

Toekomstvisie

A Chief Nursing Officer in the Boardroom to future-proof cost efficiency, quality and safety of hospital care

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Development in healthcare

Dutch healthcare faces zero budget growth, rising staff shortages and increasing demand for high-quality, safe care. Nurses and allied professionals deliver most hospital patient contacts and heavily influence costs, safety and experience. Meanwhile, care is shifting toward digital, virtual, and home-based models, requiring stronger clinical leadership at hospital board level.

The vision

This vision proposes that Dutch hospitals should appoint a Chief Nursing Officer (CNO) as a full executive member of the board. The CNO would hold professional accountability for nurses, midwives, and allied health professionals - the largest and most patient-facing workforce. By embedding this role at board level, hospitals can strengthen strategic decision-making on quality, safety, workforce sustainability and patient experience. The vision draws on experience from the English NHS, where executive chief nurses have been mandatory in hospital trusts since 2013. The CNO would work closely with medical and other executives, bringing frontline insight into board discussions while sharing responsibility for cost efficiency and clinical governance. Ultimately, the proposal aims to future-proof Dutch hospitals through more balanced, multidisciplinary leadership focused on value, outcomes and patient-centred care.

Positive contribution to healthcare

A board-level CNO can improve cost control, quality, and patient experience by optimising staffing, reducing agency spend, and strengthening safety oversight. The role amplifies workforce and patient voices in strategic decisions, improves staff satisfaction and retention and supports adoption of digital and AI solutions that increase direct patient care time.

Biggest obstacles

Key barriers include unclear role definition, risk of tokenistic implementation and potential cultural resistance within traditionally medical-led boards. Consensus-building may become harder with larger boards and success depends heavily on organisational readiness and strong collaboration with existing executives.

Solutions

With stakeholder support from the NHS, implement a pilot scheme in selected hospitals in which a carefully defined CNO board role with meaningful executive portfolio and clear partnership accountabilities with a medical lead is established. Agree performance metrics to demonstrate value. Prepare board culture in advance to ensure multidisciplinary equality and avoid tokenism. Develop leadership pipelines, mentoring and executive training for future CNOs drawing on lessons learned from the NHS.