



A UK - Norway Policy Playbook for **Smart** and **Intelligent Hospitals**

Patient Safety, System Viability and the Radical Redesign of
Care Delivery

Insights from the UK - Norway Smart Hospitals and Intelligent
Health Systems Roundtable convened by SmartCo Future Health,
Team Norway, DNVI and Sonitor.

February 2026

Authored by SmartCo Future Health

SCFH Perspective

Health system transformation through a simple premise

Health systems must now be deliberately designed, not continuously repaired.

Across advanced economies, demographic change, workforce constraints, fiscal pressure and technological acceleration are reshaping the conditions under which care can be safely delivered.

Safety as System Design:

Patient safety emerges from infrastructure, pathways, data flows and incentives designed to make safe care the default condition.

Viability as a Policy Objective:

Systems must remain operationally viable over the next twenty years.

Intelligence as Organisational

Capability: Intelligence sits in coherent systems where people, processes and data enable confident decision-making.



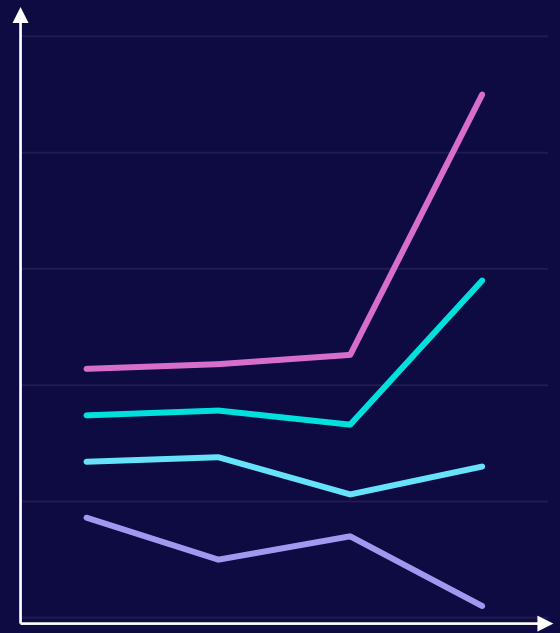
Foreword

Why this playbook exists

This playbook synthesises insights from a Norway – UK Smart Hospitals and Intelligent Systems roundtable convened by SCFH, Team Norway, DNVI and Sonitor as part of the Health Systems Roundtable programme.



Patient safety must therefore be treated as the organising logic for **infrastructure, digital and service transformation**, not a downstream outcome.



Health systems in the UK, Norway and across advanced economies have reached a point where incremental reform is no longer sufficient.

Rising demand, workforce constraints, increasing **clinical complexity** and **fiscal pressure** are structural realities rather than temporary challenges.

Despite different system sizes and governance models, participants were clear that the prevailing model of care delivery cannot be incrementally repaired.

From Dialogue to Action

The UK – Norway Smart Hospitals Roundtable was convened to move beyond technology-led discussion and establish shared principles for designing, delivering and operating intelligent hospital systems that improve patient safety and clinical performance.



Bringing together **senior leaders** across healthcare infrastructure, digital transformation, clinical operations and policy to examine how **smart hospital capabilities** can be embedded from the outset of planning and delivery rather than introduced as isolated digital solutions.

Contributions reflected direct experience of **large-scale capital programmes**, service transformation and national health system reform across both countries. Discussions focused on identifying the **practical enablers** of

safer, smarter hospitals, including integrated design approaches, **data-enabled decision-making**, workforce workflows, governance models and cross-sector collaboration.

Beyond capturing dialogue, the playbook establishes a **platform for continued UK – Norway collaboration**, enabling shared learning, comparative policy development and ongoing exchange of leading practice to accelerate the development of **safe, intelligent and sustainable hospital systems**.



This is not a **technology challenge**. It is a long-term **leadership** challenge that will take many years to deliver.

Executive Thesis: From **Optimisation** to **Viability**

Smart and intelligent hospitals will not be defined by technology. They will be defined by whether they enable health systems to remain safe, affordable and operationally viable over the next two decades.

Hospitals designed to preserve today's models of care, risk becoming increasingly unsafe and unsustainable. Intelligence sits in system design choices, not in devices or software.

Future-ready hospitals must be designed as platforms for continuous improvement rather than fixed assets frozen at the point of approval.

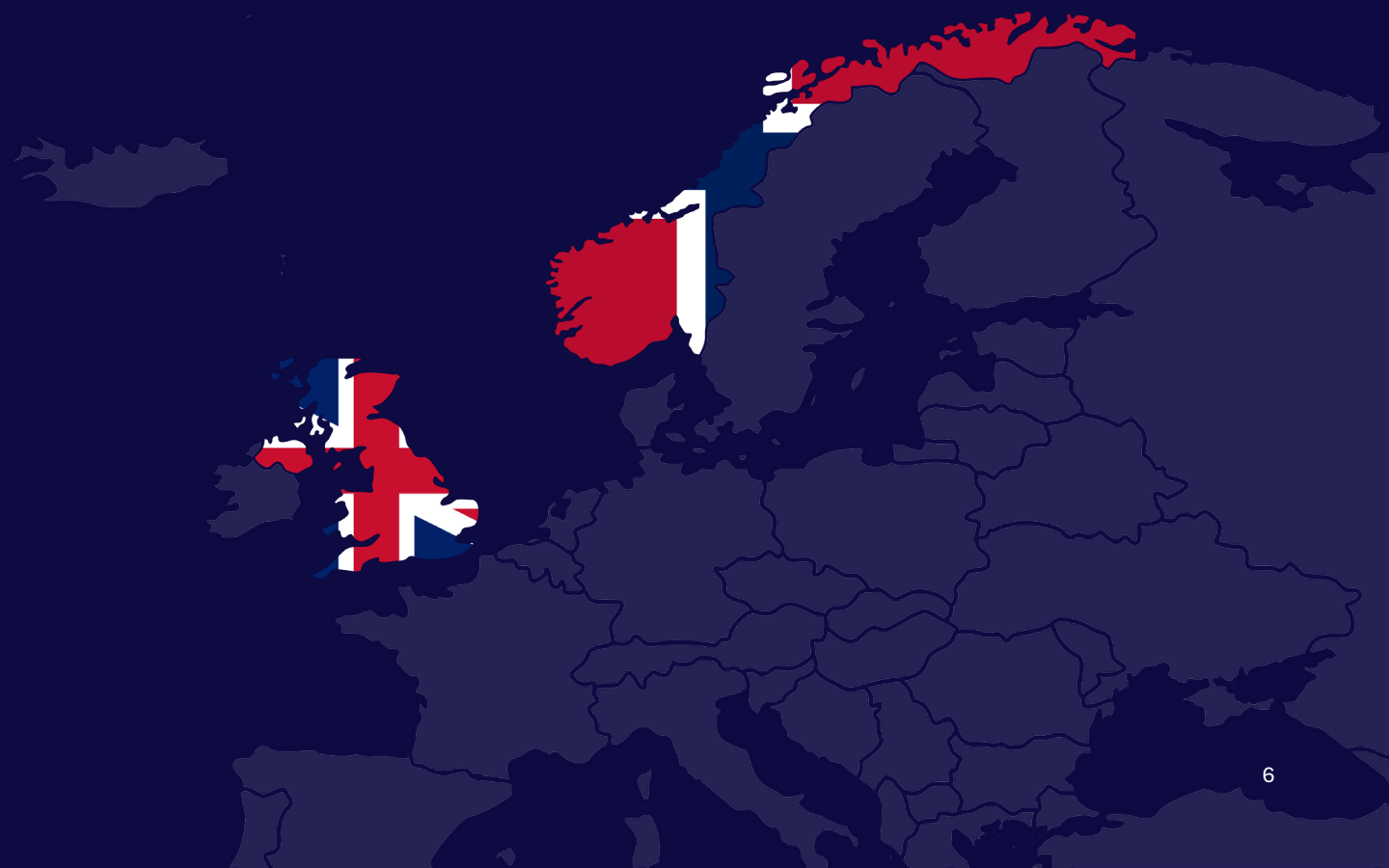
The shared Norway and UK challenge

Despite differences in population size, the UK and Norway face common constraints. These include long-cycle capital programmes, rapid digital innovation, workforce shortages that cannot be solved through recruitment alone, and increasing reliance on industry-led solutions.

The Global State of Patient Safety report 2025, ranks Norway 1st out of 38 OECD countries. The UK remains in 21st place.

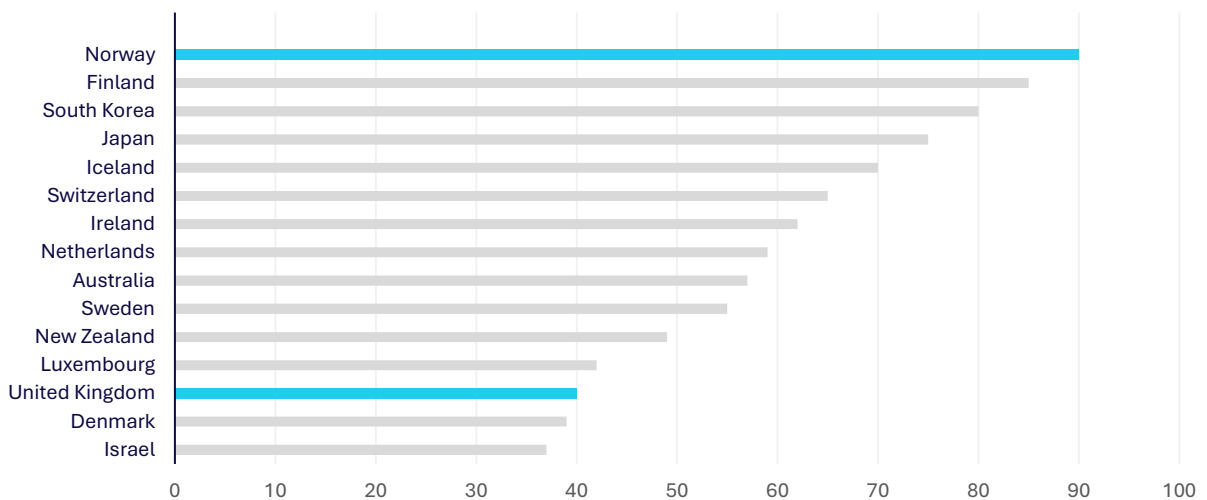
Norway's patient safety outcomes demonstrate that disciplined standardisation, clarity of rules and trust-based collaboration can coexist with innovation.

System coherence matters more than local optimisation.



What Smart and Intelligent hospitals must now mean

Global Patient Safety Performance 2025



A smart or intelligent hospital is not defined by the volume of technology it contains. It is defined by how effectively it enables safer care, standardize pathways, interoperable information flows and confident decision-making.

It is not a hospital that does more, but one that does less, better, and supports **increased patient safety**.

For leaders, the implication is clear: intelligence must be designed in from the outset. Retrofitting technology into legacy models

rarely delivers transformational benefit. Crucially, the intelligent hospital extends beyond its physical walls. It functions as part of an integrated health ecosystem, supporting care closer to home and reserving hospital capacity for patients who most require specialist intervention.

In this model, success is measured, not by activity levels, but by improved outcomes, reduced harm and the system's ability to adapt sustainably to future demand.



“We need to be **designing hospitals** around existing departmental structures rather than **future care pathways**”

Standardisation as a prerequisite **for safety and scale**

Unwarranted variation is a known safety risk. Strong systems standardise clinical pathways, operational processes and digital foundations to enable reliability and improvement at scale.

Radical redesign of care delivery cannot be achieved within a single political cycle or executive tenure.

Systems that succeed protect non-negotiable design principles, sequence transformation deliberately and create institutional memory so learning is not lost with each reset.

Industry engagement as system stewardship

Digital capability is essential, but only transformative when it provides leaders with authority to act. Trusted data, aligned platforms and clear analytics are core system architecture rather than technical add-ons.

Innovation will increasingly come from outside public systems. Mature systems establish clear frameworks that enable early insight, protect procurement integrity and align innovation with public value and patient safety.



What this demands of boards and system leaders

Boards must prioritise system coherence over local preference, accept disruption as the price of sustainability, and invest in foundations that may not deliver immediate visibility. These choices cannot be delegated.

A call to system leadership

Decisions made now will shape care models for decades. This is not a technology or operational challenge but a leadership challenge.

The most future-ready hospitals will be intelligent by design, safe by default and resilient by intent.



What must now stop

Delivering intelligent hospitals requires not only new approaches, but the deliberate discontinuation of practices that maximise patient safety, system integration and long-term value.

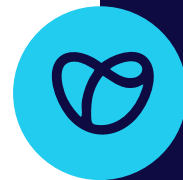
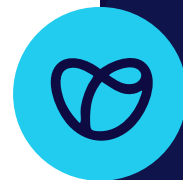
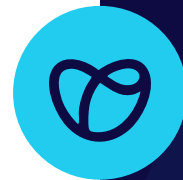
Allowing digital architecture to be determined locally without system-wide interoperability rules.

Treating variation between sites as an acceptable expression of professionalism.

Expecting workforce resilience to compensate for poor system design.

Designing hospitals around existing departmental structures rather than future care pathways.

Funding investments that reinforce hospital-centric models.



Non-Negotiable Guiding Principles

01

Safety by design

Safety must be embedded at the point of design. Buildings, digital systems and operating models should be designed together to reduce known sources of harm such as unnecessary handoffs, inconsistent information flows and reliance on workarounds. Systems that depend on vigilance alone are fragile rather than resilient.

02

Intelligence sits in the system

Innovation without coherence increases risk. Hospitals become intelligent when people, processes and technology are aligned through standardisation, interoperability and governance.

03

Platforms, not projects

Hospital programmes must operate as platforms for continuous improvement rather than one-off projects. Designing for adaptation enables learning and scaling of innovation across portfolios.

04

Interoperability is non-negotiable

Interoperability failures are patient safety failures. Hospitals must be designed as part of end-to-end care pathways spanning prevention, community, acute and digital services.

05

Behaviour follows system design

Professional behaviour is shaped by system incentives and constraints. Lasting change requires redesigning operating assumptions so that the safest way of working becomes the default.

Policy Implications to factor

For Governments

Align capital investment decisions with pathway redesign and long-term system viability.

For Industry

Innovate within interoperable ecosystems aligned with public value and patient safety.

For Boards

Prioritise system coherence and protect long-term design principles.

For Health Systems

Standardise clinical and operational models before digitising processes.

The SCFH Commitment

SCFH convenes leaders across public systems, industry and innovation communities who share a common commitment: to support the design of future health systems that remain safe, trusted and sustainable for generations to come.

Through convening, collaboration and shared learning, we work to bridge insight and implementation, enabling dialogue across sectors, disciplines and

national boundaries. This playbook reflects that shared ambition and the collective responsibility to translate ideas into action.

SCFH will continue to facilitate cross-system collaboration, advance design-led thinking, and support the practical application of shared principles through clear and achievable implementation pathways.



Signatories

In collaboration with:

SCFH, Team Norway, DNVI, Sonitor

On behalf of participants in the Norway – UK Smart Hospitals and Intelligent Systems Roundtable.