mounting demand.

Public or private, regional or corporate, the limits are converging, marked by workforce fatigue, financial strain, and the challenge of sustaining transformation under pressure. What changes is not the intent, but the mechanism. Some systems reform through policy; others adapt through competition or private capital. Yet inside, the pressures feel identical.

These shared constraints are forcing a slow realignment. Public and private hospitals, payers, and partners are being pushed toward common goals: integration, shared accountability, and the capacity to absorb shock together. The movement is uneven, but the direction is set.

Europe's health systems remain diverse in form, but the gravitational pull is clear. The next phase will test whether convergence can become design – and whether collaboration can turn from principle into practice.

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## Looking ahead: From insight to action

The conversations behind this report reveal a common direction. Across different systems and contexts, hospital leaders are rebuilding while running, managing today's pressures while laying the foundations for what comes next. Their experience points to a shared understanding of what enables lasting progress: the levers that turn intent into impact.

Six such enablers stand out. They cut across systems, scale, and governance models, linking transformation efforts that might otherwise remain fragmented. Each of them defines a capability hospitals must strengthen if they are to move from reactive adaptation to proactive renewal.

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## Six enablers of progress

### 1. Workforce recovery and renewal

Transformation begins with people who have the energy to sustain it. Rebuilding capacity, redefining roles, and restoring meaning in work are now strategic imperatives. The systems that invest in skills, wellbeing, and leadership will define the pace of recovery.

### 2. Digital integration as infrastructure

The challenge is no longer technology access but coherence. Hospitals that achieve interoperability and reliable data governance will unlock efficiency, agility, and trust – the invisible architecture of modern care.

### 3. Financial headroom for adaptation

Efficiency must translate into investment power. Leaders who convert savings from operations, procurement, or sustainability initiatives into reinvestment capacity will build the agility to evolve.

## 4. Partnership as the new operating model

Healthcare's complexity exceeds any one organization's capacity. Shared governance across hospitals, technology partners, and community providers is becoming the operating norm – collaborative, not competitive.

## 5. Transformation as a discipline

Hospitals no longer need new visions of change; they need the capability to make change routine. Embedding programme design, outcome measurement, and leadership accountability can turn one-off reforms into continuous improvement. The next advantage will come not from strategy documents, but from the discipline of execution.

## 6. Care beyond the hospital walls

Continuity of care across settings is the next frontier. Ambulatory, home, and hybrid models must scale responsibly, with digital and financial mechanisms that support them. This is how efficiency, access, and dignity intersect.

These enablers will shape how Europe's health systems move from adaptation to renewal – from short-term fixes to structural change. Each marks a practical field of action where progress is visible but uneven, and where leadership will determine pace. In the months ahead, these themes will be explored through a series of focused deep dives, turning shared insight into concrete examples of transformation, and connecting what hospitals aspire to with what they can achieve.

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# Conclusion

The voices gathered here describe a system under strain, but not without direction. Their realism is uncompromising – yet within it lies a steady determination to adapt.

Europe's hospitals are not waiting for rescue. They are acting with what they have, building networks of competence and trust, one pragmatic decision at a time.

The lesson from these 50 leaders is simple: resilience is no longer endurance; it is reinvention in motion. The task ahead is to turn that motion into structure and that structure into lasting progress.

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# Author

**Frédéric Noël** leads Medtronic's strategic partnerships with hospitals and health systems across Europe, helping them design and implement large-scale transformation programs. Drawing on two decades of experience in healthcare strategy and delivery innovation, he works with executive leaders to accelerate the shift toward integrated, sustainable care models.

