

Dell Technologies + AMD

Powering practical, sovereign AI for the NHS

NYHDIF Annual Conference | 12 November 2026

Dell and AMD bring practical AI to the data, under NHS control

The benefits of Dell and AMD together

Secure, on-premises AI

The Dell AI Platform with AMD, part of the Dell AI Factory, is a secure, flexible, scalable on-premises solution, so sensitive data can stay inside the trust.

Open, flexible ecosystem

AMD EPYC CPUs, AMD Instinct GPUs and open AMD ROCm software support leading AI frameworks and portable workloads, so you keep long-term deployment flexibility.

Efficiency and sustainability

Dell PowerEdge with AMD EPYC helps consolidate older infrastructure and cut power, with recommended server counts nearly halved compared with legacy configurations.

Start small, scale predictably

The modular Dell AI Platform with AMD Instinct MI350P GPUs offers a realistic starting point and a predictable way to scale.

Enterprise-grade trust

Built-in security, integrated management, and Dell services and support, backed by 5,000+ Dell AI Factory implementations.

"The collaboration between Dell Technologies and AMD has revolutionized our operational performance at OSF Healthcare… enabling our clinicians to focus more on patient well-being."

Joe Morrow, Director of Technology Services, OSF Healthcare

DELL Technologies

Practical AI

Under NHS Control

An opportunity for sustainable digital change

Michael McCooe

NYHDIF Annual Conference

12th November 2026

The problems

More data than ever before

Electronic, but unstructured

EPR inefficiencies

Coding workforce shortages



Our core principles

Sustainable AI adoption starts with local ownership and people who remain accountable for its use.

1

LED BY NHS NEED

Start with a service problem

Focus on real operational pressures, with staff shaping how AI fits into everyday work.

2

SOVEREIGN BY DESIGN

Control the critical boundary

AI runs inside NHS-controlled infrastructure. Patient data does not need to be sent to an external model provider.

3

SAFE AND ACCOUNTABLE

Keep people in control

Governed workflows, deterministic checks and human review before information is used or submitted.

4

PARTNERSHIP AND LEARNING

Build capability together

Combine NHS and partner expertise, then share learning across trusts to support sustainable digital change.

Institutional Sovereignty

A deployment model designed for privacy-essential workflows and operational control.

NHS CONTROLLED ENVIRONMENT

EPR + clinical notes
Source data stays inside the trust.

↓

Local AI models
Open-weight models run behind the firewall.

↓

Verification layer
Rules test outputs against source data.

↓

Authorised user
A person reviews, corrects and decides.

THE BOUNDARY

No external patient-data transfer
The AI supplier does not host the NHS clinical record.

Local operational ownership
The trust controls infrastructure, access, workflow and use.

AI COMES TO THE DATA

Not the other way round

Architecture

Attention over Intelligence

Security

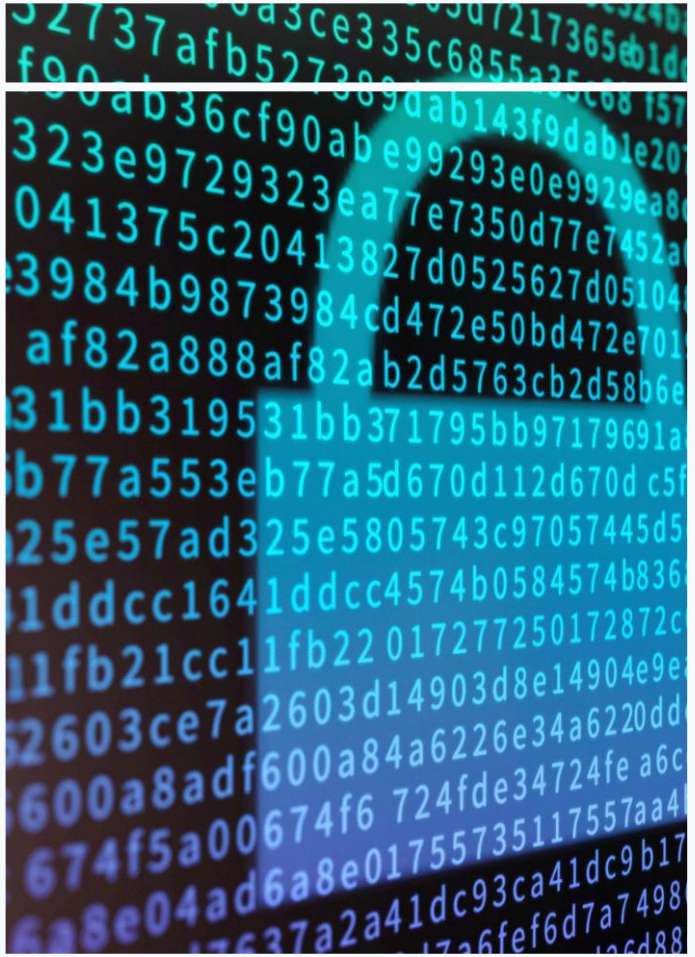
- Modular design
- Private/on premises deployment
- Audit logging
- Cryptography and pseudonymisation

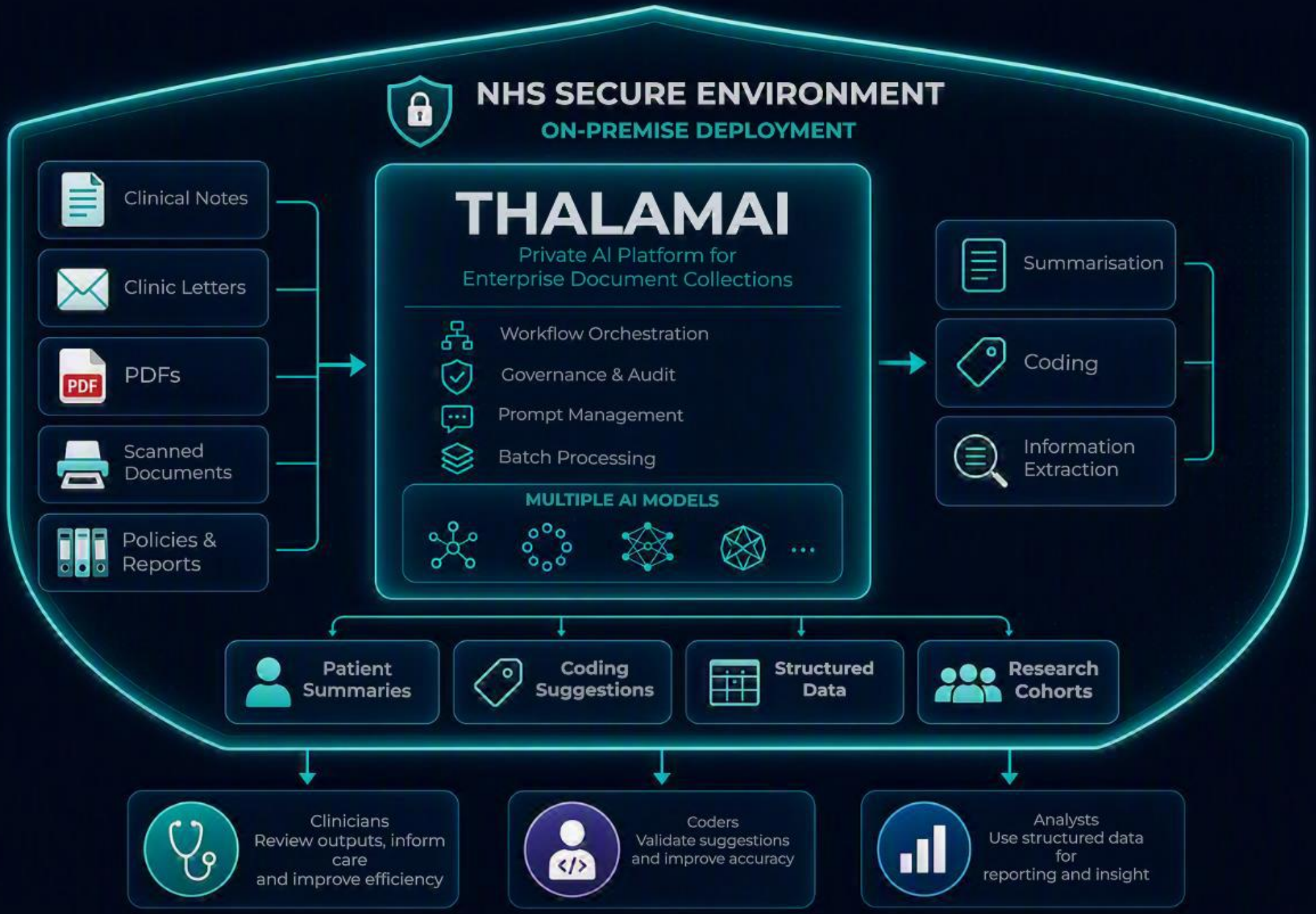
Sustainability

- “Just enough” AI

Trust

- Human/AI collaboration, not replacement
- Digital and Clinical leadership




NHS SECURE ENVIRONMENT
ON-PREMISE DEPLOYMENT
Clinical Notes
Clinic Letters
PDFs
Scanned Documents
Policies & Reports
THALAMAI
Private AI Platform for Enterprise Document Collections
Workflow Orchestration
Governance & Audit
Prompt Management
Batch Processing
MULTIPLE AI MODELS
Summarisation
Coding
Information Extraction
Patient Summaries
Coding Suggestions
Structured Data
Research Cohorts
Clinicians
Review outputs, inform care
and improve efficiency
Coders
Validate suggestions
and improve accuracy
Analysts
Use structured data
for
reporting and insight

Our use cases

The platform targets high-volume administrative friction where better attention produces measurable operational value.

EMERGENCY CARE DATA	Improve completeness, validity and tariff visibility	**Established operational use**
OUTPATIENT CODING	Uncover investigations and procedures from free text notes	**Early live use**
INPATIENT CODING	Surface evidence, comorbidities and potentially missed detail	**Live use by clinical coders**
RTT VALIDATION	Identify discharges, clock stops, follow-ups and status inconsistencies	**Emerging use case**

The organising principle: “just enough” AI, applied where it helps and governed as the use case expands.

Benefits for clinical teams

≈2 min

per patient in ED

Less time on double documentation

Approximate time saving

More time for patient care

Potential to ease administrative pressure and stress.

Future benefits for clinicians

Discharge summaries

Draft summaries from existing notes for clinicians to review.

Reports and complaints

Collation of relevant information and prepared summaries for staff to check.

Completion of routine paperwork

Drafting routine paperwork for staff review.

Audit completion

Organising clinical detail for audit completion and filling forms.

Clinical teams review outputs and retain accountability. AI supports people, rather than replacing them.

Discharge summaries

Plan and requested actions

GP Actions
Please see the comments within medications for any actions related to medications.
There are no actions for the GP

Trust Actions
There are no actions for the trust

Diagnoses

No diagnoses information entered.

Admission details

Admission Date/Time	Specialty Gastroenterology	Consultant patient was admitted under
Site	Ward	Ward Transfers

Clinical summary

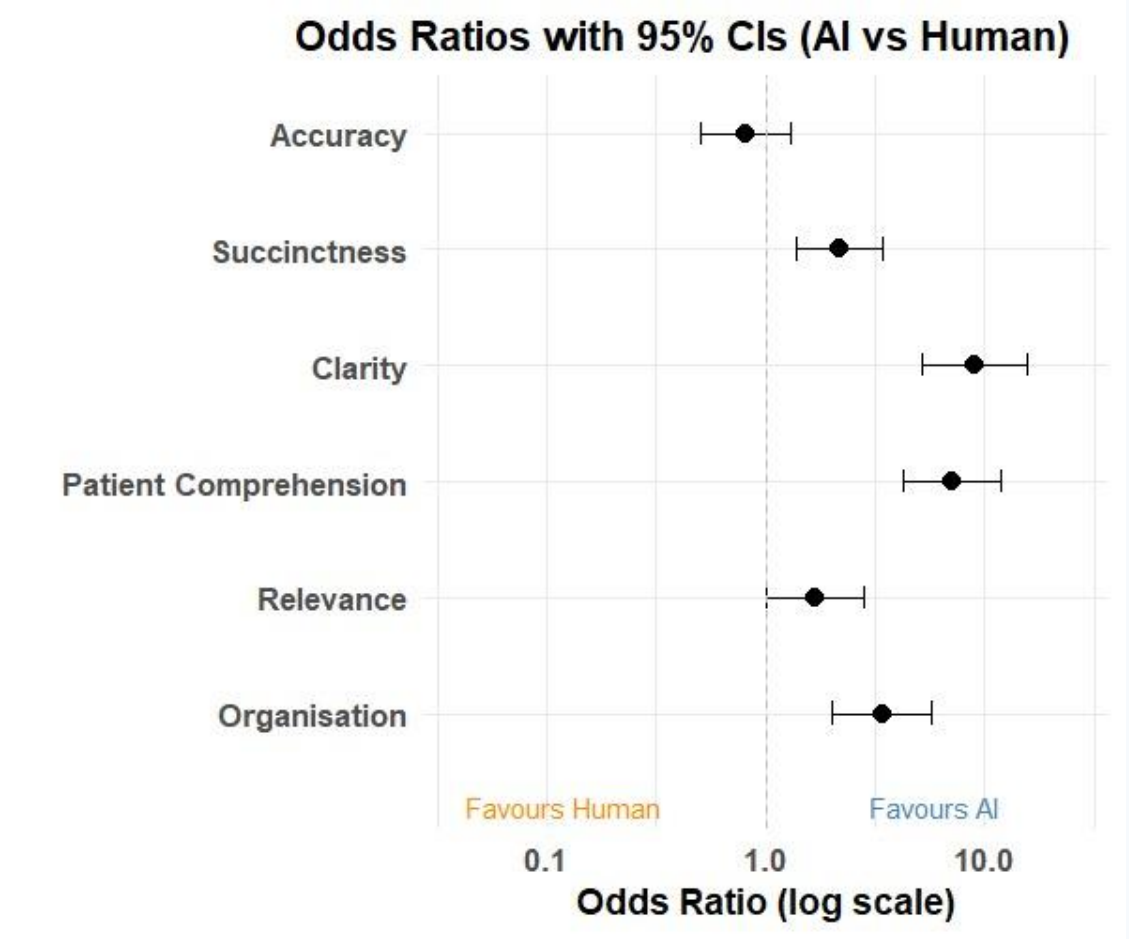
This edan was autocompleted by the system and was not signed off by clinical staff. The eDAN contains the information recorded within the patients admission however, there may be information missing.

No information entered.

Discharge details

Discharge destination	eDAN completion date
Discharge date	
Consultant patient was discharged under	Discharge location

^NB synthetic data
from NHSE Data Science team



Our impact in numbers

+£2.18m

Reported tariff movement

Tariff +31.9%
Patient volume +2.7%
Matched three-month periods

~88%

Better information

Emergency care completeness and validity. May 2026, up from approximately 56–63%.

82%

Greater coding depth

Clinical Coders reported deeper, more specific coding in an early poll.

2,000

Patients processed per hour

Example emergency care throughput.

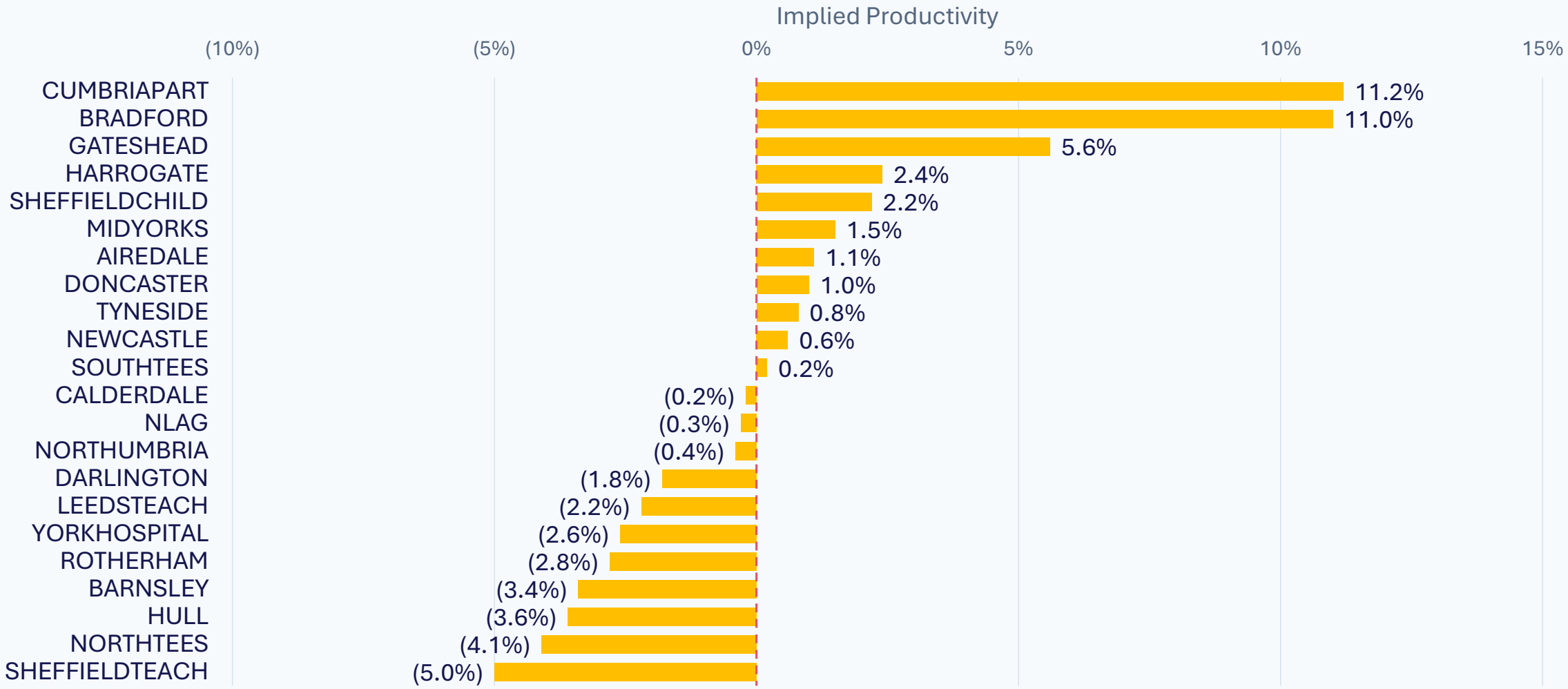
98

In-month SHMI

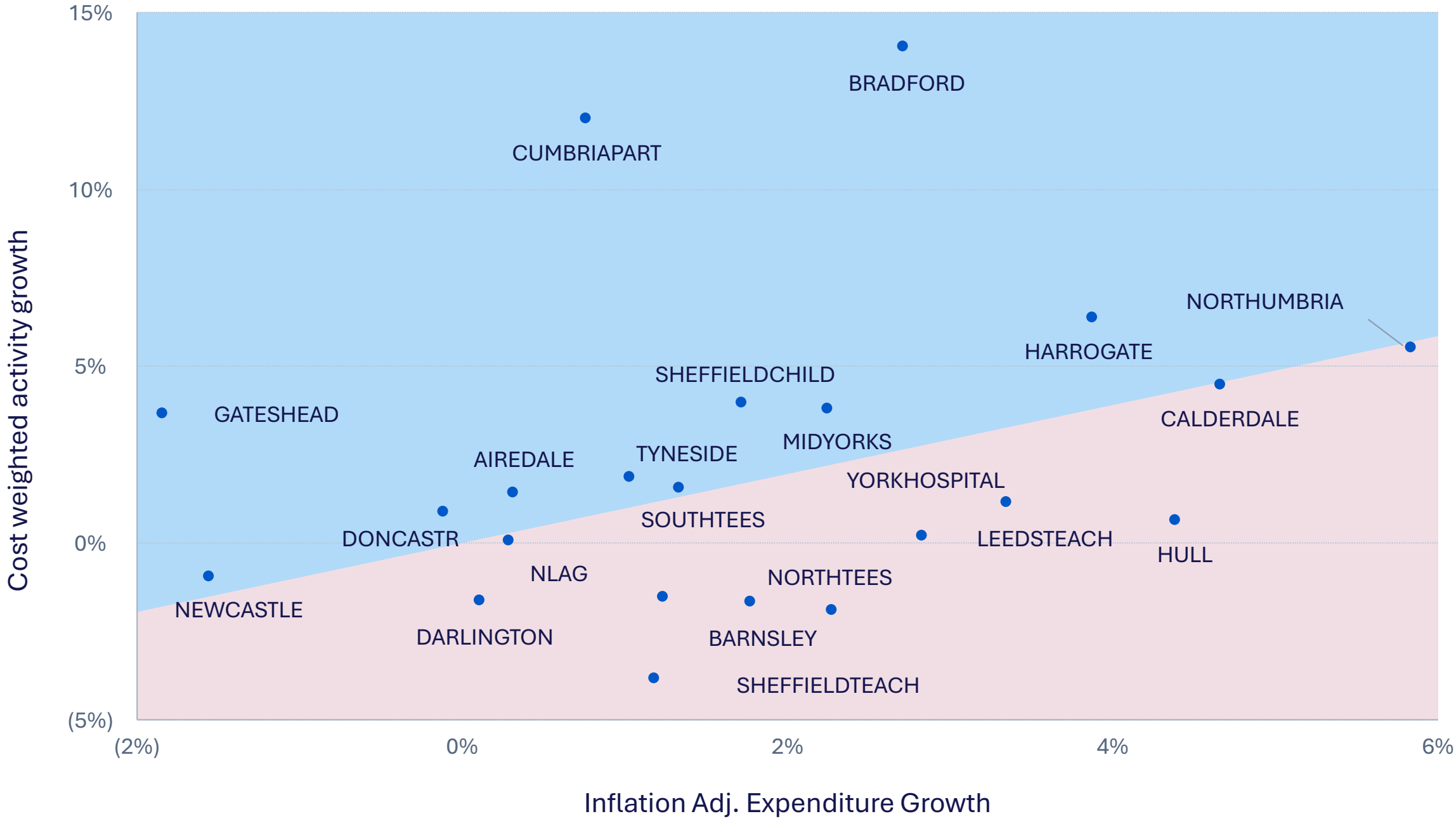
Reduced from 116

Implied Productivity by Trust

Region North East and Yorkshire

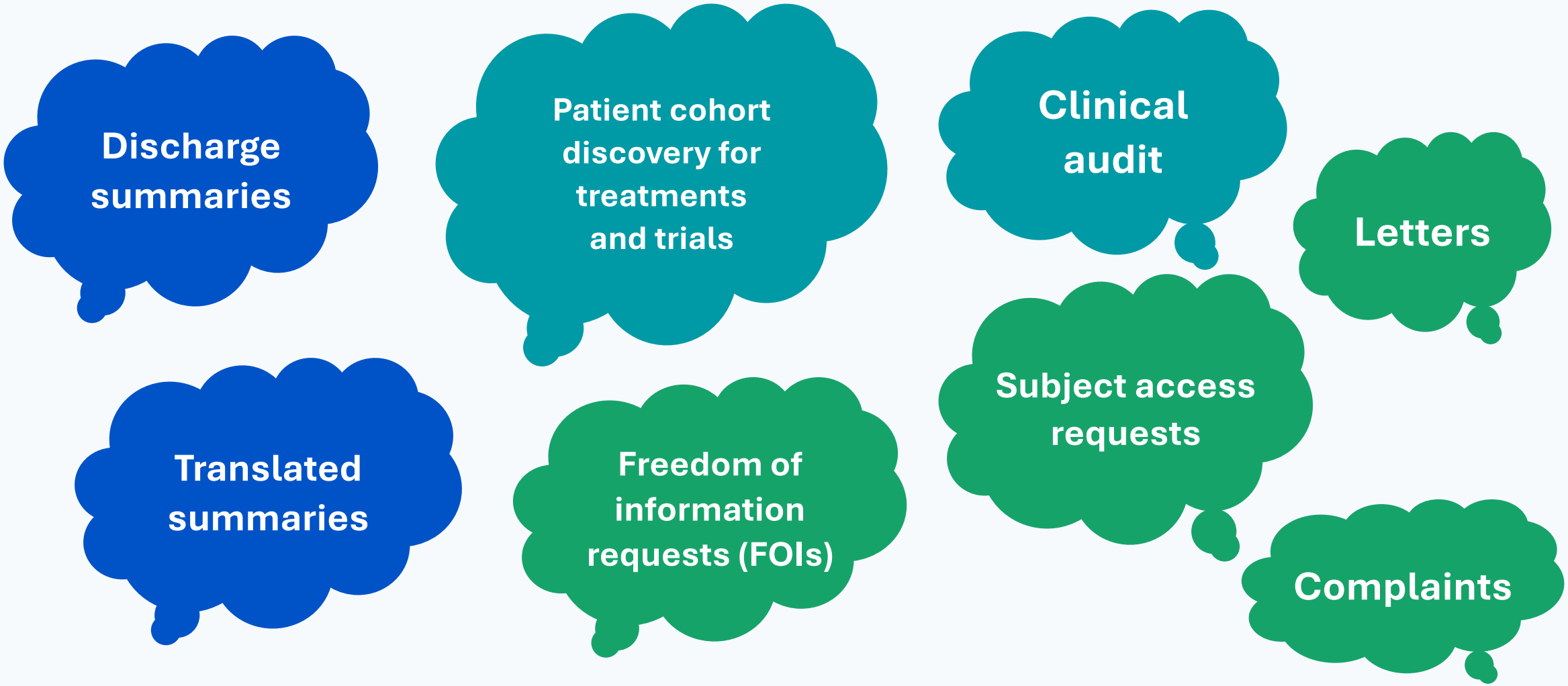


Cost Weighted Activity vs. Inflation Adjusted Expenditure Growth by Trust



Where to next?

Our next use cases



Partnership working in Bradford

Combining capabilities to make practical AI possible.

In Bradford, we have partnered with Computacenter and Dell to make practical AI possible.

ThalamAI

Computacenter

Dell

The opportunity for CDIOs

Partnerships offer a way to combine expertise around NHS needs, with shared responsibilities and NHS control.

Conclusion

Building tomorrow's NHS today: the CDIO leadership opportunity

1. Set NHS control of data and infrastructure as the foundation for sustainable change.
2. Give staff a central role in shaping AI use, with people retaining accountability.
3. Back innovation that tackles service priorities and demonstrates measurable benefit.

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