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Executive Summary

The Private Finance Initiative (PFI) is the most important type of Public Private Partnership (PPP) in place in the UK today.

The UK Government claims that PFI provides better value for money than conventional procurement. In particular, PFI schemes are held to be better at delivering infrastructure on time and on budget. It is also claimed that PFI improves services and that more innovative forms off provision are developed. This is based on the advantages ascribed to risk transfer and private sector management skills.

All of these claims are questionable. They often rest on assumptions, unsubstantiated assertion, and lack of transparency in relation to data behind decision-making.

Based on data that is publicly available, it would appear that the Welsh Assembly Government's reticence to embrace the PFI with the same enthusiasm as in England is well-founded.

A comprehensive and public review of the PFI experience in Wales to date should take place. This would require the release of the data that lay behind the original decisions to go ahead with the Welsh PFI projects and access to current data to permit an evaluation of projects since completion.

Wales needs a genuine and wide-ranging debate about the different options for the finance of public service infrastructure. This should take account of possibilities raised in Wales and Scotland, as well as the various methods of funding and structures adopted abroad.

Introduction

The public sector has always used private sector companies in the provision of infrastructure projects (the government does not have its own construction arm for the building of roads, hospitals, prisons etc). It has also raised funds from the private sector in varying ways over the years in order to finance such developments. What is different about the current use of Public Private Partnerships, PPP (and particularly the Private finance Initiative, PFI) is the scale and the methods of funding infrastructure development.

The UK Government (HM Treasury, 2000: 10) points out that PPPs cover a wide variety of arrangements which include:

the introduction of private sector ownership into state-owned businesses, using the full range of possible structures (whether by flotation or the introduction of a strategic partner), with sales of either a majority or a minority stake;

the Private Finance Initiative (PFI) and other arrangements where the public sector contracts to purchase quality services on a long-term basis so as to take advantage of private sector management skills incentivised by having private finance at risk. This includes concessions and franchises, where a private sector partner takes on the responsibility for providing a public service, including maintaining, enhancing or constructing the necessary infrastructure; and

selling Government services into wider markets and other partnership arrangements where private sector expertise and finance are used to exploit the commercial potential of Government assets.

The most important (and most controversial) of these is the Private Finance Initiative, upon which this paper concentrates.

PFI in Wales

The coalition Welsh Assembly Government has specifically ruled out 'the use of Private Finance Initiative in the Welsh health service during the third term' (WAG, 2007: 10), but without specifying whether its use is appropriate or desirable elsewhere. The Welsh Assembly Government inherited a number of PFI projects from the pre-devolution Welsh Office and there are an additional number of projects in Wales under the flag of UK government departments. These are detailed in Annex 1.

Claims for PFI

The Government argues that partnerships with the private sector 'help to deliver the quality public services this country deserves' (HM Treasury, 2000: 5), by enabling the public sector to benefit from the private sector's commercial dynamism, innovation and efficiencies. According to ministers, by contributing their own capital, skills and experience, private sector investors 'provide better value for money, which means that, within the resources available, we can deliver more essential services and to a higher standard than would otherwise have been the case' (ibid). The Government also claims that they deliver large savings compared to public sector alternatives.

Several large business organisations agree with this assessment as do many individual companies - often those heavily involved in the PFI programme (e.g. KPMG/Policy Network, 2006; CBI, 2007a; CBI, 2007b; Smith, 2007). The CBI's Director-General Richard Lambert unequivocally describes PFI as 'a UK success story' (CBI, 2007a: 4) while CBI Wales (2005: 5) claims that the 'reluctance of the public sector in Wales to embrace private sector participation including PFI has resulted in lower investment than has been seen elsewhere in the UK'.

According to the CBI (2007b: 6), PPPs 'offer value for money, service improvements and a better chance of delivering projects on time and on budget'. In fact the CBI (2007b: 14) says that the PFI model was developed 'to counter traditional procurement processes, which often resulted in cost and time overruns'. The CBI (2007b: 4) also claims PFI drives innovation through competition.

The provision of a new hospital or school, the opening of a much-needed new road, will usually be welcomed, regardless of the method used for its financing. Similarly, service users will appreciate new equipment or buildings for public services, even though there may be unforeseen problems relating to finance. The key to whether or not this or that facility is genuinely a good investment for the public purse rests largely on the transparency and hence accountability of each individual project. Unfortunately, PFI has suffered from a serious transparency deficit, with important data on costs and methodology kept out of the public domain, often on the grounds of 'commercial confidentiality'.

This paper examines some of the claims made by the proponents of PFI, drawing together publicly available data gathered from academic, parliamentary and government sources.

Costs and value for money

Before approval is given for a PFI project it must be justified in terms of providing better value for money than conventional procurement. This is done through contrasting the projected cost of the PFI project with the Public Sector Comparator which is supposed to outline the cost of procurement under traditional methods. However, it is a controversial area. A few years ago, the current Auditor General for Wales, Jeremy Colman told the Financial Times (Timmins, 2002) that public sector comparators suffer from 'spurious precision' and that the associated value for money exercises were 'pseudo-scientific mumbo-jumbo where the financial modelling takes over from thinking… It becomes so complicated that no one, not even the experts, really understands what is going on. He concluded by observing that 'People have to prove value for money to get a PFI deal. But because that is wrongly seen to be demonstrated only by the public sector comparator, it becomes everything. If the answer comes out wrong you don't get your project. So the answer doesn't come out wrong very often.'

Supporters of PFI have relied heavily on the notion that competition for PFI contracts drives up quality and drives down prices. The latest report from the House of Commons Committee of Public Accounts (2007) deals this a savage blow. It states that:

Since 2004 the proportion of deals attracting only two bidders has more than doubled, with the risk of no competition if one bidder is weak or drops out.

House of Commons Committee of Public Accounts (2007: 5)

So one third of post-2003 projects attracted no more than two bidders (compared with 15 per cent before 2003). Furthermore, instead of driving down prices, benchmarking and market testing of support services, have in practice increased prices by up to 14 per cent during the contract period (House of Commons Committee of Public Accounts, 2007: 5). Where services have come up for renewal, the price has gone up rather than down in more than half of the cases. In explanation, the Committee noted that 'public authorities have found it difficult to find appropriate data to benchmark PFI service costs, placing them at a disadvantage in price negotiations' (ibid).

Early on in the PFI programme, ministers claimed that one of the advantages of the PFI was that it leveraged in extra finances into the provision of public services and the construction of public infrastructure. Some ex-ministers continue to do so. Alan Milburn (2006: 14) says that PFI is a 'way that gets vital additional investment into frontline services in the shortest possible time'. This is highly misleading. PFI is a form of borrowing, not of funding. The public sector funds the full cost of the private sector providing the infrastructure and services in annual payments. It is not a magical way of accessing new forms or higher levels of funding than could be available through conventional public funding. It simply spreads the cost over a long period just like a mortgage, and just like a mortgage costs considerably more than paying for the project at the time of construction. For example, Audit Scotland (2002: 59) calculated that the additional cost of private sector finance might be of the order of 10 per cent of the total estimated cost of the twelve first generation school projects.

PFI has also been criticised for its high transaction costs, reflecting the complexity of the procurement process. For example, legal and advisory fees have, on average, been 10-20 per cent higher than under conventional procurement (Ive et al., 2000). The Public Accounts Committee reports that the 'average cost of advice was £3 million' (House of Commons Committee of Public Accounts, 2007: 5).

For many years, ministers relied on one document for their claims that PFI represented better value for money than conventional procurement (the CBI is still doing so (CBI, 2007a: 10)). This was the Arthur Anderson report (2000), "Value for Money Drivers in the Private Finance Initiative". It claimed that the budgeted costs of 29 actual PFI projects showed an average saving of 17 per cent over the projected costs had the schemes been conventionally funded. There were several serious flaws in the report. First it did not compare actual costs but "projected" costs contrasting a hypothetical public sector comparator with planned costs of the PFI project. Secondly, 50 per cent of all the 'savings' reported in the study were from just one scheme, thereby removing any claim to representativeness. Third, the claimed savings rest on the contested idea that risk has been transferred to the private sector (see below). Yet only one risk is identified (construction cost over-runs) accounting for under one per cent of the total, and with the rest of the sources of savings due to risk transfer undefined.

Edwards et al (2004) argue that the entire value for money case rests on risk transfer, but question the value of the risk that is actually transferred to the private sector. Industry insiders like credit ratings agency Standard and Poor's (2003) appear to agree, suggesting that PFI companies carry little effective risk.

An examination of PFI projects in Scotland (UNISON Scotland, 2007) concluded that Scottish taxpayers could be paying £2.5 billion more than they would have done for the same projects under conventional procurement. The report examines the Final Business Cases for 35 projects and extrapolates these key figures to the 129 current and planned projects. Risk transfer is supposed to justify the PFI and in so doing private companies are compensated for their acceptance of risk. For example the additional cost of PFI in Scotland is justified by the claim that £3.5 billion of risk is transferred to the private sector. The authors suggest that this is a form of insurance policy - but a very expensive one.

In their study of PFI in hospital and road construction, Edwards et al (2004: 10) argue that a conservative estimate would suggest that hospital trusts are 'paying a risk premium of about 30% of the total construction costs, just to get the hospitals built on time and to budget, a sum that considerably exceeds the evidence about past cost overruns.'

On time and on budget?

The Government accepts that it is more expensive to use private finance than conventional procurement (HM Treasury, 2003a: 108). A premium is paid but this 'premium, typically 0.3 to 1 per cent, represents good value for money... because the lenders' involvement contributes significantly to on time and on budget delivery and whole-of-life costing in PFI investment' (ibid). The justification for paying the premium rests on the claim that the private sector is better at managing risk and that this translates into a reduction in both the frequency and magnitude of cost and time over-runs.

In 2003, the Treasury (2003a: 43) declared that, with 451 PFI projects then operational, 88 per cent of completed projects came in on time or early and with no construction cost over-runs borne by the public sector. This was contrasted with 'previous research' that showed 'that 70 per cent of non-PFI projects were delivered late and 73 per cent ran over budget' (ibid). These data are repeatedly used by supporters of PFI (e.g. CBI, 2007b: 14) and have been incorporated into UK Government guidance, so that estimates of construction costs in non-PFI schemes are inflated to take account of the risk of cost underestimation and the risk of late completion (HM Treasury, 2003b). This is to counter 'optimism bias' in conventional procurement and is supposedly based on the extent to which, on average, cost and time over-runs have been underestimated in conventional procurement schemes.

Two leading lights of the Serco Institute (owned by the PFI contractor, Serco) confidently proclaim that 'one of the undisputed contributions of PFI/PPP contracts in the UK has been the delivery of projects on-time and on-budget' (Sturgess and Smith, 2006: 79). However, PFI projects have also been involved in spectacular cost over-runs. As Allen (2001: 27) notes, three PFI projects, the Norfolk and Norwich NHS Trust, the Greenwich Healthcare NHS Trust and the Benefits Agency Computers project saw 'the final cost of the projects rise above initial cost estimates by 60%, 140% and 600% respectively'.

And in any event, the evidence base for claims of PFI superiority is unconvincing. The Treasury bases its position on five studies: an internal study carried out by the Treasury in 2002; two NAO reports (Modernising Construction, 2001a and PFI Construction Performance, 2003); and two private sector studies (Agile Construction Initiative, Benchmarking Stage Two Study, 1999 and Mott MacDonald, Review of Large Public Procurement in the UK, 2002).

It is not possible to analyse the Treasury's internal study because it is not in the public domain, despite a promise that it would be placed on the Treasury website (HM Treasury, 2003a: 45). Only the summary contained in PFI: Meeting the investment challenge (ibid) has ever been published. Following a Freedom of Information request, an Excel file with the results of the internal survey of PFI procurement performance was released, but it does not contain an explanation of the study methods or standard definitions for the terms used, thereby preventing any serious evaluation.

The Treasury use two NAO reports (2001a, 2003) as part of their claim for superior performance on cost and time for PFI procurement. However, neither of these reports actually compares PFI performance with conventional performance. "Modernising Construction" (NAO, 2001a) is primarily based on interviews with 'a large number of key players in the construction industry including… large and medium sized contractors, professional institutes, consultants and industry commentators' (NAO, 2001a: 29) about improving construction performance. PFI Construction Performance (NAO, 2003) is a census of 38 PFI project managers. Not only did neither of these reports examine the relative performance of PFI and conventional procurement but the latter (on four separate occasions) stresses that

'It is not possible to judge whether these projects could have achieved these results using a different procurement route' (NAO, 2003: 1, 5, 11, 17).

Instead both refer to the Agile Construction Initiative document and the 2003 NAO report cites the Mott MacDonald study. Set up in 1996 to promote performance improvement in the construction industry, the Agile Construction Initiative was originally funded by Balfour Beatty. Today its industrial partners include PFI contractors Carillion, Kajima, Kier and Atkins. Although it is cited by the Treasury and the NAO as the source for the claim that, historically, time and cost overruns occur in 70% and 73% respectively of conventionally procured projects, neither the research nor the data with respect to these claims are contained within the report.

The Mott MacDonald report is different in that it does claim to compare PFI with conventional procurement. However there are serious criticisms of the study's methodology in terms of 'problems and failures in design with respect to sampling and measurement' (Pollock et al, 2005: 12). The sampling methodology is not described, so we do not know either the population or the time period from which the sample was drawn. Twenty-nine projects had to be excluded from the sample because of insufficient data, but we are not told the characteristics of the excluded projects. There were only 11 schemes in the PFI sample, despite there being more than 500 PFI projects signed at the time of the study. By contrast there were 39 schemes in the non- PFI sample, even though by 1999 there were very few non- PFI deals. This leads to dangers of selection bias and atypicality in the sample. Also comparison between projects in different time periods under different sets of guidance and different government policy are unlikely to produce very robust results.

The much quoted claims for PFI superiority compared to conventional procurement in terms of time and cost over-run therefore remain unproven at best. And as the Commons Treasury Committee remarked in 1996:

There is no a priori reason why public procurement should not run to time and cost. Indeed many of the assumed benefits of PFI would appear to be available to better-managed and controlled conventional procurement.

(House of Commons Treasury Committee, 1996: para. 33).

An innovative form?

Although great claims are made for the innovative character of PFI driven by competition, the actual evidence for this is thin. Dixon and colleagues (2005; 420) suggest that, instead of examining creative new ways of delivering infrastructure and services, PFI consortia are responding to risk transfer by adopting tried and tested solutions to project delivery in order to make cost savings. This has led to concerns that PFI is actually acting as a barrier to innovative approaches and improvements in design and service quality rather than the reverse.

In fact, Dixon et al (2005: 422) go as far as to suggest that 'a key perceived failure of PFI has been its weakness in public sector expectations for innovation, particularly in building design, and in meeting government objectives on sustainability'.

The Audit Commission's (2003: 13) comparison of schools constructed under PFI with those under conventional procurement found few examples of innovation in architectural design 'and these were confined to the sample of traditionally funded schools'.

The UK Government's public building watchdog, the Commission for Architecture and the Built Environment (CABE) has drawn attention to the poor quality of PFI buildings on a number of occasions (e.g. CABE, 2002). It characterised the first round of PFI hospitals as 'urban disasters' (Public Service Review, 2002). In 2001, CABE chairman Sir Stuart Lipton said: 'The word that sums up most of the early PFI hospitals is meanness - a low-cost mentality that means too many corners have been cut in too many vital areas. There has been a general under-performance in terms of functionality, build quality and aesthetics' (ibid).

CABE has been campaigning to improve what it regards as the poor design quality of public buildings in general, and PFI projects in particular. Commenting on a new programme of PFI police stations in the Greater Manchester area, it said: 'The overall level of design is disappointing in terms of their civic contribution. The buildings are generally bland. The roof appears to be driven by cost factors' (Weaver, 2002). Richard Feilden, a CABE commissioner, described some PFI schools as being 'little better than agricultural sheds with windows'. In recognition of some of the problems identified by CABE and others, the government sponsored a joint report from CABE and the Office of Government Commerce urging a higher priority for design (CABE/OGC, 2002).

Transferring risk?

The Treasury believes that a key part of the advantages offered by PFI is the ability to tap into 'private sector management skills incentivised by having private finance at risk' (HM Treasury, 2003a: 28). However, the whole area of risk transfer is a deeply contentious one. Regardless of the terms of any contract, the government remains the guarantor of last resort for essential public services.

There have been a series of PFI projects in which this has been proven in practice. In the Royal Armouries PFI contract, the contractor was bailed out by the public sector despite the contract terms (NAO, 2001b). In other cases - such as NIRS2 (the National Insurance

Recording System) (NAO, 2001c); the Channel Tunnel Rail Link PFI deal (NAO, 2001d); National Air Traffic Service (NATS); the Passport Agency and the benefit payment card - problems caused by the contractor did not prevent the public sector having to meet additional financial liabilities. For example, despite contractors' failings costing the Contributions Agency and Benefits Agency £4 million and £2 million respectively in anticipated lost savings, the contractor (Andersen Consulting) agreed to pay only £3.1 million in compensation. The NAO (1997: para. 3.27) noted: 'The Contributions Agency did not believe it would be possible to get Andersen Consulting to compensate them for lost savings', even though the projected savings were part of the value for money case supporting the PFI option in the first place. Despite the contract allowing for compensation, Treasury minister Dawn Primarolo conceded that the Government would not demand payment 'for fear of damaging future relationships' (cited in Edwards and Shaoul, 2003: 412).

Risk varies during the long life of a PFI contract. The highest risk comes during the construction phase, from cost and time over-run. But once this phase is over, the service delivery phase is low risk and, in any event is often transferred to a subcontractor (Standard & Poor's, 2004). PFI contractors have learnt that they can obtain large profits by exploiting the change in risk profile, through refinancing (NAO, 2000). Concerns were expressed by the House of Commons Public Accounts Committee and the NAO over how refinancing returns risk to the public sector, undermining the original value for money assumptions and although the procedure has been reformed to 'share' gains made from refinancing, the Centre for International Health Policy (2007) argues there remain serious questions about the 'robustness' of the value for money process upon which PFI rests.

The private sector will only accept certain types of risk. The CBI (2007b: 20) suggests that risks of meeting required standards of delivery, construction costs and delays are acceptable for the private sector, but the public sector 'is considered to be more able to deal with allocational risk, the risk of future changes of public service requirements and risks around the actual use of the facility such as demand' (ibid). Thus in a prison PFI for example, a private company will only accept the risk associated with the 'availability' of cell space. This might appear a fair bargain, except that a new government might introduce policy changes some time during the 30 year PFI contract that mean a decline in the number of required prison places. But so long as the cells were 'available' they would be obliged to pay the PFI contractor - even if the prison was empty. This contractual 'lock-in' related to the combination of lengthy contracts and the type of risk deemed acceptable to the private sector could obviously have big effects on both future government policy decisions and funding options (in addition to prisons, obvious potential problem areas are large hospital developments, schools and waste management incinerators). This is accentuated as more and more and more of the budget is committed through PFI, leaving less and less to the discretion of the elected public bodies, reducing their flexibility and committing future governments to decisions taken in the past (possibly by their opponents).

As Edwards and Shaoul (2003: 413) point out, risk may not be transferred in the way that public bodies anticipate, and the meaning is problematic. Although value for money is based in part on the transfer of risk to the private contractor, it may actually be transferred to others not party to the contract - other public bodies, service users or the government itself, with little or no redress or likely compensation.

Better services?

Despite the enthusiastic endorsement of UK ministers of improved performance under PFI, the evidence here too is less than conclusive. There have been so many problems with IT PFI projects that the Treasury (2003a: 8) was eventually obliged to announce that it 'will replace PFI in IT with a range of procurement models'. But it is not just IT projects in which there have been service failures, several 'have had to be bailed out, some have been scrapped and others have been the subject of widespread criticism' (Edwards et al, 2004:7). Three important PFI projects have been brought back in-house in Scotland (at considerable cost to the taxpayer) following serious failings - Skye Bridge, Inverness Airport and West Lothian College.

Anna Simons (2006: 48), Assistant Auditor General at the National Audit Office notes:

So how well is PFI delivering this operational performance and does it exceed that of conventional procurement? Well here the evidence is less clear cut.

She said that, for example, although PFI prisons were generally performing well, 'what was striking, however, was that both the best and worst performing prisons in our portfolio were procured through the PFI' (Simons, 2006: 48). She went on to say that the picture was uneven, reflected in the observation that although the NAO found that PFI prisons scored well in terms of providing decency and purposeful activities for prisoners, public prisons performed better in terms of safety and security (Simons, 2006: 49).

A survey of PFI schools by the Audit Commission (2003) suggested that the quality of PFI schools was lower than those that had been procured conventionally. In fact the quality of the PFI sample of schools was, significantly worse than that of the traditionally funded sample on four of the five matrices used in the study (Audit Commission, 2003: 13). It noted that although PFI offers potential benefits, 'this study of the early wave school schemes shows that the PFI process did not as a matter of course guarantee better quality buildings and services, or lower unit costs' (Audit Commission, 2003: 42).

PFI payments have first call on a public sector organisation's finances and any unforeseen increases in costs can lead to problems of affordability and financial crisis in which the only solution may be a cutback in services (see Hellowell and Pollock, 2006; Pollock, 2004). Edwards et al (2004: 13) concluded in their study of roads and hospital PFI projects that

PFI is an expensive way of financing and delivering public services that may, where public expenditure is constrained, lead to cuts in public services and/or tax rises, that is, it represents a cut in the social wage.

Hellowell and Pollock's study (2007) of the financial implications of health service PFIs in England shows that the capital they are provided with through the NHS resource allocation mechanism is less than the cost of PFI contracts for most trusts. This under-funding results in financial deficits, and, because of government pressure to balance the books, plans for cuts to services. The problem is even worse for trusts with large or multiple schemes as they have higher capital costs. This is creating a serious affordability gap, so that for many health bodies, the costs of the PFI debt have to be met from the operating budgets at the expense of clinical budgets and patient care. Wales Is fortunate in having so few damaging commitments.

Supporters of PFI are indignant at such suggestions. Alan Milburn (2006: 14) says:

It has been accused of cutting bed numbers in NHS hospitals, cutting staff terms and conditions, even putting patients' lives in danger by cutting corners to make profits. On all these counts, the PFI has been judged guilty - and yet, on examination, is innocent.

However, the Commons Public Accounts Committee (2007: 6) states categorically:

There is evidence that, faced with price increases, public authorities had to cut back on services in hospitals, including portering, to keep the contracts affordable.

Those affected told MPs that this would not compromise service to patients, but the Committee felt obliged to make the obvious point that 'cutting services could, in some situations, impact on users' (ibid). As examples of cuts to meet costs, the Committee cited closing hospital beds, cutting back on cleaning, and a decline in the number of porters for each operating theatre at Darent Valley Hospital in Kent; and dropping promised improvements at the Queen Elizabeth hospital in Greenwich, south London 'to keep contract affordable' (House of Commons Public Accounts Committee, 2007: 13).

Conclusion

Much of the justification for PFI in the UK rests on a series of questionable assumptions, unsubstantiated assertion, and lack of transparency in relation to data behind decision-making. In the meantime, this short paper has drawn attention to some of the elements of the PFI debate, based on data that is publicly available. It would appear that the Welsh Assembly Government's reticence to embrace the PFI with the same enthusiasm as in England is well-founded. However, the debate does not end there, and two suggestions follow.

First, to thoroughly examine the scope for drawing on private finance for public sector projects (especially in terms of potential benefits, costs and risks that may be involved), the first step should be a comprehensive and public review of the experience to date. In a Welsh context, that would require the release of the data that lay behind the original decisions to go ahead with the PFI projects that have taken place in Wales and of access to current data that would permit an evaluation of projects since completion.

Secondly, there needs to be a genuine and wide-ranging debate about the different options for the finance of public service infrastructure which does not revolve around 'PFI or bust' as former minister Alan Milburn once put it. There are a wide range of possibilities, some of which have been raised before in Wales and some are currently being discussed in Scotland, as well as the various methods of funding and structures adopted abroad.

If this inquiry begins the process of opening up access to data for meaningful discussion of past decisions and begins the debate on future provision in earnest, it will have the support of all those who seek high quality public services, value for the taxpayer, transparency and accountability.

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Annex 1: PFI Projects in Wales

Commissioning Body	Project	Location	Date of financial close
Welsh Assembly Government (Welsh Office)			
Bro Morgannwg NHS Trust	Neath Port Talbot Hospital	Neath Port Talbot	05/2000
Cardiff & Vale NHS Trust	St Davids Community Hospital	Cardiff	03/2000
Carmarthenshire NHST	Energy Management	Prince Philip Hospital	04/1996
Conwy & Denbighshire NHS Trust	Renal Dialysis Unit	Glan Clywd Hospital	01/2000
Gwent Healthcare NHS Trust	Chepstow Community Hospital	Chepstow	02/1998
Gwent Healthcare NHS Trust	Energy Management Royal Gwent/St Woolos Hospitals	Newport	10/1998
Gwent Healthcare NHS Trust	Day Surgery Unit Nevill Hall Hospital	Abergavenny	05/1998
Gwent Healthcare NHS Trust	Energy Management Nevill Hall Hospital	Abergavenny	12/2000
Gwent Healthcare NHS Trust	Monnow Court	Monmouth	12/2004
North Glamorgan NHS Trust	Energy Management Prince Charles Hospital	Merthyr Tydfil	04/2004
Pontypridd & Rhondda NHS Trust	Staff Residences Royal Glamorgan Hospital	Pontypridd	10/1998
Welsh Assembly Government (Welsh Office)	OSIRIS (Office Infrastructure Review and implementation Strategy) -IT		06/1996
Welsh Assembly Government (Welsh Office)	A55	Angelsey/Gwynedd	12/1998
Former Welsh Development Agency	Lloyd George Avenue & Callaghan Square	Cardiff	07/1999

Ceredigion CC	Ysgol Penweddig	Aberystwyth	09/1999
Pembrokeshire CC	Pembroke Dock primary school	Pembroke Dock Wales	06/2000
Caerphilly CBC	Ysgol Gyfun Cwm Rhymni & Lewis Boys	Caerphilly	04/2001
Newport CBC	Newport Southern Distributor Road	Newport	03/2002
Denbighshire County Council	Council offices	Ruthin	10/2002
Conwy CBC	3 -school bundle	Conwy, Llandudno, Llanrwst	03/2003
Caerphilly CBC	SEW Road	Blackwood	01/2004
Rhondda Cynon Taf	Lifelong Learning Centre	Church Village, Pontypridd	03/2004
Bridgend CBC	Maesteg Comprehensive School	Maesteg	10/2006
Wrexham CBC	Waste management	Wrexham	05/2007
Ministry of Justice			
NOMS	HMP Parc	Bridgend	01/1996
Home Office			
Gwent Police	Ystrad Mynach Police Station	Ystrad Mynach	03/2004
N. Wales Police	Divisional HQ	St Asaph	09/2002
Dyfed Powys Police	Ammanford Police Station	Ammanford	04/2000
Ministry of Defence			
	Hawk Simulator	Angelsey	12/1997

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