



The Connected Estate

Rethinking Digital Transformation
for NHS Estates and Facilities

A SINGU Whitepaper | **August 2026**



Executive Summary

The NHS estate is one of the most complex operational portfolios in the world. It spans thousands of buildings, employs hundreds of thousands of staff, and underpins the delivery of care to over 60 million people. Yet for all its scale, the digital infrastructure used to manage it is, in the vast majority of trusts, still working in fragments.

Over the past decade, digital transformation has gathered real momentum. Trusts have invested in specialist software for compliance, CAFM, energy management, maintenance, asset tracking, space management, workforce planning, and capital programmes to name a few. And whilst each system has delivered value within its domain, they have collectively created a new problem: fragmentation.

The Government's own 10 Year Health Plan¹, published in July 2025, identifies fragmentation as one of the NHS's defining structural problems: a system that "*organises its care into multiple, fragmented siloes.*" That pattern is the natural result of decades of procuring specialist tools to solve individual problems, without building the connected architecture to make them work together. It has shaped clinical services, and it has shaped estates and facilities in equal measure.



The challenge is no longer digitisation.
The challenge is integration.

This whitepaper argues that the next evolution of NHS estates management is the 'Connected Estate': a model in which systems, data, and people work as a coherent operational ecosystem rather than a collection of disconnected tools. And when integration is achieved, the benefits are not confined to any one level of the organisation.

The maintenance engineer works from a single system rather than juggling between several. The facilities manager gains workflows that complete themselves. The director of estates has the real-time, reliable information needed to make consequential decisions. The Trust Board can govern the estate with the same rigour applied to clinical and financial performance. **Connection is much more than a technological advance; it is an organisational transformation.**



Against a backdrop of a £15.9 billion maintenance backlog, £14 billion in annual estate running costs, and an NHS that must now deliver 2% year-on-year productivity gains², **the case for connection has never been more urgent.**

The Government's own 10 Year Health Plan, published in July 2025, identifies fragmentation as one of the NHS's defining structural problems: a system that "*organises its care into multiple, fragmented siloes.*"

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The Estate Under Pressure

The NHS estate does not exist in isolation: it is the physical and operational foundation upon which patient care is built. And right now, that foundation is absorbing pressure from every direction simultaneously.

The scale of the challenge

To understand the scale of the challenge, let's start with the numbers. According to the Estates Returns Information Collection (ERIC) for 2024–25², the most comprehensive annual dataset on NHS estate performance in England, NHS trusts spend £14 billion a year simply running their estate. That is before a single pound is spent on improvement or transformation.

It encompasses everything from energy and cleaning to maintenance and catering: a sum comparable to the GDP of a small nation, managed largely through a patchwork of disconnected systems. Energy consumption stands at 11.3 billion kWh annually: a level of consumption with significant financial and sustainability implications as net zero commitments become embedded in NHS strategy. Meanwhile, cleaning services cost £1.6 billion a year and inpatient food costs £0.8 billion.

These are not peripheral line items. They are core operational expenditures that demand strategic management, and they are currently managed with tools that cannot easily talk to one another. Most significant of all is the maintenance backlog. ERIC 2024–25 puts the cost of eradicating it at £15.9 billion, and that figure comes with an important caveat: it is an estimate, dependent on the quality and completeness of data submitted by trusts across an enormously complex estate. Where asset records are fragmented, incomplete, or held across disconnected systems, the true scale of the backlog may be higher still. Buildings in poor condition affect patient experience, staff morale, infection control, and regulatory compliance.

Maintenance deferred is not maintenance avoided; it is risk accumulated. And risk you cannot accurately measure is risk you cannot effectively manage.

AT A GLANCE

£15.9bn

Estimated backlog maintenance cost

£14bn

Annual cost of running the NHS estate

11.3bn kWh

Energy consumed across the NHS estate annually

Growing operational complexity

Beyond the headline numbers, estates and facilities teams are navigating pressures that compound upon each other in ways that rarely show up neatly in a board report.

- Compliance requirements have expanded significantly, from fire safety and Legionella to asbestos management, CQC inspections, and net zero reporting.
- Workforce shortages mean teams are being asked to do more with fewer people.
- Capital budgets are constrained, forcing difficult prioritisation decisions with incomplete information.
- Patient expectations are rising: the environments in which care is delivered matter more than ever.

In 2016, Lord Carter's landmark review of NHS operational productivity³ identified the **potential to save £1.275 billion** through enhanced estate efficiency across NHS acute hospitals in England alone. A decade on, how much of that £1.275 billion in potential savings has been realised? The tools changed. The connections between them didn't.

For Directors of Estates, Chief Operating Officers, and Trust Boards, this is not an abstract mandate.

It requires real-time intelligence about what is happening across the estate:

- Where costs are being generated
- Where risk is accumulating
- Where investment will have the greatest impact.

The 10 Year Health Plan¹ sets a target of **2% year-on-year** productivity improvement across the NHS.

"The NHS now stands at an existential brink. Demographic change and population ageing are set to heap yet more demand on an already stretched health service."

Fit for the Future: 10 Year Health Plan for England, July 2025¹

The estate is under pressure.
But the greater risk is that the pressure is being managed with tools that were never built for it.

Digital Transformation:

Progress and Unfinished Business

It would be both wrong and unfair to suggest that the NHS estates sector has stood still. In fact, significant investment has been made in digital tools over the past decade, and the results are both real and meaningful.

For example:

- Paper-based maintenance logs have given way to computer-aided facilities management platforms.
- Energy management systems now capture consumption data in near real time.
- Compliance software tracks statutory obligations across complex asset portfolios.
- Space management tools support utilisation analysis and capital planning.

These are genuine advances, and the professionals who drove them deserve credit for what was achieved under considerable pressure.

What digitisation has achieved so far



Digitisation replaced manual processes that were slow, error-prone, and impossible to scale. A CAFM system that logs and routes maintenance jobs is faster and more accountable than a paper job card.



Compliance software that tracks inspection schedules and sends automated alerts reduces the risk of statutory breaches.



Energy platforms that aggregate meter data allow teams to identify waste they previously had no way of seeing.

For many organisations, these investments represented a genuine step change in operational capability.

For frontline teams, the shift from paper to software fundamentally changed how work was recorded, tracked, and reported.

And for boards and executive leadership, it created at least the possibility of data-driven decision-making.



The limits of point solutions

Digitisation is not the same as connection, which is where the unfinished business of transformation begins. The pattern that has emerged across many NHS trusts is one of accumulation: specialist systems added over time, each addressing a specific operational need, each selected in response to a particular pressure. The compliance system went in after a CQC inspection. The CAFM platform was procured to modernise maintenance. The energy management tool arrived with a sustainability agenda. Space management software came with a capital programme. Each decision was rational in its context. Each system delivered its intended purpose.

The problem is what was not planned for: the relationship between these systems. When maintenance data lives in one platform, compliance records in another, and energy consumption in a third, the connections that would make that data strategically valuable simply do not exist.

A director of estates cannot, in a single view, understand the relationship between an asset's maintenance history and its energy consumption. A compliance manager cannot instantly

reconcile inspection outcomes with capital prioritisation. A facilities manager cannot quickly determine how recurring maintenance issues are affecting operational performance across the estate. And so they do what people always do: they export, they reformat, they build spreadsheets, and they make phone calls.

For the people on the ground, this fragmentation is felt even more immediately. Every additional system is another login to remember, another interface to learn, another place to check before a job can be completed or a record updated. Frontline staff including engineers, cleaning supervisors, compliance coordinators and more are carrying the administrative weight of an estate that was digitised piece by piece without ever being designed as a whole.

The burden falls on the people with the least time to carry it. The answer is not another system. It is the right systems, properly connected, working as one.

NHS England has already recognised this challenge at the clinical level. Its Connected Digital Systems programme⁴ explicitly prioritises interoperability as a cornerstone of NHS digital strategy. The principles are the same for estates: fragmented information produces fragmented decisions.

"Interoperability is not just a technical ambition — it is a national priority. The same principles that apply to clinical systems apply with equal force to the systems that run our estates."

NHS England, Connected Digital Systems⁴

The reality:
fragmented systems, fragmented view



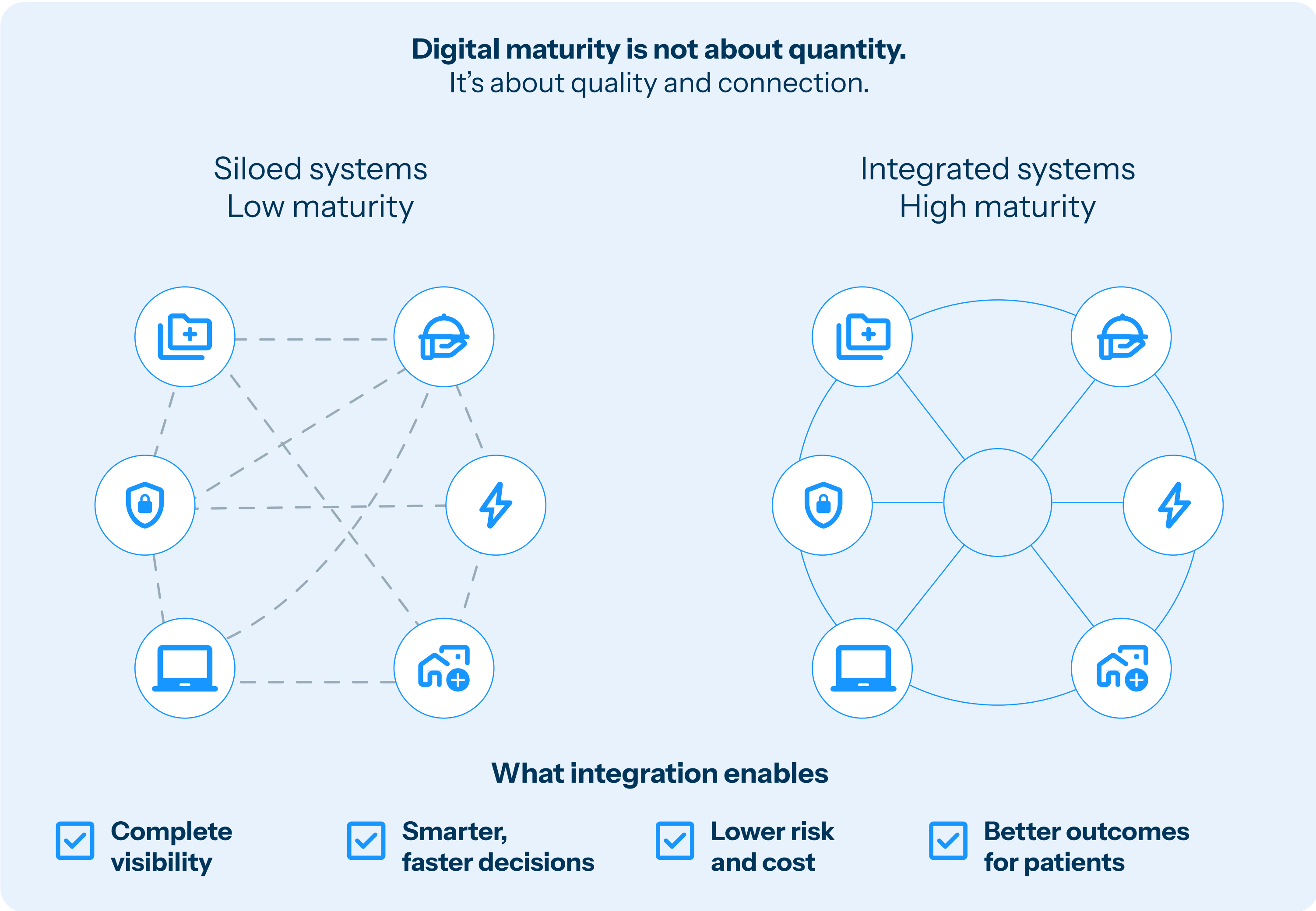
Digital maturity: A new definition

The new definition of digital maturity in NHS estates is not about the number of systems deployed. It is about how effectively those systems work together and how reliably the data they generate flows into operational and strategic decision-making. **An organisation with five well-integrated systems is more digitally mature than one with fifteen siloed ones.** That is a difficult message for organisations that have invested heavily in best-of-breed point solutions, but it’s the honest one.

The 10 Year Health Plan¹ is direct about the direction of travel: “Today the NHS is behind the technological curve. This Plan propels it to the front.” For estates professionals, the question is not whether to embrace the next phase of digital transformation. It is whether the tools currently in place are capable of supporting it.

“Today the NHS is behind the technological curve. This Plan propels it to the front.”

Fit for the Future: 10 Year Health Plan for England, July 2025¹



True digital maturity is about using the right systems, connected, to deliver insight, efficiency, and better outcomes.

The Hidden Costs of Fragmentation

The costs of operating a fragmented digital estate are significant. They are also, for the most part, invisible, accumulating quietly in inefficiencies, missed opportunities, and decisions made on incomplete information rather than appearing as a line item on any budget. Understanding them is the first step to making the case for change.



Duplicated effort and wasted time



Inconsistent records and poor data quality



Invisible operations and poor executive insight



Siloed teams and broken workflows



The barrier to AI adoption

Duplicated effort and wasted time

When systems do not share data, people compensate. Estates teams spend hours each week manually extracting information from one platform, reformatting it, and entering it into another. Reports that should be generated automatically are built in spreadsheets instead. Compliance evidence that exists digitally in one system is re-entered by hand into another. Asset records maintained in a CAFM platform are copied into a capital planning tool. Each of these tasks feels routine, but at scale across a large NHS trust, the cumulative time lost is substantial.

Every hour spent on manual data transfer is an hour not spent managing the estate.

What makes this particularly striking is how rarely that cost is quantified. Most trusts have no clear picture of how many hours are lost each week to manual workarounds, no baseline against which to measure improvement, and no mechanism for surfacing the problem to leadership. The inefficiency is real, but it is largely invisible, which is precisely what makes it so persistent, and so important to address.

Inconsistent records and poor data quality

Where the same information is held in multiple systems without automated synchronisation, inconsistency is not a risk; it is an inevitability. An asset might be recorded differently in the maintenance system than it is in the compliance database, for example, or a space might carry one cost code in the CAFM platform and another in the estates information system. These discrepancies are frustrating to deal with administratively, but their consequences run deeper. They undermine the reliability of every report, every decision, and every statutory submission that depends on them. Nowhere is this more consequential than in space records.

Accurate space data sits at the heart of almost every estates decision: utilisation, cost allocation, capital planning, compliance, and energy management all depend on it.

Yet when space information is held across multiple systems without a single authoritative source, every team works from a slightly different version of the truth. Decisions made on that basis are only as good as the data they rest on, and connected systems can only be as accurate as the records they share. A single, trusted version of space data is not a nice-to-have. It is the foundation everything else is built on.

Poor data quality has real operational consequences. It affects the accuracy of ERIC submissions, complicates CQC inspections, and makes capital planning arguments harder to defend. And it means that even when the data exists, decision-makers cannot trust it enough to act on it with confidence, which in itself poses a significant problem in an environment where trust in data has to be the starting point for everything else.

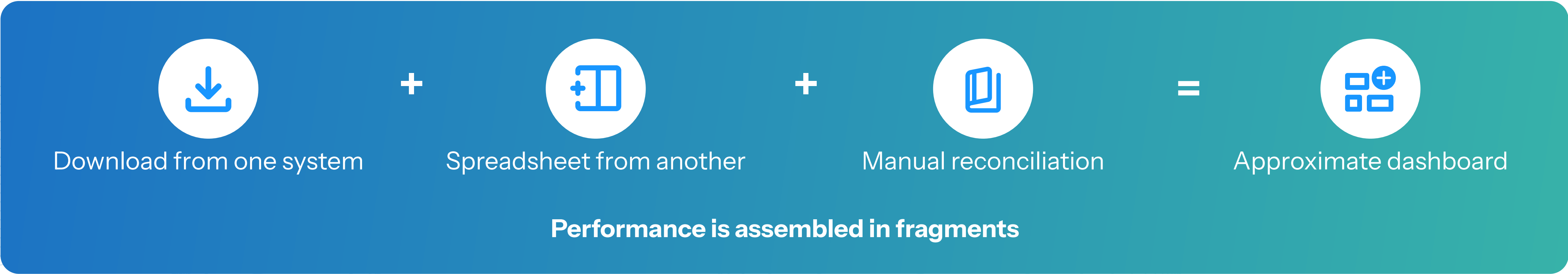
Invisible operations and poor executive insight

For Directors of Estates, Chief Operating Officers, and Trust Boards, the most damaging cost of fragmentation is the absence of a coherent operational picture. When data is spread across multiple systems with no single point of integration, there is no real-time view of the estate. Performance has to be assembled from fragments: a download from one system, a spreadsheet from another, a manual reconciliation to produce something that approximates a dashboard.

By the time the picture is complete, it is already out of date.

This is why real-time reporting cannot be treated as a feature or an afterthought. It depends on core datasets that are live, connected, and continuously updated, and establishing that foundation has to be a primary policy and investment priority for any trust serious about operational performance. Without it, leadership is always governing in arrears.

For a Trust Board trying to govern a £14 billion operational landscape, make confident capital investment decisions, or satisfy regulators that risk is being managed, this is more than an inconvenience. It is a structural barrier to the kind of evidence-based leadership the NHS urgently needs. When estates cannot be presented clearly at board level, it cannot attract the strategic investment it deserves. The data problem becomes a funding problem.



Siloed teams and broken workflows

For the maintenance engineer who needs to log a job in one system and update a compliance record in another, or the compliance coordinator checking three platforms before they can confirm a statutory inspection is complete, fragmentation is not an abstract problem. It is the texture of every working day: the extra login, the duplicate entry, the uncertainty about which record is current.

Fragmented systems reinforce fragmented working at every level. When the maintenance team's platform does not connect to the compliance team's, workflows that should be seamless become manual handoffs. A failed inspection that should automatically trigger a maintenance job instead requires an email, a phone call, or a spreadsheet entry. A maintenance completion that resolves a compliance issue does not automatically update the compliance record. Over time, these broken connections slow response times, introduce risk, and create the conditions for things to fall through the gaps, often at the worst possible moments. In estates and facilities, that is not merely an operational inconvenience. Compliance failures can have direct consequences for

patients. A missed fire safety inspection, an unresolved water hygiene risk, or a delayed repair to critical infrastructure are not abstract liabilities. They are the kinds of issues that, left unaddressed, can affect the safety and wellbeing of the people in the building. When the systems that should surface and resolve these issues are disconnected, the risk is not just that things take longer. It is that they are missed entirely.

The barrier to AI adoption

Perhaps the least visible but most consequential cost of fragmentation is the barrier it creates to AI adoption: something that matters enormously given the direction of national policy.

The 10 Year Health Plan¹ commits to making the NHS “*the most artificial intelligence-enabled care system in the world.*”

For estates and facilities, the opportunity is equally significant: predictive maintenance that anticipates equipment failure before it occurs; automated compliance monitoring that flags risk before an inspection; energy optimisation that learns from consumption patterns and adjusts in real time; space management that responds dynamically to occupancy data.

Organisations cannot automate what they cannot connect, and they cannot apply AI effectively to data they cannot trust.

None of these applications is achievable without a connected data foundation. AI models require consistent, structured, trustworthy data: maintenance histories that span years, asset records that are standardised, and compliance timelines that are complete. For many trusts, that foundation simply does not yet exist. Data accuracy is a prerequisite for unlocking AI, and until systems are better populated with robust, reliable datasets, the promise of AI in estates will remain out of reach regardless of the tools procured. Fragmented information does not just slow today's operations. It makes tomorrow's opportunities unreachable.

An intelligent estate requires a connected one. That is not a technology aspiration. It is an operational prerequisite.

The Connected Estate

The next stage of digital transformation in NHS estates is not about adding more software. It is about making the software that already exists work together whilst building the connected operational ecosystem from which genuine intelligence can emerge.

What a Connected Estate looks like

A Connected Estate is one in which information flows seamlessly between people, processes, and technologies. It is defined not by the number of systems deployed, but by how effectively those systems communicate, share data, and create a coherent operational picture.

In a Connected Estate, maintenance histories are linked to asset records, which are linked to compliance status, which inform capital investment decisions. Energy consumption data connects to space utilisation patterns and building condition assessments. Compliance obligations are visible across the entire estate, not buried within one team's system.

The right information reaches the right people, at the right time.

Better, connected.



A single, reliable, real-time view replaces the patchwork of downloads and reconciliations that currently passes for reporting. When something changes, everything (and everyone) that should know about it does too.

The principles of connection

Building a Connected Estate does not require replacing every system an organisation has. It requires connecting them, through open standards, interoperable platforms, and shared data architectures. The same approach NHS England has adopted for clinical interoperability applies directly here: open APIs, standardised data exchange, and vendor-neutral architecture.

Unlike fragmented point solutions, a Connected Estate will have:

 **Open standards**
Open standards that allow different systems to exchange information without bespoke integrations that are expensive to build and fragile to maintain.

 **Common asset information**
Common asset information that ensures every system refers to the same assets, described consistently, with standardised identifiers and condition data that everyone can rely on.

 **Connected workflows**
Connected workflows that eliminate manual handoffs between systems and teams, replacing them with automated triggers that keep records consistent and processes moving.

 **Shared dashboards and reporting**
Shared dashboards and reporting that draw on live, integrated data, giving estates directors, compliance managers, and boards the operational picture they need without the manual assembly.

 **Scalable architecture**
Scalable architecture that can accommodate new systems, new sites, and new data sources as the organisation grows, without requiring another round of costly integration work each time.

The result:
an estate that works as one



Better decisions
with trusted,
real-time information.



Lower risk
through consistent processes
and complete compliance.



Greater efficiency
by removing duplicate work
and manual handoffs.



Better outcomes
for patients, staff,
and communities.

Possibilities at every level

Ask who benefits from a Connected Estate and the answer, perhaps surprisingly, is everyone. The benefits are not reserved for leadership. They flow in both directions: from the ground up, and from the top down.



For managers and team leads, connection means workflows that complete themselves. A failed inspection triggers a maintenance job automatically. A job completion updates the compliance record in real time. Exceptions are surfaced rather than buried. **The role shifts from chasing information across systems to acting on the information that arrives.**



For frontline staff such as engineers, supervisors, compliance coordinators, and facilities teams who make the estate run, connection means one place to log in, one workflow to follow, and one source of truth to reference. No more switching between systems mid-task. No more re-entering the same information in three different places. No more uncertainty about whether the record they are looking at is the current one. The administrative burden that has quietly accumulated over years of siloed digitisation simply reduces. **That is time and cognitive energy returned to the work that actually matters.**



For Directors of Estates, the transformation is in the quality of decision-making. Capital planning becomes genuinely evidence-based with maintenance history, asset condition, and compliance risk visible in a single, analytical layer. Investment decisions can be modelled against real data rather than approximated from fragmented sources. **The case for capital allocation becomes defensible, specific, and compelling.**



For Trust Boards and Chief Operating Officers, it is the ability to govern with clarity rather than approximation. Energy performance against net zero commitments. Maintenance backlog trends. Compliance risk exposure. Real numbers, updated in real time as opposed to last week's assembly of exports. When the estate can be reported on with the same rigour and reliability as clinical and financial performance, the conversation at board level changes fundamentally. **Estates becomes a capability worth investing in, not just a cost to manage.**

AI: the reason connection cannot wait

The AI opportunity for NHS estates is not a distant prospect. Predictive maintenance, automated compliance monitoring, dynamic space optimisation, and intelligent energy management are available now for organisations that have built the data foundation to support them.

For organisations that have not, the wait will be longer than anticipated. The gap between those that can leverage AI and those that cannot will widen. Consistent asset data, standardised records, connected workflows, complete maintenance histories, and reliable compliance information are not nice-to-have preconditions for AI. They are hard requirements.

AI cannot learn from data it cannot see, cannot optimise processes it cannot track, and cannot predict outcomes from records it cannot trust.

You cannot have
an intelligent estate
without a connected one.

AI readiness is not
a technology question.
It is a data architecture question.

Case Study:

A Connected Estate in Practice

Birmingham Community Healthcare NHS Foundation Trust's experience illustrates what becomes operationally possible when systems are connected and AI is embedded into everyday workflows⁵.

The results are felt across the organisation in the time frontline teams get back, in the compliance confidence managers gain, and in the strategic clarity available to leadership.

These outcomes are not the result of technology alone. They reflect what happens when data flows freely between processes and everyone, at every level, can act on insight rather than spend their time generating it.

[Read the full case study](#)

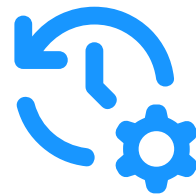


**Birmingham
Community Healthcare**
NHS Foundation Trust



Up to 40%

Faster reactive maintenance



85%

Reduction in administration



500%

Projected return on investment (3 years)



25–50%

Improvement in PPM compliance



Up to 50%

Reduction in service-related complaints



Up to 33%

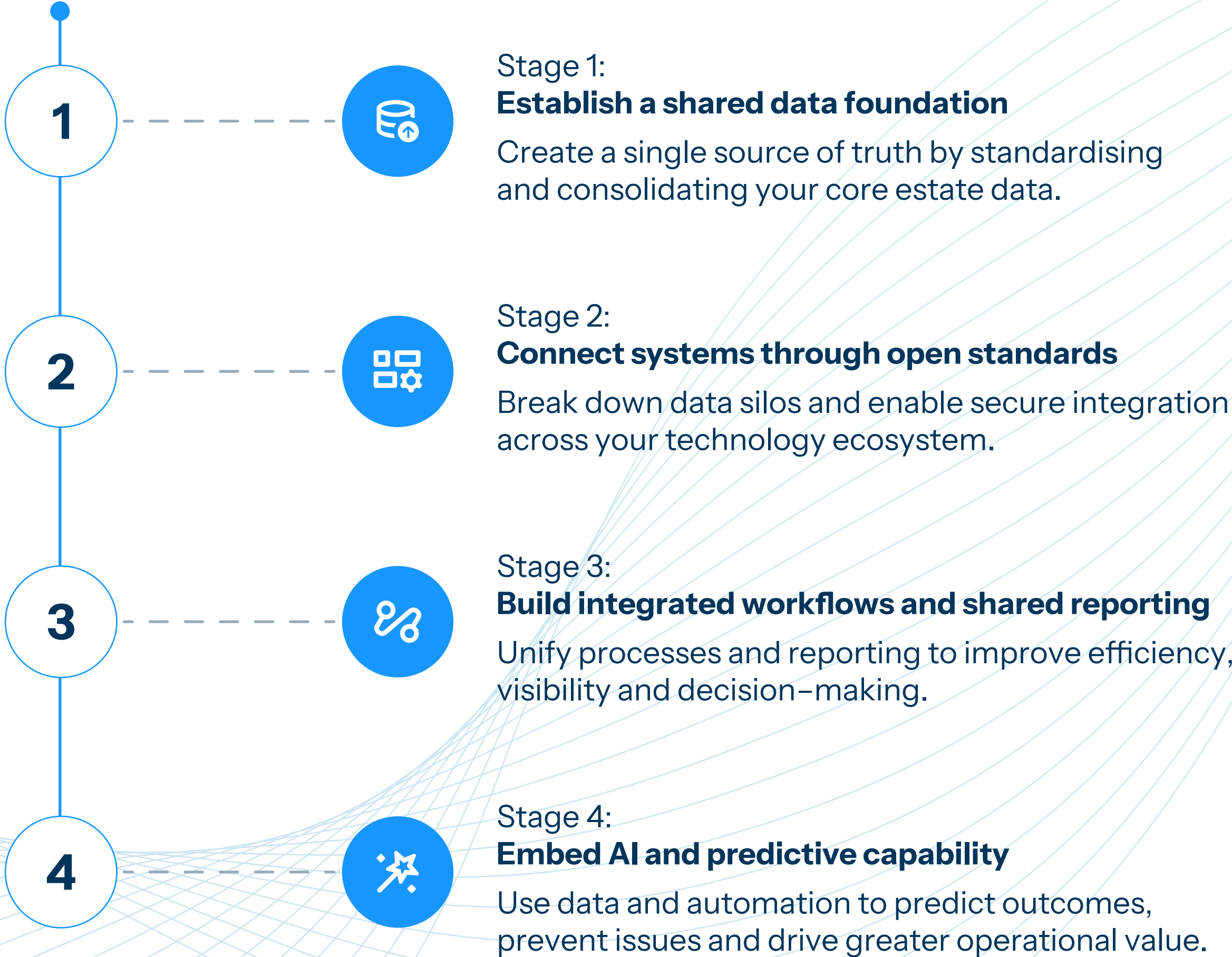
Reduction in maintenance costs

The Roadmap to a Connected Estate

Understanding the value of a Connected Estate is one thing. Building one is another. For most NHS trusts, the path forward is not a big-bang replacement of existing systems; it is a structured, phased journey that builds capability and connection incrementally, while protecting the investments already made.

Where most organisations are today

The majority of NHS trusts currently sit in one of two positions. They have adopted digital tools in specific domains but have not yet connected them. Or they are part-way through that journey, with some integrated capabilities but significant gaps remaining. A smaller group, the early adopters, are building genuinely connected estates with shared data architectures, integrated workflows, and the beginnings of an AI-enabled operational model. Their early results, where they have been shared, are instructive.



1



Stage 1: **Establish a shared data foundation**

Before systems can be connected, the data within them must be trustworthy. That means standardising asset records so that every system refers to the same assets, described in the same way, with consistent identifiers. It means auditing what data exists, where it lives, and how reliable it actually is. And it means establishing clear governance: who owns each dataset, who is responsible for its accuracy, and how discrepancies will be resolved when they arise.

This is unglamorous work. But it is foundational. Organisations that skip this stage and rush straight to integration tend to find that they have connected their systems only to propagate inconsistencies at speed. **The data problem does not disappear, it just moves faster.**

2



Stage 2: **Connect systems through open standards**

With a reliable data foundation in place, the next step is connecting existing systems through open APIs and interoperability standards.

The goal is not to create a single monolithic platform, but to create a coherent data ecosystem: systems that remain best-of-breed in their domain but share information with each other seamlessly, presenting frontline users with a coherent, unified experience rather than a collection of separate logins.

It's important to note that where systems cannot be connected through open standards, that is a meaningful signal about their suitability for a connected future, not a reason to abandon the ambition.

3



Stage 3: **Build integrated workflows and shared reporting**

Connection enables automation. Once data flows between systems, workflows can span them naturally: a compliance failure automatically triggers a maintenance job; a maintenance completion automatically updates the compliance record; an energy spike automatically alerts the relevant manager. In a connected environment, these are not complex technical achievements. They are straightforward applications of the data flows that connection creates.

Integrated reporting follows. When data is shared and consistent, dashboards and board reports can be generated automatically from live information rather than assembled manually from yesterday's exports.

Senior leaders gain the real-time visibility they need to make confident, well-evidenced decisions, and the time frontline teams no longer spend compiling that information manually flows back into operational work.

4



Stage 4: **Embed AI and predictive capability**

With connected systems, consistent data, and integrated workflows in place, organisations are ready to leverage AI in ways that deliver genuine operational value. Predictive maintenance models draw on complete asset histories to identify failure risk before it materialises. Compliance monitoring flags emerging risk patterns. Energy optimisation learns from consumption and occupancy data to drive efficiency gains automatically.

At this stage, the benefit extends across the whole organisation. Frontline teams are guided by intelligent tools rather than working from incomplete information. Managers focus on exceptions that need their attention rather than routine administration that can be automated. **And for decision-makers at the top, the COOs, the Directors of Estates, and the Trust Boards, the estate becomes a genuinely data-led operation: one that can demonstrate its value, justify its investment, and manage its risk with confidence.**

Practical starting points

For most organisations, the journey begins not with a wholesale transformation programme but with a clear-eyed assessment of the current state: what systems are in place, what data they hold, how reliably that data can be trusted, and where the most significant gaps in connection exist.

From that foundation, a prioritised roadmap that delivers tangible improvements in the short term while building towards the Connected Estate over time can be built.

**The journey does not have to be all at once.
It just has to start.**

The future of NHS estates management will be defined not by how many digital systems organisations own, but by how effectively those systems work together, and the accuracy of the data that sits within them.



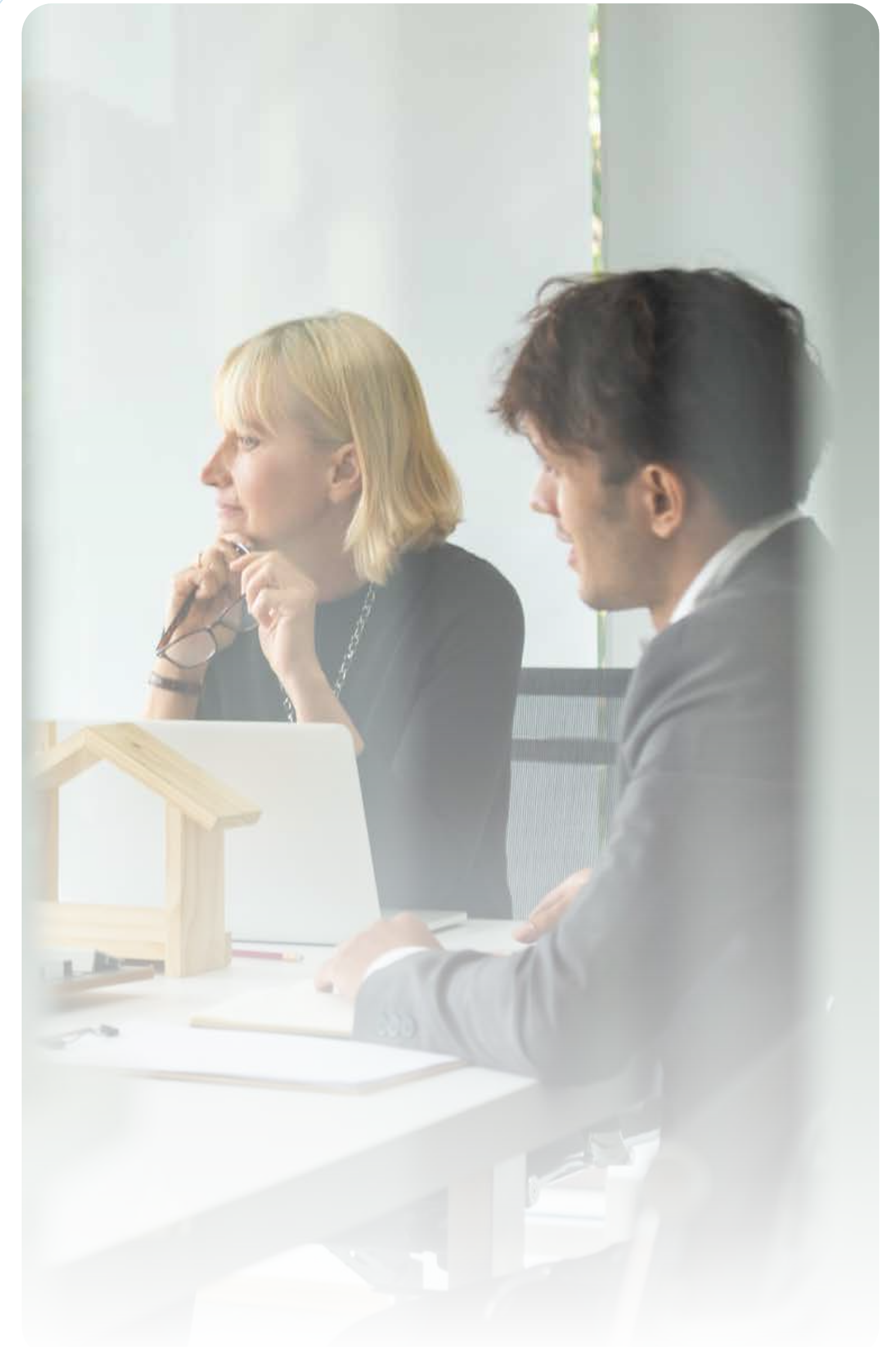
Assess
your current state



Build
a prioritised roadmap



Start
the journey



Conclusion

The NHS estates sector stands at a genuine inflection point. The first wave of digital transformation has largely happened, and its benefits are real. The professionals who drove that change deserve recognition for what was achieved against the backdrop of significant operational pressure.

But the next wave is already here, and it demands something different. Not just digital tools, but a digital estate: one in which systems communicate, data flows, and organisational intelligence emerges naturally from the information estates teams generate every single day.

The stakes are not abstract. A £15.9 billion maintenance backlog. A £14 billion annual running cost. A national productivity mandate of 2% per year. A Government commitment to making the NHS the most AI-enabled health system in the world. A workforce under pressure that deserves technology which supports rather than multiplies their administrative burden.

The Connected Estate addresses all of these. Not as a single solution, but as a way of working that benefits every part of the organisation:

- **Frontline staff** who spend less time navigating between systems and more time doing the work.
- **Managers** who gain workflows that function rather than ones they have to stitch together manually.
- **Directors** who finally have the real-time information to make confident, evidence-based decisions.
- **Boards** who can govern the estate with the same clarity and rigour they apply to everything else.
- And ultimately, **patients**, who receive care in environments that are safer, better maintained, and more consistently compliant because the people responsible for them are empowered with the right tools.

Connection is not just a technology improvement. It is an organisational one, and its effects are felt from the ground up.

The NHS will not deliver the next decade of transformation on fragmented information. It will deliver it on a connected foundation where data is trusted, workflows are integrated, and decision-makers at every level can act with confidence.

The question for every NHS Director of Estates, Head of Facilities, and Digital Transformation Lead is a straightforward one: **is your organisation building that foundation?**

Transform Your NHS Estate

Supporting 200+  Trusts

SINGU Group brings fragmented systems and workflows together, creating trusted intelligence across the entire estate.

SINGU, Micad and Synbiotix unite maintenance, space, compliance, cleaning, catering, portering and auditing, giving healthcare teams clearer control across every building, asset and service.

-  Connected operations
-  Integrated workflows
-  Data you can trust
-  Confident decisions

[Learn more](#)



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Facilities. Transformed.

Manage assets, reactive and planned maintenance, contractors, helpdesk, bids, ESG and CapEx through one AI-powered platform.

Synbiotix
by SINGU

Service Operations. Connected.

Streamline cleaning, catering, portering, task management and auditing with XCater, XClean, XTask and XAudit.

 micad
by SINGU

Space. Optimised.

Connect space, CAD floor plans, estate data and compliance intelligence with Micad IPR and ZetaSafe.

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