Dweve
Weaving Intelligence

ENGLISH EDITION · JULY 2026

MARKETING BROCHURE · 20 PAGES

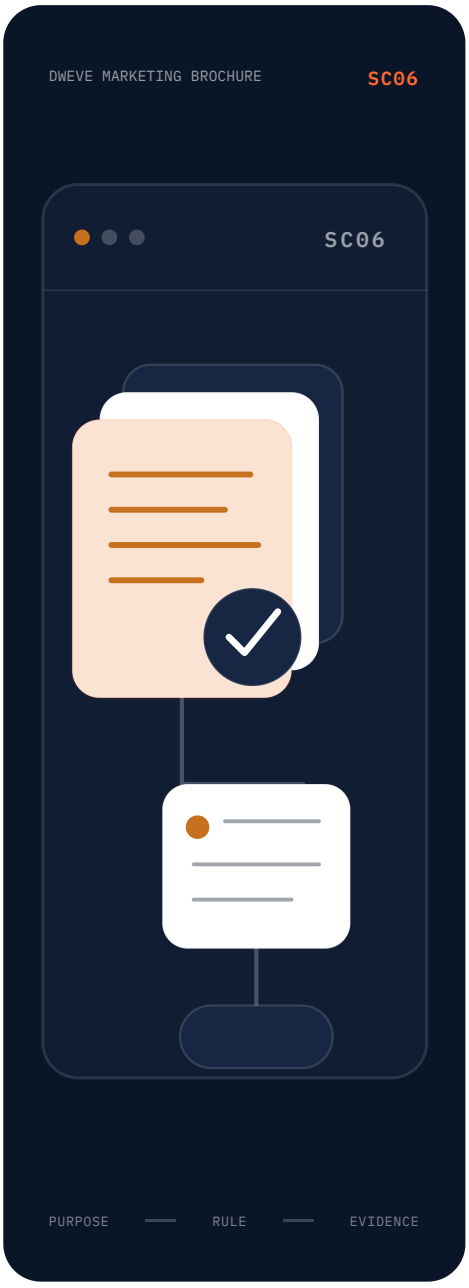
Dweve for Healthcare

A standalone visual briefing for healthcare leaders, practitioners, technology teams, and reviewers.

VISUAL BRIEFING

HEALTHCARE LEADERS, DOMAIN OWNERS, OPERATIONS, TECHNOLOGY, RISK, AND ASSURANCE TEAMS

ENGLISH



Scope and prove one accountable healthcare workflow.

SC06

THE PROPOSITION

One healthcare decision people can answer for

You are the integration engineer who has to make six months of repatriation answerable. The same output the DPA asks about has to come back with the guideline version, the patient factor, and the clinician who signed off, on hardware the hospital controls. Here is how the trace attaches to a clinical knowledge-work output and travels through the stack you already run.

How to read this visual: follow a clinical knowledge case through the proposition.

DECISION

Read the promise against the operating reality

You are the integration engineer who has to make six months of repatriation answerable. The same output the DPA asks about has to come back with the guideline version, the patient factor, and the clinician who signed off, on hardware the hospital controls. Here is how the trace attaches to a clinical knowledge-work output and travels through the stack you already run.

Pick one clinical knowledge-work surface: decision support, documentation, prior authorisation, or cohort queries. Run it with your own guidelines and watch the repatriation record assemble as the work moves. On your hospital hardware, EU-pinned cloud, or air-gapped. No re-platforming between tiers. No PHI leaving the building.

- Purpose
- Source
- Rule
- Decision

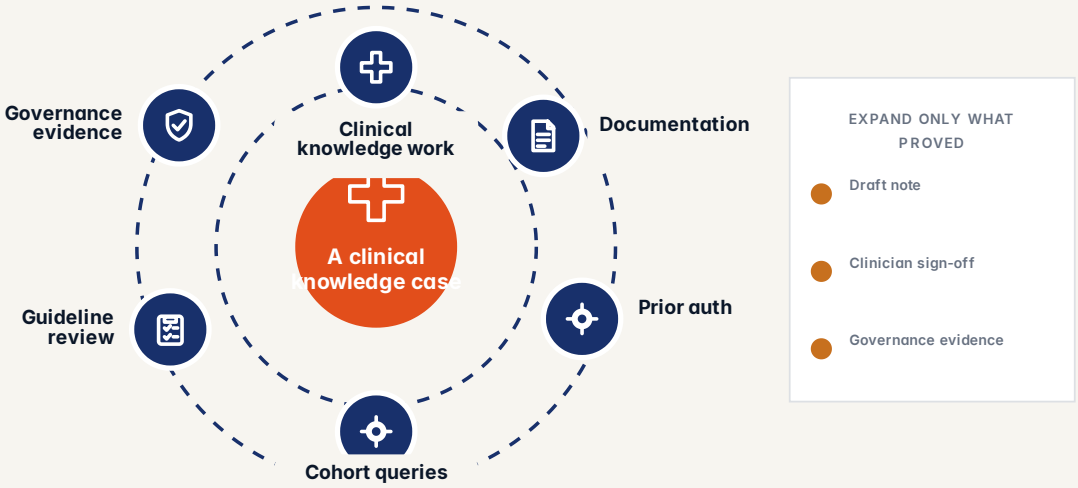
QUESTION TO CARRY

Which part of this proposition changes the outcome people receive today?

WHERE TO BEGIN

Six sector conversations worth having

A sector brochure must stand on its own. These are practical starting points, not a promise that every workflow should use AI.



How to read this visual: follow a clinical knowledge case through where to begin.

MECHANISM

Choose a starting point with a real consequence

Case identity, guideline version, output time, and clinician review state enter through one typed contract. The knowledge-work layer never receives a broad copy of the patient record.

Minimal case snapshot, guidance version, reasoning trace, and clinician receipt form one sealed packet. Governance can replay it offline without opening the live clinical system.

- Clinical knowledge work
- Documentation
- Prior authorisation
- Cohort queries

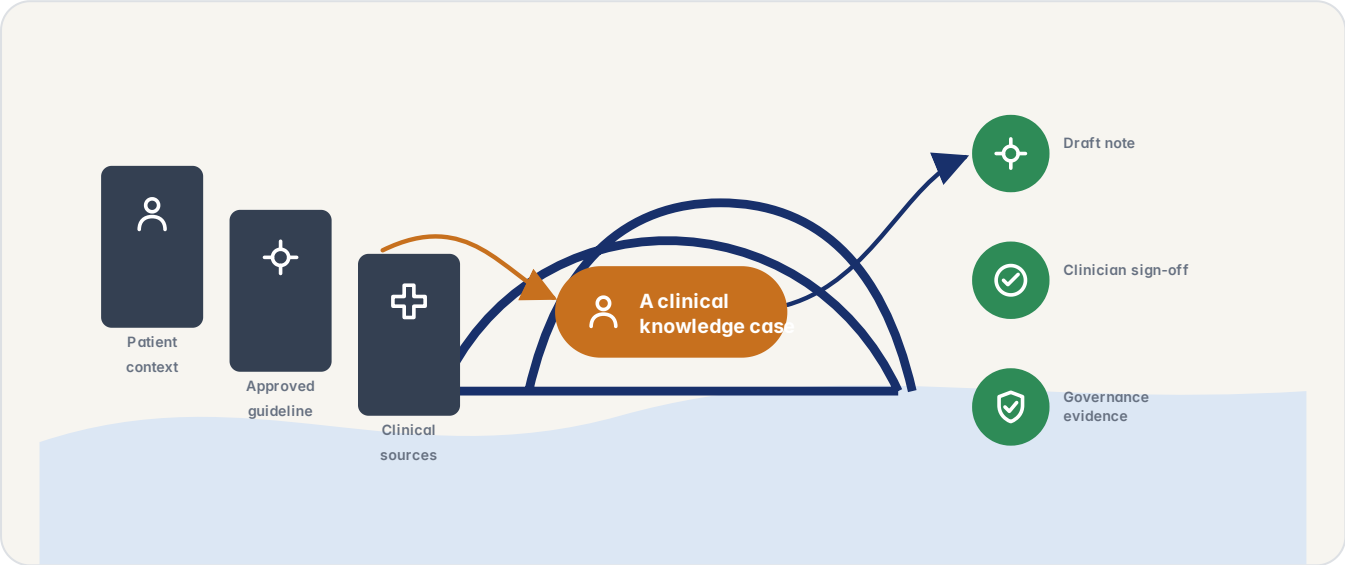
QUESTION TO CARRY

Which bounded workflow has a real owner and a consequence worth improving?

THE CURRENT ESTATE

Keep the systems that already hold operational truth

The accountable layer connects to systems of record and control without pretending to replace every specialist system.



How to read this visual: follow a clinical knowledge case through the current estate.

DECISION

Keep existing operational truth in the picture

Inside the hospital firewall, zero outbound egress. Ready without a cloud subscription or a forklift, on the x86 or ARM servers the hospital already runs.

Outputs and witnesses publish to the event stream the hospital already maintains for audit events. No new integration project, no proprietary wrapper.

- Authoritative estate
- Bounded decision layer
- Human and system hand-off
- Purpose

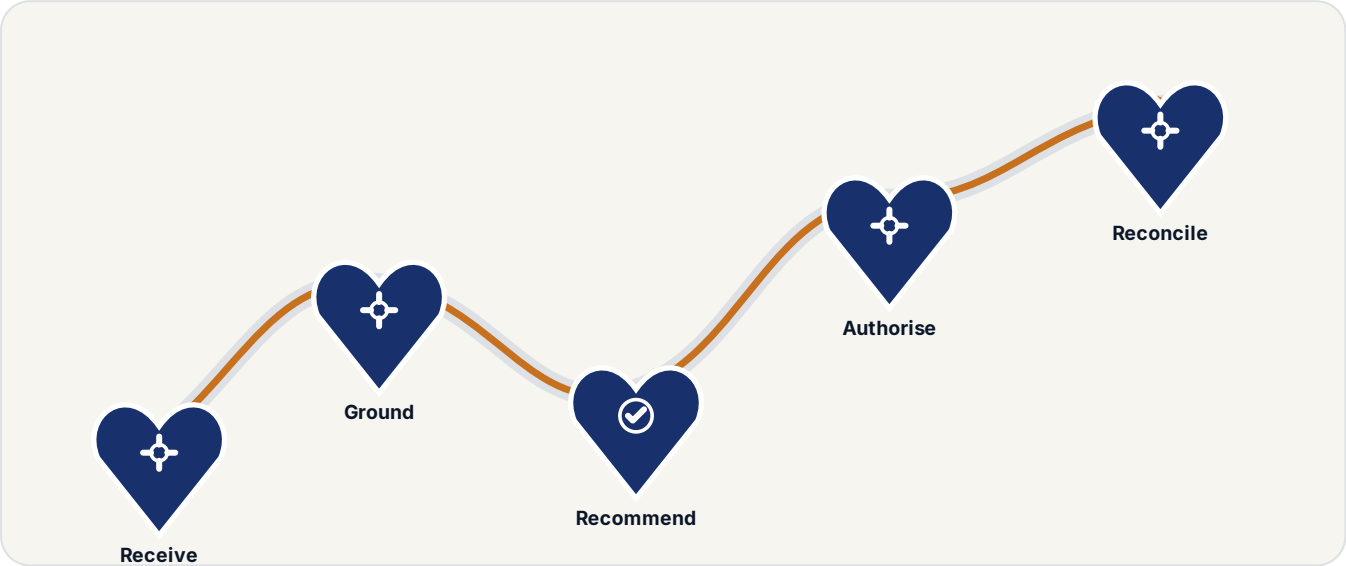
QUESTION TO CARRY

Which systems remain authoritative, and what may the new layer change?

REPRESENTATIVE WORKFLOW

A sector decision moves through one visible chain

The exact systems and roles change by organisation. The responsibility pattern remains inspectable.



How to read this visual: follow a clinical knowledge case through representative workflow.

MECHANISM

Follow one decision without skipping a boundary

If a clinical incident later goes to review, the record replays the exact output the clinician saw, against the exact guideline version active that day. Your record is verifiable across a hardware refresh, across a hospital merger, across a clinician who moved on years ago.

When the system contributes to a care recommendation, flags a finding for review, or produces a documentation draft, the clinician sees a written reason before signing. You can ask your doctor to show you that reason. It names the guideline, the measurement, and the patient-specific factor. Not a probability score. Not a confidence number. The actual reasoning, in language a patient and a GP can both read.

- Receive
- Ground
- Recommend
- Authorise

QUESTION TO CARRY

Where do source, rule, computation, review, and action join?

SECTOR ASSURANCE

Different people need different proof from the same event

A single technical log rarely answers every question. Design the record around the people who will actually use it.

How to read this visual: follow a clinical knowledge case through sector assurance.

DECISION

Give each reader the proof they actually need

A generative model will confidently cite a clinical guideline that does not exist, or cite a real one at the wrong version. A clinician needs the guideline actually in force on the day of care.

You can ask a real person to look again. The reviewer sees what the system saw and signs off on the outcome.

- A reason and a route to challenge
- State, authority, and next action
- A resolvable evidence packet
- Purpose

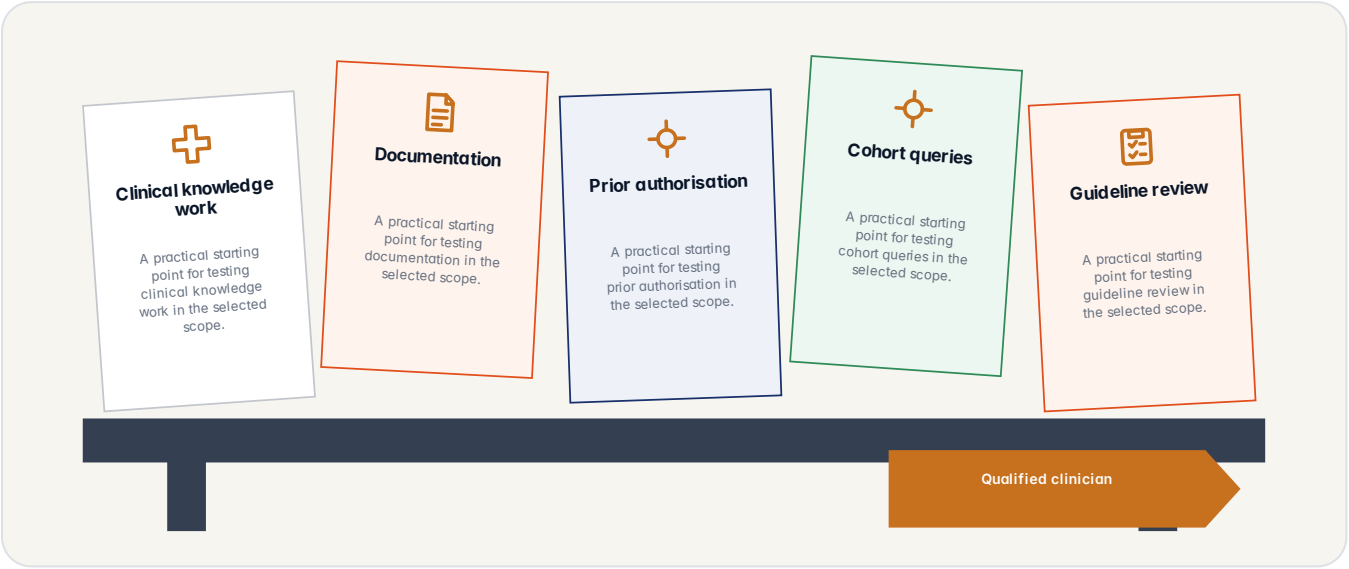
QUESTION TO CARRY

Can the person, operator, and reviewer each obtain the proof they need?

USE AND FIT

Where healthcare work can earn its place

Start with responsibilities that have a real owner, useful sources, and a consequence worth improving.



How to read this visual: follow a clinical knowledge case through use and fit.

MECHANISM

Separate useful scope from attractive distraction

Synthetic fixtures cover version boundaries, missing sources, and review states in CI. Every test checks the result and the evidence path before the build reaches hospital infrastructure.

Clinical workflows depend on the tool. There is no replayable record of past outputs. The governance committee cannot show its work.

- Clinical knowledge work
- Documentation
- Prior authorisation
- Cohort queries

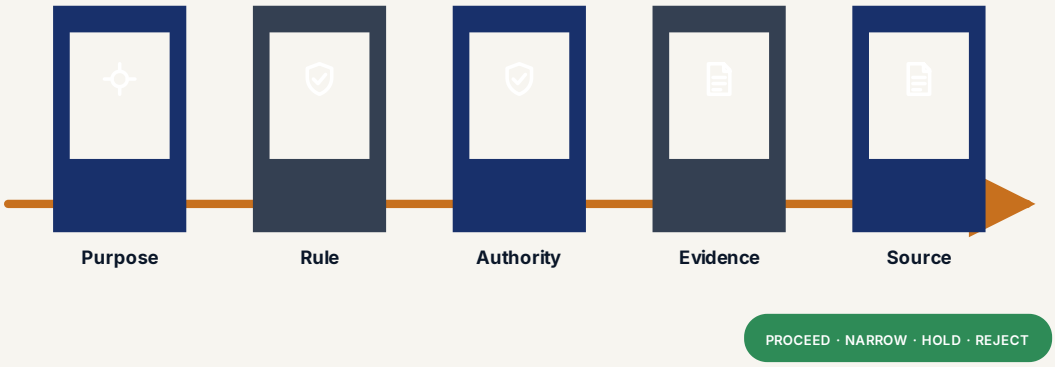
QUESTION TO CARRY

Where does this earn a place, and where should it deliberately not be used?

THE PATH

How healthcare work moves from question to decision

A focused engagement should make the next decision easier, not create a larger promise.



How to read this visual: follow a clinical knowledge case through the path.

WHY THIS SHAPE WORKS

The workflow, operating boundary, evidence, and decision criteria are considered together from the start.

DECISION

Make every stage earn the next one

Witnesses are signed with Ed25519 and sealed with SHA3-256 at the proof chain. The DPA verifies offline, with no vendor crypto service in the path.

Every AI-assisted output carries a path to a person that does not depend on a phone tree. The reviewing clinician sees what the system saw, in the order it saw it, and can confirm or override it with the same transparency. The override is signed and dated, not a chat note. The appeal travels with the original output.

- Purpose
- Rule
- Authority
- Evidence

QUESTION TO CARRY

What evidence must exist before the scope is allowed to grow?

THE VALUE PICTURE

healthcare work seen from three responsibilities

Good AI work must make sense to the person using it, the team operating it, and the people reviewing it.

How to read this visual: follow a clinical knowledge case through the value picture.

PRIMARY READER

Healthcare leaders, domain owners, operations, technology, risk, and assurance teams

The first conversation.

DECISION SUPPORTED

Scope and prove one accountable healthcare workflow.

The next useful step.

MECHANISM

Read the same outcome from several responsibilities

Every output is a recommendation a clinician reviews and signs. The algorithm does not act. You can ask why, you can ask for a clinician review, and you can withdraw your consent. None of these are premium features. They are the default, because European law says they have to be.

Your health data is processed on hardware inside the hospital or inside an EU sovereign cloud region you can audit. No transatlantic transfer. No US-hosted endpoint reading your chart. No third party trains a foreign product on your medical history.

- Purpose
- Rule
- Authority
- Source

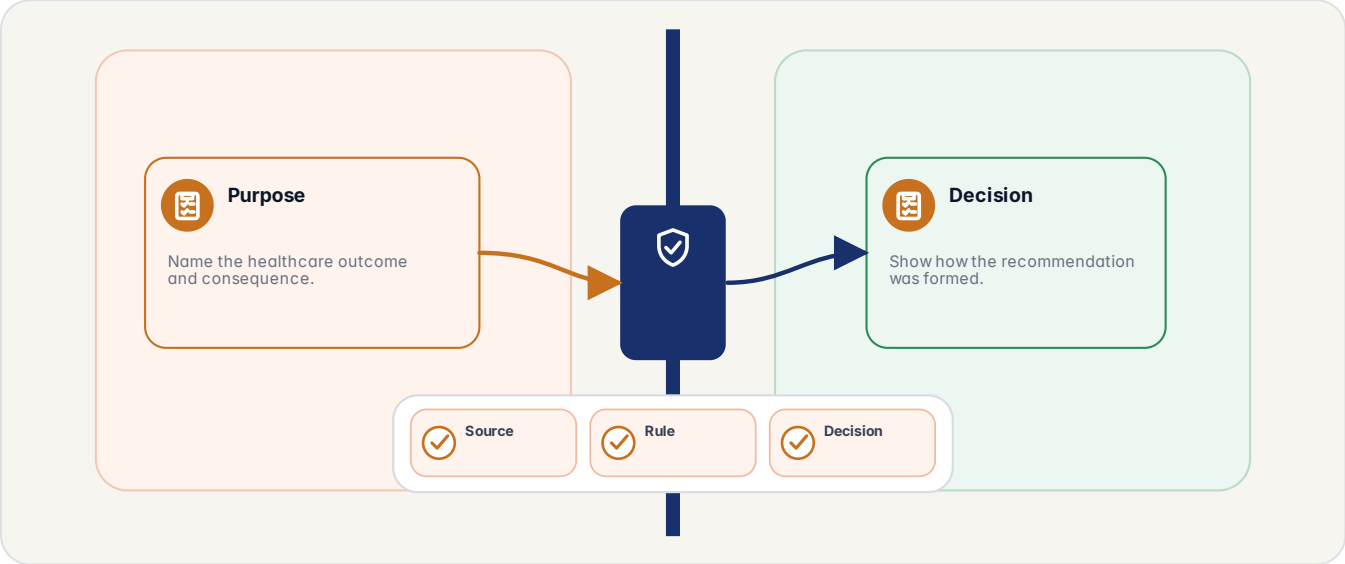
QUESTION TO CARRY

Can the same result satisfy its user, operator, and reviewer?

THE OPERATING MODEL

The control model around healthcare work

A credible proposition connects the visible result to the less visible responsibilities underneath it.



How to read this visual: follow a clinical knowledge case through the operating model.

DECISION

Name the controls behind the simple interface

An AI output a clinician cannot inspect is one a clinician cannot sign. GDPR Article 22 and the EU AI Act both require a reconstructible reason for high-risk knowledge-work outputs.

Sovereign clinical AI is not about buying European servers. It is about the platform being legible when something goes wrong, on your timelines, in your jurisdiction, against your guidelines.

- Purpose
- Source
- Rule
- Decision

QUESTION TO CARRY

Who owns each control when the interface appears simple?

THE RESPONSIBILITY FLOW

People, healthcare work, and evidence move together

The work becomes easier to govern when each stage leaves a clear hand-off.

How to read this visual: follow a clinical knowledge case through the responsibility flow.

MECHANISM

Keep every hand-off attached to an owner

Most people open managed Fabric in a browser and start without an infrastructure project. Organisations that need direct product operation inside their own perimeter move to a licensed deployment. Workflow and evidence contracts remain portable, while product access, keys, patches, logs, and operating responsibility change.

The same trace artefact lands in audit storage and the clinical data repository at once, in EU regions, with no double write to keep in sync.

- Purpose
- Rule
- Authority
- Evidence

QUESTION TO CARRY

Is every hand-off visible, bounded, and assigned to an owner?

SOURCE TO RESULT

healthcare work: from authoritative source to result

The work stays explainable when source identity, transformation, decision, and hand-off remain visible between systems.

How to read this visual: follow a clinical knowledge case through source to result.

DECISION

Keep the basis visible as the work changes form

Formulary and governance rules are signed runtime inputs. The trace retains the exact version and clause used for the knowledge-work output, even after guidance changes.

When the DPA asks for replay, a generative pipeline hands back a transcript. The same output will not come back the same way twice.

- Identify
- Prepare
- Apply
- Review

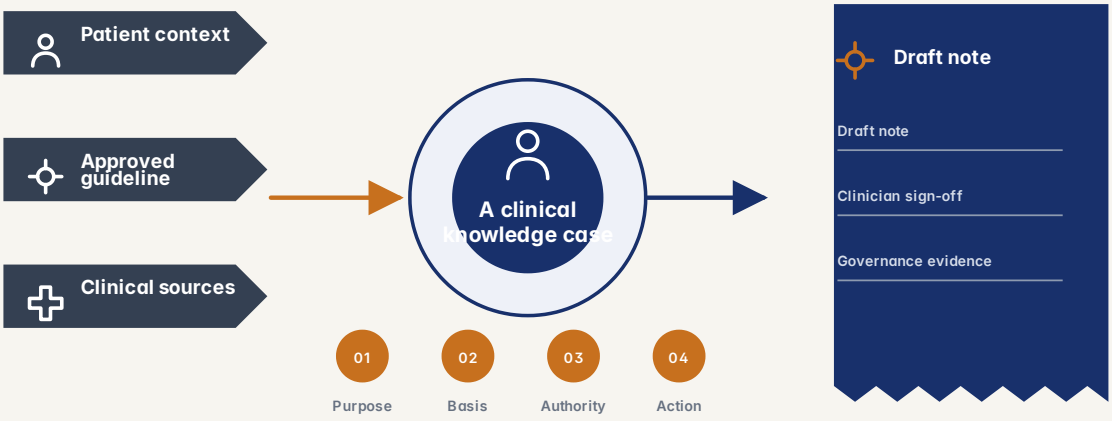
QUESTION TO CARRY

Can the result still be connected to the exact basis that shaped it?

EVIDENCE PACKET

The evidence healthcare work leaves with the work

Capture enough to explain the result, inspect authority, investigate failure, and make the next decision without rebuilding the story from memory.



How to read this visual: follow a clinical knowledge case through evidence packet.

MECHANISM

Preserve the record needed by the next question

The governance committee hands the DPA a repatriation record, a deployment confirmation, and a replay of any past output it asks about.

The output finishes with the guideline cited, the version pinned, the clinician named, and a record that replays the same way twice.

- Purpose
- Basis
- Authority
- Action

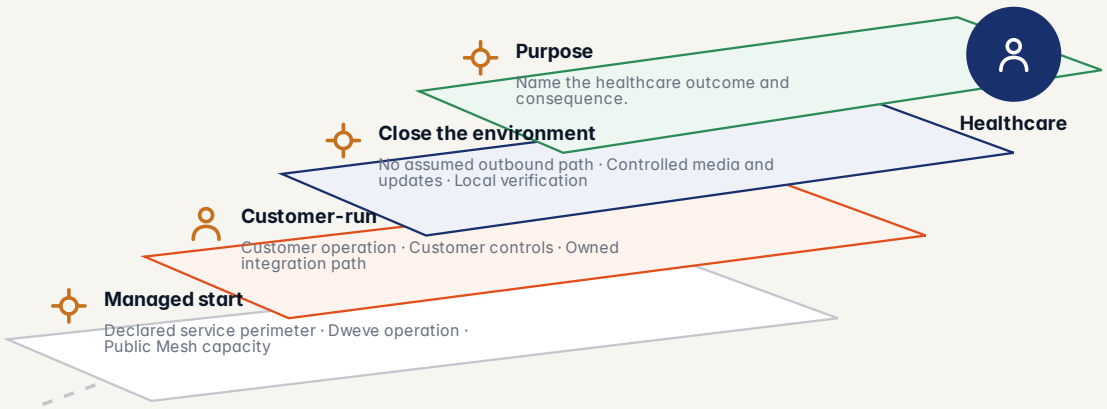
QUESTION TO CARRY

Does the retained record answer the next difficult question without reconstruction?

DEPLOYMENT CHOICE

Choose the operating posture for healthcare work

Location is only one dimension. Decide who operates, who holds keys, which dependencies exist, how updates arrive, and what continuity requires.



How to read this visual: follow a clinical knowledge case through deployment choice.

DECISION

Compare operating responsibility, not location alone

Managed customers use Fabric, its business API and Agent SDK on the public Dweve Mesh. A licensed deployment adds direct operation of Core and the platform products on customer-controlled infrastructure. Key custody, updates, logs, product access, and source rights follow that boundary.

For customers who want the compliance posture of licensed deployment without building an operations team. Dweve engineers handle installation, patching, monitoring, and incident response on hardware inside your perimeter. The runbook hands over at cutover, with optional ongoing management.

- Begin through managed Fabric
- Run on customer infrastructure
- Close the environment
- Purpose

QUESTION TO CARRY

Who holds infrastructure, keys, updates, logs, recovery, and the exit path?

WHAT TO LOOK FOR

Signals that healthcare work is earning trust

Progress is a useful outcome under understood control, supported by reviewable evidence.

How to read this visual: follow a clinical knowledge case through what to look for.

MECHANISM

Use signals that can change the next decision

Special-category health data on a US-hosted endpoint falls under CLOUD Act and FISA 702 reach. GDPR Article 9 blocks it before procurement opens.

European law gives you the right to a plain explanation of any AI-assisted decision about your care. You can simply ask.

- Useful
- Controlled
- Provable
- Purpose

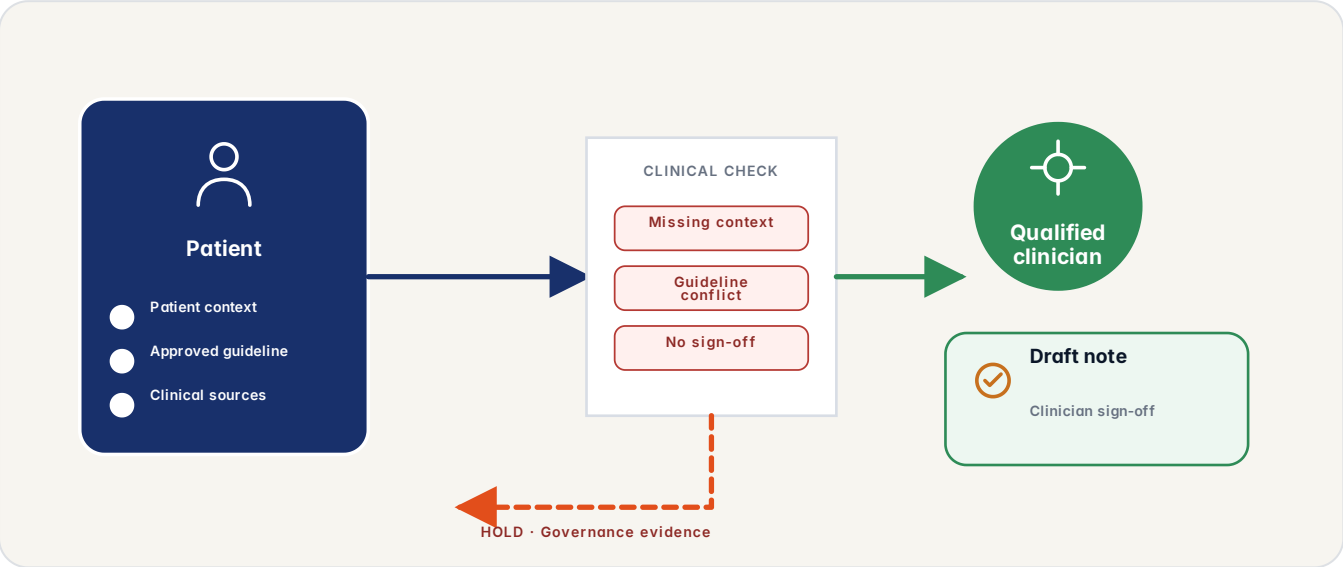
QUESTION TO CARRY

Which signals would change the next decision rather than merely impress the room?

HONEST LIMITS

Test how healthcare work fails before the first success demo

Visible failure is more useful than a polished result whose limits remain unknown.



How to read this visual: follow a clinical knowledge case through honest limits.

DECISION

Design the failure before presenting the success

The DPA finds the US-hosted tool unlawful under GDPR Article 9. The CMIO has six months to repatriate or exit.

The answer lands in a chat window with no guideline version, no clinician sign-off, and nothing the DPA can replay.

- Missing context
- Guideline conflict
- No sign-off

QUESTION TO CARRY

What happens when a source, permission, target, model, or supplier is unavailable?

ACCEPTANCE PATH

Close the healthcare work proof with a decision

Agree the decision path before the demonstration so a strong or weak result can change what happens next.

How to read this visual: follow a clinical knowledge case through acceptance path.

MECHANISM

Close the proof with an owned decision

Policy evaluation in Lattice and proof generation in AION are pure functions of their inputs. Both run with no network access.

Choose managed Fabric on the public Dweve Mesh, direct licensed operation on your infrastructure, or an isolated licensed perimeter. Workflow and evidence contracts remain portable; product access, keys, patches, logs, source rights, and operational responsibility change.

- Baseline
- Accept
- Exercise
- Review

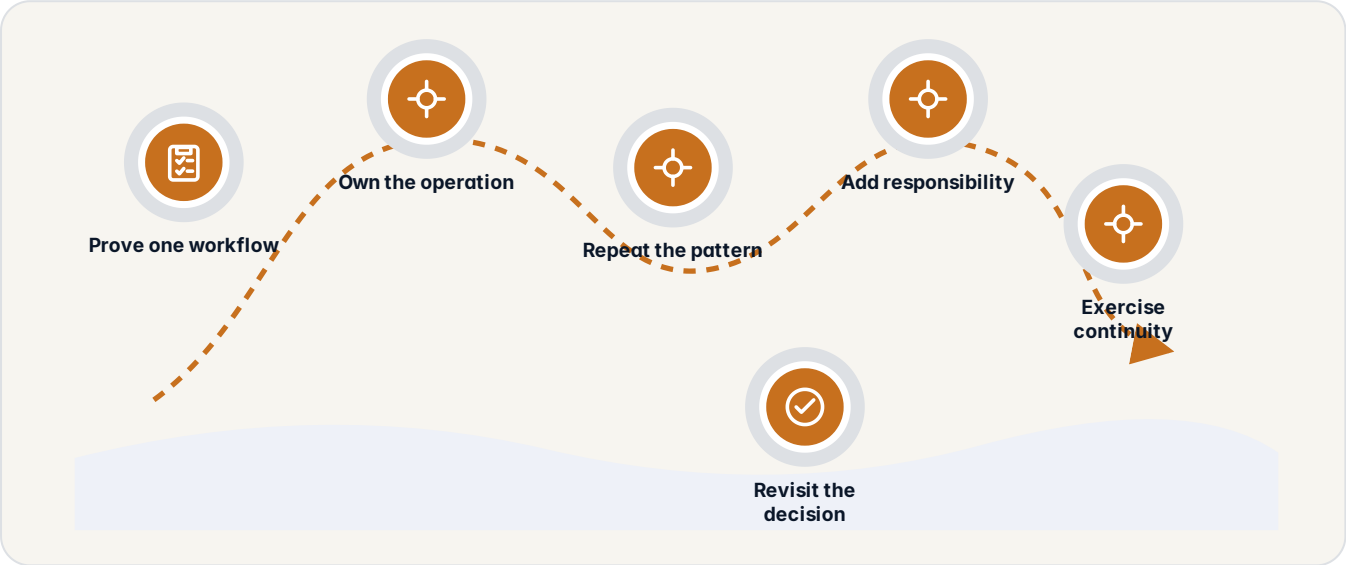
QUESTION TO CARRY

Are success, counter-metrics, failure cases, and stop conditions agreed first?

ADOPTION

Adopt healthcare work through owned choices

Move from one bounded result to a repeatable operating capability without making the scope vague.



How to read this visual: follow a clinical knowledge case through adoption.

DECISION

Expand only what proved reusable

Start in a European region, move the same workflow into your own environment, or isolate it completely. The operating model changes; the way people review and approve work does not.

Start in managed Fabric: open a browser, sign in, and ask. If your organisation later needs direct product operation inside its own perimeter, use a licensed transition plan that carries the workflow and evidence contracts into customer-controlled infrastructure.

- Prove one workflow
- Own the operation
- Repeat the pattern
- Add responsibility

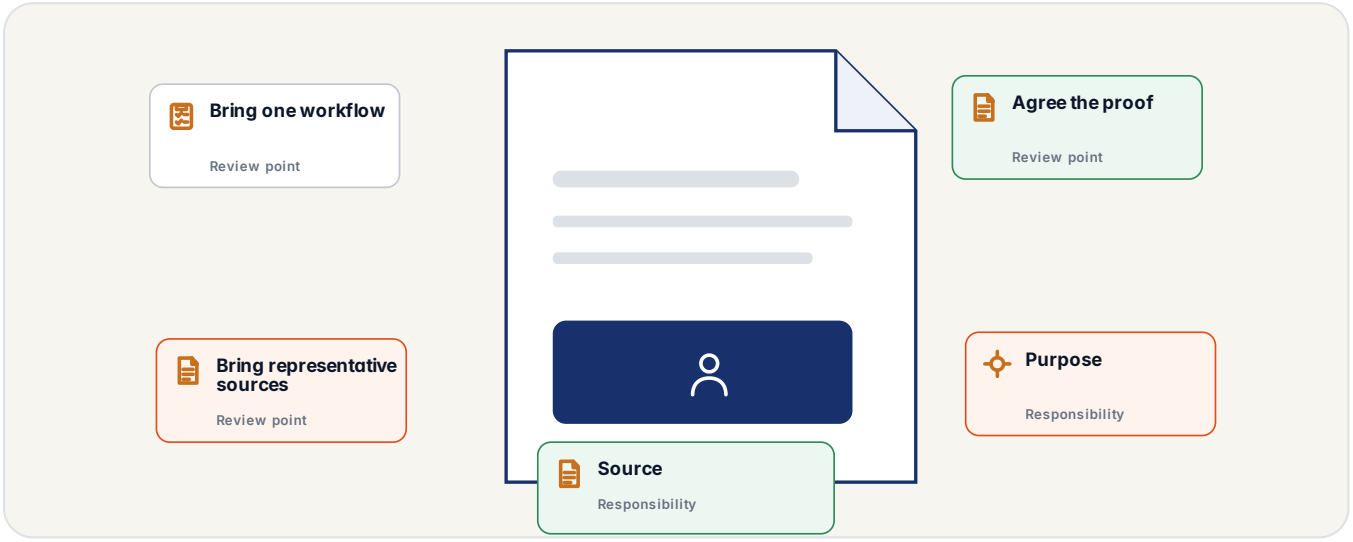
QUESTION TO CARRY

What can be reused safely, and what requires a new decision and proof?

WHAT TO PREPARE

What to bring to the healthcare working session

A small amount of real context produces a better conversation than a broad catalogue of hypothetical features.



How to read this visual: follow a clinical knowledge case through what to prepare.

KEEP IT BOUNDED

Sensitive production data is not required for the first conversation. Bring representative material and the rules that define a useful result.

MECHANISM

Bring enough reality to make the session useful

Fabric is the app you actually use. You log in, start a conversation, upload documents, or build a small workflow. Behind the scenes the model powers the answers, the network handles the compute, and the agents do the organizing, but you never have to configure any of that. The trace is always there if you want to see how an answer was reached.

A trace on every decision means a real question comes back with the source it used, the rule it applied, the owner who signed, and a sealed record you can replay. Here is the shape of that evidence. The example is illustrative until your own data is connected.

- Bring one workflow
- Bring representative sources
- Agree the proof
- Purpose

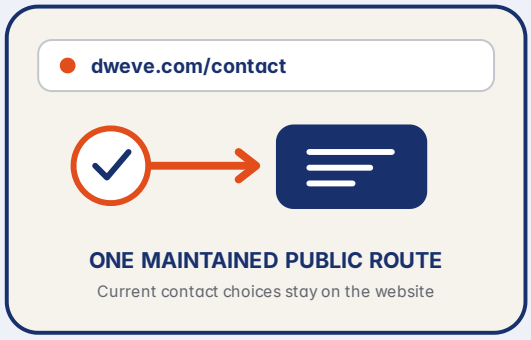
QUESTION TO CARRY

Which real sources, rules, owners, and examples will make the first session honest?

THE INVITATION

Continue the healthcare work conversation

Scope a briefing, demonstration, or proof around the workflow and decision that matter to your organisation.



CONTINUE ONLINE

dweve.com/contact

Current route and contact choices

START A CONVERSATION

Continue through the current contact page

Scope a workflow or ask a technical question, then use the contact page to begin.

START	**dweve.com/contact**	Use the maintained public contact route
BRING	**One bounded question**	Workflow, audience, decision, and desired evidence
CHOOSE	**Briefing · demonstration · PoV**	Select the smallest useful next step
VERIFY	**Current scope and terms**	Confirm availability, pricing, and responsibilities before commitment

DECISION

Turn the brochure into one bounded next step

The access model decides who operates the products, who holds the keys, and where the boundary sits. Workflow and evidence contracts remain portable, but rights are not identical.

No workflow rebuild is required, but the access boundary changes. Managed customers use Fabric and its business surfaces; licensed customers operate the products directly.

- Start: dweve.com/contact
- Bring: One bounded question
- Choose: Briefing · demonstration · PoV
- Verify: Current scope and terms

QUESTION TO CARRY

What is the smallest useful next conversation Dweve should prepare?