SESTRAN PARTNERSHIP BOARD MEETING
Dean of Guild Room, City Chambers, Edinburgh, EH1 1YJ
Or via Microsoft Teams
10:00am Friday 13 March 2026

09:30 TEA/COFFEE
10:00 PARTNERSHIP BOARD
11:15 BREAK
11:30 PARTNERSHIP BOARD
12:30 LUNCH

AGENDA

1. ORDER OF BUSINESS
2. APOLOGIES
3. DECLARATIONS OF INTEREST

AGENDA A – POINTS FOR DECISION

(b) SEStransit – Report by Stuart Turnbull **61**
(c) Transport to Employment – Report by Michael Melton **86**
(d) Transport to Health Case for Change – Report by Sandra Lavergne **101**

A7. DATE OF NEXT MEETING:
The proposed date of the next meeting is **19th June 2026**

AGENDA B – POINTS FOR NOTING

B1. SESTRAN CONSULTATION RESPONSE – Report on Scotland's Draft Climate Change Plan Consultation – Report by Rebecca Smith **285**

B2. RISK MANAGEMENT REPORT – Report by Angela Chambers **305**

B3. PROJECTS AND STRATEGY PERFORMANCE REPORT – Report by Michael Melton **320**

B4. CONTRACT REGISTER – Report by Michael Melton **339**

B5. ANNUAL EXTERNAL AUDIT PLAN 2025-26 – Report by Christopher Gardner **342**

B6. ASSET MANAGEMENT STRATEGY – Report by Beth Harley-Jepson **358**

Gavin King
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06 March 2026

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Agendas and papers for all SEStran meetings can be accessed on www.sestran.gov.uk

Partnership Board Agenda 2026 **Briefing Note – 13 March**

Item	Paper	Board Action
A2	**Verbal Update**	For noting
A3(a)	**Finance Officer's Report**	For noting
A3(b)	**Revenue Budget 2026-27 and Indicative Financial Plan 2027-28 to 2028-29**	Approval
A3(c)	**Annual Treasury Management Strategy**	Approval
A4	**Regional Governance**	For noting
A5	**Non-Councillor Member Appointments**	Endorsement
A6	**Business Plan 2026-27 TO FOLLOW**	Approval
(a)	**People and Place**	For noting and approval of grant
(b)	**SEStransit**	Endorsement
(c)	**Transport to Employment**	For noting
(d)	**Transport to Health – Case for Change**	For noting
A7	**Date of the next meeting** **19 June 2026**	For noting

SEStran Partnership Board Minutes

10.00am, Friday, 5 December 2025

Dean of Guild Court Room, City Chambers, Edinburgh, and Microsoft Teams

Present	Name	Organisation Title
	Cllr Russell Imrie (Vice Chair)	Midlothian Council
	Cllr Scott Harrison	Clackmannanshire Council
	Cllr Sanne Dijkstra-Downie (Vice Chair)	City of Edinburgh Council
	Cllr Stephen Jenkinson	City of Edinburgh Council
	Cllr Kayleigh Kinross-O'Neill	City of Edinburgh Council
	Cllr John McMillan (Vice Chair)	East Lothian Council
	Cllr Derek Glen	Fife Council
	Cllr Ian Cameron	Fife Council
	Cllr Jenny Linehan	Scottish Borders Council
	Cllr Tom Conn	West Lothian Council
	Simon Hindshaw	Non-Councillor Member
	Alastair Couper	Non-Councillor Member
	John Scott	Non-Councillor Member
In Attendance	**Name**	**Organisation Title**
	Andrew Rose (Clerk)	City of Edinburgh Council
	John Connarty	City of Edinburgh Council
	Jamie Robertson	City of Edinburgh Council
	Iain Shaw	City of Edinburgh Council
	Peter Forsyth	East Lothian Council
	Ian King	East Lothian Council
	Nicola Gill	West Lothian Council
	Brian Butler	SEStran
	Angela Chambers	SEStran
	Cheryl Fergie	SEStran
	Michael Melton	SEStran
	Keith Fisken	SEStran
	Rebecca Smith	SEStran
	Andrew Ferguson	SEStran
	Sarah Junik	SEStran
	Alisdair Brown	SEStran

Apologies for Absence	Name	Organisation Title
	Cllr Sally Pattle (Chair)	West Lothian Council
	Paul White	Non-Councillor Member
	Doreen Steele	Non-Councillor Member
	Linda Bamford	Non-Councillor Member

In the absence of the Chair, Councillor Russell Imrie, Vice Chair, chaired the meeting.

1. Order of Business

The Chair welcomed everyone to the meeting and indicated that the order of business would be as listed in the circulated agenda.

The Chair informed the Board that Iain Shaw was attending his last Board meeting today before his retirement from the city of Edinburgh Council. On behalf of the Board the Chair wished Iain well for the future.

The Chair welcomed John Connarty to the Board meeting who would be standing in for Iain Shaw on a temporary basis.

The Chair informed the Board that Keith Fisken would be leaving SEStran to relocate to Australia and on behalf of the Board thanked Keith for his hard work and wished him well for the future.

The Chair, on behalf of the Board, wished Linda Bamford well following recent medical treatment.

2. Apologies for Absence

The Clerk read out the apologies which had been received as detailed above.

3. Declarations of Interest

There were no declarations of interest.

4. Highlights from SEStran Summit – 4 December 2025

The Chair reminded the Board that on the day previous the SEStran Summit had taken place and he thanked everyone who had attended what he believed had been a very successful event.

The Chair reflected on the positive impact SEStran has made since it became a statutory body in 2005 and thanked all its staff, past and present, for their hard work and commitment.

The Chair commented on a recent speech given by the First Minister which indicated that the Scottish Government wished to devolve more power down to regional level and the Chair suggested that, if this were to happen, it would enable SEStran to have the powers required to deliver the Regional Transport Strategy.

A1. Minutes

Decision

1) That the minute of the SEStran Partnership Board of 26 September 2025 be approved as a correct record.

2) That the minute of the SEStran Performance and Audit Committee of 21 November 2025 be approved as a correct record subject to the correction of a typographical error in a reference to the Acting Chair.

3) That the minute of the Special SEStran Partnership Board of 28 November 2025 be approved as a correct record.

A2. (a) Indicative Financial Plan 2026/27 to 2028/29

The Board considered a report by the Treasurer providing an update on financial planning being progressed for the 2026/27 revenue budget and an indicative plan for 2027/28 to 2028/29.

Decision

1) That the expenditure and income forecast for the core revenue budget for 2025/26 be noted.
2) That it be noted that financial planning for 2026/27 to 2028/29 will continue to be developed for approval of a revenue budget by the Partnership at its meeting in March 2026.
3) That it be noted that indicative the financial plan for 2026/27 to 2028/29 is subject to a number of risks.

(Reference – Report by the Treasurer, submitted)

(b) Finance Officer's Report

The Board considered a report by the Treasurer providing a second update on the financial performance of the Partnership's Core and Projects budgets for 2025/26, in accordance with the Financial Regulations of the Partnership. The report also presented an analysis of financial performance to the end of October 2025.

Decision

1) That the expenditure and income forecast for the Core Revenue Budget for 2025/26 be noted.
2) That the forecast underspend of £100,000 on the Projects budget be noted and that the actual underspend will be confirmed at the financial year-end and carried forward to 2026/27.

(Reference – Report by the Treasurer, submitted)

(c) Financial Planning Procedure

The Board considered a report by the Treasurer reminding it that a recommendation of the 2024/25 Annual Audit was that the Partnership should improve its financial planning by considering medium-term projections beyond the following financial year and to link this to its Business Plan and strategic priorities. The Board was further reminded that the Partnership had undertaken to extend the two-year financial planning horizon to a longer period, as part of

the financial planning procedure, with the report presenting the Financial Planning Procedure, as attached as Appendix 1 to the report, for review and approval.

Decision

That the Financial Planning Procedure, as detailed at Appendix 1 to the report, be approved.

(Reference – Report by the Treasurer, submitted)

A3. Regional Governance Report

The Board considered a report by the SEStran Consultant which reminded the Board that at the meeting of the Performance and Audit Committee in September 2025, discussion had taken place on the risks and opportunities around changes to regional governance that may impact on SEStran. During that discussion the Committee had requested an outline of the main options for change going forward, and what actions SEStran might take to influence the discussion and to adapt to the changing regional landscape. This report sought to fulfil that Committee request.

During consideration of the report, the Board considered what functions would be better delivered if appropriate powers were devolved to regional level.

Decision

1) That the report, and that further reports would be received at future meetings, be noted.
2) That during future reporting consideration be given to what functions could be delivered better at a regional level.
3) That authority be delegated to the Partnership Director to act on SEStran's behalf in the current ongoing discussions on regional governance models to the fullest extent possible.

(Reference – Report by the SEStran Consultant, submitted)

A4. Grant Standing Orders

The Board considered a report by the Programme Manager seeking approval for revisions to the Grant Standing Orders.

Decision

1) That for non-local authority grant awards, the previous grant value approval limit of up to £1m for the Partnership Director should be retained; and that for grants to local authorities the authority of the Partnership Director should be raised to £1.5million, subject that any grant award with a value of £1m - £1.5m be authorised in consultation with the Chair of the Partnership Board.

2) That subject to the above, the revisions to the Grant Standing Orders be approved and the Partnership Director is instructed to make the changes.

(Reference – Report by the Programme Manager, submitted)

A5. People and Place Programme

The Board received a report by the Programme Manager presenting updates to the People and Place Delivery Plan for 2026/27 and sought approval for grant eligibility criteria and the assessment process for the related grant funds.

During consideration, the Board was asked to consider an additional recommendation that was not contained within the report to read:-

““where projects support installation of cycle storage and/or workplace initiatives outside the public sector, it is expected that match funding of 50% is provided by the benefitting organisation(s). Exceptions to this can be made by SEStran on a case by case basis for smaller organisations and/or third sector organisations if sufficient justification can be provided.”

Decision

1) That the content of the report be noted.
2) That the changes listed, at paragraph 3.3 of the report, to the People and Place Delivery Plan be approved, with the ability to vary the project section of eligibility criteria to be delegated to the Partnership Director, as set out in paragraph 3.4 of the report.
3) That authority be delegated to the Partnership Director for setting the fund values, as noted at paragraph 4.2 of the report, for Grants to Local Authorities, Grants to Third Parties and the Community Grant Fund.
4) That the eligibility and assessment criteria, for grants to third parties, as detailed at Appendix 2 to the report, be approved with the Partnership Director delegated the authority to vary the project section of the eligibility criteria as set out in paragraph 4.9 of the report.
5) That the eligibility and assessment criteria for the Community Grant Fund, as detailed at Appendix 3 of the report, be approved with the Partnership Director delegated the authority the ability to vary these criteria to support joint working with other regional transport authorities, as set out in paragraph 4.12 of the report.
6) That it be agreed that where projects support installation of cycle storage and/or workplace initiatives outside the public sector, it is expected that match funding of 50% is provided by the benefitting organisation(s). Exceptions to this can be made by SEStran on a case-by-case basis for smaller organisations and/or third sector organisations if sufficient justification can be provided.

(Reference – report by the Programme Manager, submitted.)

A6. Non-Councillor Member Appointments

The Board considered a report by the Business Manager informing it of the process for the recruitment of Non-Councillor Members for the new term serving 2026 – 2030. The report also sought approval for the appointment of a Councillor Member to the Recruitment Panel for Non-Councillor Member vacancies.

Decision

1) That the Recruitment Panel for the recruitment of three new Non-Councillor members, consisting of the Chair of the Partnership Board, the Partnership Director and a Councillor Member, be approved.

2) That Councillor Russell Imrie be appointed to the Recruitment Panel as the Councillor Member.
3) That it be noted that SEStran will be required to make any appointments in line with duties as stated in the Gender Representation on Public Boards (Scotland) Act 2018.

(Reference – report by the Business Manager, submitted.)

A7. Scotland's Draft Climate Change Plan Consultation

The Board considered a report by the Projects Officer informing it that the Scottish Government was consulting on its Draft Climate Change Plan, which included a revised approach to car use reduction. The report sought Board members' views which could be included in the formal response to the consultation.

Decision

1) That the draft version of Scotland's Climate Change Plan be noted.
2) That individual comments to the consultation be submitted to the SEStran team by 22 January 2026.
3) That it be noted that the SEStran response to the consultation will be reported to the next meeting of the Partnership Board.

(Reference – report by the Projects Officer, submitted.)

A8. Programme of Meetings 2026

The Board received a report by the Business Manager presenting proposed dates for meetings of the Partnership Board, the Performance and Audit Committee and the Stakeholder Liaison Group for 2026.

Decision

1) That the proposed programme of meetings for 2026, as detailed in the report, be approved.
2) That the hosting arrangements for future meetings, as detailed in the report, be noted.

(Reference – report by the Business Manager, submitted.)

A9. Date of Next Meeting

The Board was reminded that its next meeting would be held on Friday, 13 March 2026 in the Dean of Guild Room, Edinburgh City Chambers and online via Microsoft Teams.

Decision

The Board noted the date of its next meeting.

B1. SEStran Consultation Responses

The Board considered a report by the Senior Partnership Manager providing an update on SEStran's response to consultations between September and December 2025.

Decision

That the content of the report, and its appendices, be noted.

(Reference – Report by the Senior Partnership Manager, submitted)

B2. Risk Management

The Board considered a report by the Business Manager providing the quarterly update on SEStran's Corporate Risk Register.

Decision

That the content of the report be noted.

(Reference – Report by the Business Manager, submitted)

B3. Projects Report

The Board considered a report by the Programme Manager providing an update on the performance of the Partnership's strategy and project workstreams in quarter 2 of 2025/26.

Decision

That the content of the report be noted.

(Reference – Report by the Programme Manager, submitted)

B4. Climate Change Duties Report

The Board received a report by the Project Officer reminding the Board that SEStran is required by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendments Order 2020 to report greenhouse gas emissions that result from its organisational activities and services with the report providing a summary of SEStran's carbon emissions for 2024/25, explaining changes from the previous year and providing a summary of targets for 2025/26.

Decision

That the content of the report be noted.

(Reference – Report by the Project officer, submitted)

At the conclusion of the meeting the chair informed the Board that Linda Bamford, Non-Councillor Member, had submitted a number of questions in advance of the meeting across a number of agenda items. The Chair confirmed that a written response to the questions would be sent to Linda Bamford.

ITEM A1(b)

PERFORMANCE & AUDIT COMMITTEE

Dean of Guild Court Room, City Chambers
on Friday 27 February 2026
1.00pm

PRESENT:	Name	Organisation Title
	Councillor Tom Conn	West Lothian Council
	Councillor Derek Glen	Fife Council
	Councillor Scott Harrison	Clackmannanshire Council
	Councillor John McMillan	East Lothian Council
	Simon Hindshaw	Non-Councillor Member

IN ATTENDANCE:	Name	Organisation Title
	Brian Butler	SEStran
	Angela Chambers	SEStran
	Christopher Gardner	Audit Scotland
	Calum Finlayson-Crawshaw	Audit Scotland
	Michael Melton	SEStran
	John Connarty	The City of Edinburgh Council

A1. APPOINTMENT OF CHAIR

In the absence of the Chair, Councillor John McMillan was appointed to the Chair.

A2. ORDER OF BUSINESS

It was confirmed that there was no change to the order of business.

A3. APOLOGIES

Apologies were submitted on behalf of Councillor Imrie, Doreen Steele, Callum Hay and John Scott.

A4. DECLARATION OF INTERESTS

None.

A5. MINUTES

1) To approve the minute of the Performance and Audit Committee of Friday 21 November 2025 as a correct record; and

2) To note the minute of the Project and Strategy Delivery Oversight Subgroup of Friday 30 January 2025.

A6. FINANCE REPORTS

(a) Revenue Budget 2025/26 and Indicative Financial Plan 2027/28

An update on the development of a partnership budget for 2026/27 and an indicative financial plan for 2027/28 to 2028/29 was presented to the Committee, noting that the proposed revenue budget for 2026/27 would be presented to the Partnership Board for approval at the March 2026 meeting.

Decision

1) To note the financial planning assumptions for the Partnership's proposed budget for 2026/27;

2) To note that financial planning for 2026/27 to 2028/29 would continue to be developed for approval of a budget by the Partnership at its meeting on 13th March 2026; and

3) To note that the proposed budget was subject to a number of risks. All income and expenditure of the Partnership would continue to be monitored closely with updates reported to each Partnership meeting.

(Reference – report by the Treasurer, submitted)

(b) Annual Treasury Management Strategy 2025/26

The Treasury Management Strategy for 2025/26 was presented.

Decision

1) To refer the Strategy to the Partnership board to approve the continuation of the current arrangement.

(c) Finance Officer's report

The third update on the financial performance of the Partnership's Core and Projects budgets for 2025/26, in accordance with the Financial Regulations of the Partnership was presented along with an analysis of financial performance to the end of December

2025. It was acknowledged that the Partnership's Core and Projects budgets for 2025/26 were approved by the Partnership on 14th March 2025.

Decision

1) To note the balanced forecast for the Core revenue budget for 2025/26

2) To note the forecast underspend of £70,000 on the Projects budget. The actual underspend would be confirmed at the financial year-end and carried forward to 2026/27.

(Reference – report by the Treasurer, submitted)

A7. EXTERNAL ADUIT PLAN 2026/27

The External Auditor's Annual Aduit Plan for 2025-26 was presented.

Decision

1) To note the External Audit Annual Aduit Plan;

2) To refer the External Audit Annual Aduit Plan to the Partnership Board meeting of 13 March 2026 for noting.

(Reference – report by the Treasurer, submitted)

A8 RISK MANAGEMENT FRAMEWORK

The quarterly update on SEStran's corporate risk register was presented.

Decision

1) To note the contents of the report;

2) To note that the corporate risk register would be presented to the 13 March 2026 Partnership Board for noting;

3) To note that a paper on the risks and opportunities presented by a review into transport governance (R001) would be presented to the Partnership Board on 13 March 2026.

(Reference – report by the Business Manager, submitted)

A9. PROJECTS AND STRATEGY PERFORMANCE REPORT

An update on the performance of the Partnership's strategy and

project workstreams in Quarter 3 of 2025/26 was presented, noting that the report was presented to the Project and Strategy Delivery Oversight Subgroup (PaSDOS) on 30 January 2026.

Decision

To note the contents of this report

(Reference – report by the Programme Manager, submitted)

A10 Asset Management Strategy

An update was presented on the Partnership's Asset Management Strategy and Asset Derecognition Form to the Committee for approval in line with organisational procedures and to address the recommendations from the Annual Audit Report 2024-25.

Decision

To approve, subject to any recommended changes following a discussion with External Auditors and the Treasurer around delegated asset derecognition limits to the Partnership Director, the update to the SEStran Asset Management Strategy and the associated process to approve derecognition of assets through the Asset Derecognition Form

A11. CONTRACTS REGISTER

The contract register was presented for review in line with a commitment to transparency in procurement.

Decision

To note the Contract Register as attached at Appendix 1 of the report by the Programme Manager.

(Reference – report by the Programme Manager, submitted)

A12. DATE OF NEXT MEETING

5 June 2026

FINANCE OFFICER'S REPORT

1. INTRODUCTION

1.1 This report presents the third update on the financial performance of the Partnership's Core and Projects budgets for 2025/26, in accordance with the Financial Regulations of the Partnership. This report presents an analysis of financial performance to the end of December 2025.

1.2 This report was reviewed by the Performance and Audit Committee on 27th February 2026.

1.3 The Partnership's Core and Projects budgets for 2025/26 were approved by the Partnership on 14th March 2025.

2. CORE BUDGET

2.1 The Core budget provides for the day-to-day running costs of the Partnership and includes employee costs, premises costs, supplies and services. The approved Core budget is £872,000, including the drawdown of £20,000 from reserves for an ICT equipment refresh, which was approved by the Partnership on 26th September 2025. Details of the Core budget are provided in Appendix 1.

2.2 Cumulative expenditure for the nine months to 31st December 2025 was £688,000. This is within the Core budget resources available for the period.

2.3 Estimates have been updated to reflect current expenditure commitments. It is projected that expenditure for the year will be in line with the approved Core budget.

2.4 As reported previously, the cost of £45,000 to host the Novus FX service will be met through the People and Place programme. Core budget expenditure and recharges have been adjusted to reflect this change.

2.5 Additional employee resources have been required in-year to deliver the approved projects / People and Place programme. This expenditure will be recovered through project / programme recharges.

Projects Budget

2.6 The approved Projects budget is detailed in Appendix 2.

2.7 Cumulative Projects net expenditure for the year to date is £169,000. This is within the Projects budget resources available.

2.8 At its meeting on 26th September 2025, the Partnership approved the allocation of £119,000 from the General Fund Reserve for three projects:
• Data Strategy £50,000

• Multi Modal Interchanges (MMI) £51,000
• SEStran conference £18,000.
These project allocations are shown in column 3 of Appendix 2.

2.9 The approved reserve allocations totalling £101,000 for the Data Strategy and MMI projects are no longer required. Emerging work on SEStransit is likely to change the approach to the Data Strategy and the project has been paused. As reported previously, it is now anticipated that the SEStransit project will include the planned work on MMI. Separate funding will be sought for the next phase of SEStransit so that the work on MMI can be carried out in 2026/27.

2.10 It is currently projected that net expenditure on projects 2025/26 will be £70,000 less than budget.

2.11 An underspend of £33,000 is forecast for the Regional Transport Strategy (RTS) Delivery Plan. This follows a successful bid by City of Edinburgh Council to the Transport Scotland Bus Infrastructure Fund for £250,000. This funding will now meet the cost of the next phase of the RTS Delivery Plan.

2.12 An underspend of £50,000 is forecast for the Freight Strategy Delivery Plan. Work to date has prioritised attempts to secure funding for the freight tram proposal and delivery of the time limited SCOT-ZED (Supporting Careers and Opportunity in Transport – for Zero Emission Diversity in the zero-emission heavy duty vehicle sector) project with University of the West of England. As a result, the strategy work had not been progressed to end of Q3, and the departure of the Senior Partnership Manager means that this work will not be progressed in Q4.

2.13 The provision for Thistle Assistance has been increased by £31,000 in year to balance underspends across several other projects. This has allowed work to be undertaken to increase data collection to support a robust project evaluation planned for 2026/27, as well as an additional marketing campaign that is due to begin imminently.

2.14 Expenditure on both the core and projects budgets will be subject of ongoing review for the remainder of 2025/26. The Partnership's Reserves Policy will be applied when reviewing the year-end outturn.

Cash Flow

2.15 The Partnership maintains its bank account as part of the City of Edinburgh Council's group of bank accounts. Cash balances are managed by the Council and are offset by expenditure incurred by the Council on behalf of the Partnership.

An update of month-end balances is shown in the following table:

Date	**Balance due to SEStran(+ve) /due by SEStran (-ve)**
	£
30 April 2025	+ 1,813,420
31 May 2025	+ 1,183,977

30 June 2025	+ 278,201
31 July 2025	+ 1,390,623
31 August 2025	+ 562,096
30 September 2025	+ 578,435
31 October 2025	+ 1,138,736
30 November 2025	+ 807,368
31 December 2025	+ 373,870

2.16 Interest is charged/paid on the monthly indebtedness between the Council and the Partnership. Interest will be calculated in March 2026. It is currently forecast that SEStran will receive £25,000 of interest in 2025/26.

2.17 The positive cash balance on 31st December 2025 is attributable to funding received from Scottish Government grants – principally the People and Place programme grant.

Reserves

2.18 The Board's Reserves Policy recommends establishment of an unallocated General Fund Reserve based on a minimum value of 5% (£43,000) of the Partnership's core revenue budget. On 1st April 2025, the Partnership had an unallocated General Fund Reserve of £221,000 - 25% of the core budget.

2.19 Based on latest forecasts within this report, in line with Board decisions, it is anticipated that a reserve drawdown of £38,000 will be required in 2025/26 for ICT refresh and the SEStran conference, with the Partnership's unallocated General Fund Reserve reduced to £183,000 at 31st March 2026.

2.20 An update of Financial Risks for 2025/26 is included at Appendix 3.

3. RECOMMENDATIONS

It is recommended that the Partnership notes:

3.1 the balanced forecast for the Core revenue budget for 2025/26.

3.2 the forecast underspend of £70,000 on the Projects budget. The actual underspend will be confirmed at the financial year-end and carried forward to 2026/27.

Richard Lloyd-Bithell
Treasurer
5 March 2026

Appendix	Appendix 1 – Core Budget Statement as at 31st December 2025 Appendix 2 – Projects Budget as at 31st December 2025 Appendix 3 – Financial Risks 2025/26
Contact	john.connarty@edinburgh.gov.uk

Policy Implications	There are no policy implications arising as a result of this report.
Financial Implications	There are no financial implications arising as a result of this report.
Equalities Implications	There are no equality implications arising as a result of this report.
Climate Change Implications	There are no climate change implications arising as a result of this report.

Core Budget 2025/26 – as at 31st December 2025 **Appendix 1**

	Annual Budget £'000	Period Budget £'000	Period Actual £'000	Annual Forecast £'000	Forecast Variance £'000
Employee Costs					
Salaries	564	423	422	593	29
National Insurance	76	57	56	79	3
Pension Fund	151	113	111	156	5
Project Recharges	(104)	0	0	(116)	(12)
Training & Conferences	8	6	13	15	7
Interviews & Advertising	2	2	0	0	(2)
	697	**601**	**602**	**727**	**30**
Premises Costs					
Office Accommodation	**21**	**15**	**15**	**20**	**(1)**
Transport					
Staff Travel	**5**	**4**	**4**	**6**	**1**
Supplies and Services					
Communications & Computing[1]	68	36	50	61	(7)
Printing, Stationery & General Office Supplies	7	5	3	5	(2)
Insurance	7	7	5	5	(2)
Equipment, Furniture & Materials, Miscellaneous	4	3	3	5	1
	86	**51**	**61**	**76**	**(10)**
Support Services					
Finance	31	0	0	31	0
Legal Services / HR	7	0	1	7	0
Consultancy	0	0	5	5	5
	38	**0**	**6**	**43**	**5**
Corporate & Democratic					
Clerks Fees	12	0	0	12	0
External Audit Fees	12	0	0	12	0
Members Allowances / Expenses	1	1	0	1	0
	25	**1**	**0**	**25**	**0**
Total Expenditure	**872**	**672**	**688**	**897**	**25**
Funding:					
Scottish Government Grant	(662)	(519)	(519)	(662)	0
Council Requisitions	(190)	(190)	(177)	(190)	0
General Reserve Drawdown	(20)	0	0	(20)	0
Interest on Revenue Balances	0	0	0	(25)	(25)
Total Funding	**(872)**	**(709)**	**(696)**	**(897)**	**(25)**
Net Expenditure/ (Income)	**0**	**(37)**	**(8)**	**0**	**0**

[1] Includes £20,000 non-recurring spend for an ICT refresh, funded from reserves, as approved by the Board on 26/9/25.

Projects Budget 2025/26 - as at 31st December 2025 **Appendix 2**

	Approved Budget	Add: Project carry forward from 2024/25	Add: General Reserve Drawdown	Less: Income /Other Grant	Budget Realign ment	Net Budget	Annual Forecast	Forecast Variance
Column	1	2	3	4	5	6	7	8
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Projects Approved by Partnership Board 14th March 2025								
Sustainable Travel	20	25		(20)	(15)	**10**	**29**	**19**
RTPI – System Maintenance	25	8		(15)	(8)	**10**	**10**	**0**
RTS Delivery Plan	18	20			17	**55**	**22**	**(33)**
Rail Strategy	0	13				**13**	**13**	**0**
Equalities Access to Healthcare	10	(2)			52	**60**	**50**	**(10)**
Regional Bike Share	10	26			(11)	**25**	**12**	**(13)**
Thistle Assistance	30	6		(24)	(4)	**8**	**39**	**31**
Transport Appraisal	0	5			(5)	**0**	**0**	**0**
Active Travel Network	5	84		(5)		**84**	**84**	**0**
Projects Consultancy	22	3			(5)	**20**	**20**	**0**
Mobility as a Service	0	34			(33)	**1**	**1**	**0**
Bus Strategy Development	40	122		(40)	(51)	**71**	**57**	**(14)**
Regional EV Infrastructure	5	(6)			1	**0**	**0**	**0**
Freight Strategy	20	10		(20)	40	**50**	**0**	**(50)**
People & Places	6,369			(6,369)		**0**	**0**	**0**
Projects Approved by Partnership Board 26th September 2025								
Data Strategy	0		50			**50**	**0**	**(50)**
Multi-Modal Exchanges	0		51			**51**	**0**	**(51)**
Conference SEStran 2025	0		18		22	**40**	**40**	**0**
Use of Reserves	0		(119)			**(119)**	**(18)**	**101**
Total	**6,574**	**348**	**0**	**(6,493)**	**0**	**429**	**359**	**(70)**

Financial Risks 2025/26 **Appendix 3**

Risk Description	Mitigation and Controls
Pay award The revenue budget made provision for a pay award of up to 3% in 2025/26. The Local Government pay award of 4% represents an increase on the budget provision.	The financial impact of the Local Government pay award of 4% is included in the forecast.
Inflation There is a risk that the indicative budget does not adequately cover price inflation and increasing demand for services.	Ongoing monitoring and review of all costs and forecasts during 2025/26.
Delays in payment of grant by external funding bodies Resulting in additional short-term borrowing costs.	Grant claims submitted timeously and in line with conditions of grant award.
Pension Fund Contributions A deficit on the staff pension fund could lead to increases in the employer's pension contribution.	Following Lothian Pension Fund's Triennial Actuarial Review in 2023, Partnership employer pension fund contribution rates are now confirmed at 26.8% until 31 March 2027.
Funding Reductions Reduction in funding from Scottish Government and/or council requisitions.	Scottish Government grant and Council contributions are confirmed for 2025/26.
There is a risk that current levels of staffing cannot be maintained due to funding constraints and that the Partnership will incur staff release costs.	Recruitment control and additional sources of external funding for activities aligned to the Partnership's objectives to supplement resources.

BUDGET 2026/27 AND INDICATIVE FINANCIAL PLAN 2027/28 TO 2028/29

1. INTRODUCTION

1.1 This report presents a proposed Partnership budget for 2026/27 for approval and an indicative balanced financial plan for 2027/28 to 2028/29 for noting.

1.2 An update on the proposed budget was considered by the Performance and Audit Committee on 27th February 2026. It should be noted that the proposed budget has been updated following the subsequent confirmation of additional funding of £2.588m in 2026/27 under the Transport to Employment programme (see paragraph 2.18 and Appendix 2).

2. MAIN REPORT

Scottish Government Budget 2026-27

2.1 The Scottish Government Draft Budget was presented to Parliament on 13th January 2026. A budget agreement has now been secured.

2.2 It is anticipated that Scottish Government revenue grant and People and Place funding for 2026/27 will be unchanged from 2025/26. As noted above, additional funding of £2.588m for 2026/27 has recently been advised under the Transport to Employment programme.

Financial Planning 2026/27 to 2028/29

Core Budget - Transport Scotland Revenue Grant and Council Requisitions

2.3 Section 3 of the Transport (Scotland) Act 2005, as amended by the Section 122 of the Transport (Scotland) Act 2019, requires the constituent councils of a Regional Transport Partnership to meet the estimated net expenses of the Partnership.

2.4 A financial planning report was considered by the Partnership on 5th December 2025. The Partnership noted the financial planning assumptions being progressed for 2026/27 to 2028/29. The proposed budget for 2026/27 continues to assume standstill council requisitions totalling £190,000.

2.5 Financial planning is based on no change in the Transport Scotland revenue grant for 2026/27, with a grant of £743,000 assumed in the financial plan.

2.6 The financial plan makes provision for a pay award of 3.5% to reflect the second year of the agreed pay award for 2025/26 and 2026/27. A 3% pay award is assumed for each of 2027/28 and 2028/29. Proposed employee budgets reflect estimated salary increments and include provision for the additional employee resource which is rechargeable to the People and Place programme.

2.7 The level of employee costs rechargeable across the People and Place and Transport to Employment programmes has been assessed at £255,000 for 2026/27. Inflationary uplifts have been assumed for 2027/28 to 2028/29. This will be subject to ongoing review.

2.8 A contingency provision has been introduced to make a general budgetary allowance for inflationary pressures on non-staff budgets and to provide some flexibility for consideration of HR, learning and development and financial administration system improvements which are under consideration. Updates on the use of this contingency allocation will be reported to the Partnership.

2.9 The Partnership receives interest on cash balances held and an estimate of £25,000 per annum is included in the proposed and indicative budgets.

2.10 It is proposed that project expenditure totalling £165,000 is funded within the Core SEStran 2026/27 budget. This proposed expenditure covers: Regional Bus Action Plan Delivery (£100,000); Sustainable Travel (£10,000); Projects Consultancy (£30,000); and Communications and Marketing (£25,000). Funding in 2026/27 assumes a carry forward of £50,000 from the 2025/26 project budget underspend.

2.11 As reported in the recently approved Financial Planning Procedure, efficiency savings will be considered through the budgeting process. The SEStran management team will review each line of the budget and an efficiency savings target totalling £45,000 has been assumed across the indicative budgets for 2027/28 and 2028/29.

2.12 An analysis of the proposed Core budget for 2026/27 and indicative budgets for 2027/28 to 2028/29 is shown in Appendix 1.

2.13 The 2026/27 Council requisitions, based on the proposed budget, are as follows:

Council	**Requisition**
Clackmannanshire	£6,052
East Lothian	£13,376
Edinburgh	£61,630
Falkirk	£18,584
Fife	£43,522
Midlothian	£11,599
Scottish Borders	£13,585
West Lothian	£21,652
Total	**£190,000**

2.14 Council requisitions reduced by 5% in 2017/18 from £200,000 to £190,000 and have been unchanged for ten years. Indicative financial planning for 2027/28 and 2028/29 indicates that annual increases in requisition of £10,000 may be required to achieve balanced budgets in 2027/28 and 2028/29. The medium-term financial plan will be subject to ongoing review and development.

People and Place Programme

2.15 In 2025/26, the Partnership was awarded additional funding of £6.356m from Transport Scotland to progress the People and Place Programme (PPP). Final confirmation has yet to be received of Programme funding for 2026/27 and beyond. Transport Scotland has advised to plan for 2026/27 based on funding being at the same level as 2025/26.

2.16 An update on the People and Place Programme was reported to the last meeting of the Partnership Board on 5th December. The strategy for 2026/27 is one of stability after several years of significant change in this area, allowing projects to bed in and deliver on agreed outcomes.

2.17 The proposed programme allocations for 2026/27 are shown in Appendix 2. Programme Delivery Plan updates will be reported to the Board by the Partnership Programme Manager.

Transport to Employment Programme

2.18 For 2026/27, Transport Scotland are providing additional funding to RTPs to support a Transport to Employment programme which aims to reduce child poverty. Total grant funding is expected to be £2.588m. Full detail on this new programme is provided elsewhere on this agenda. Appendix 2 shows the current proposed delivery budget. The programme is currently in development, and the proposed delivery budget is subject to change.

SEStran Budget 2019/20 to 2026/27

2.19 Appendix 3 summarises budgeted expenditure and income since 2019/20.

Risks and Reserves

2.20 In accordance with the provisions of the Transport Scotland (2019) Act, the Partnership has agreed a Reserves Policy and established an unallocated General Fund reserve. Based on 5% of the proposed core budget for 2026/27, an unallocated reserve of £49,000 will be required.

2.21 At 1st April 2025, the Partnership had an unallocated General Fund Reserve of £221,000. Based on the forecast requirement for drawdown of £38,000 during 2025/26, the Partnership's unallocated General Fund Reserve is forecast to be £183,000 at 1st April 2026.

2.22 A risk assessment for 2026/27 is included at Appendix 4. Financial scenario planning is included at Appendix 5.

3 NEXT STEPS

3.1 Following approval of a proposed budget by the Partnership, requisitions will be issued to constituent councils.

4 RECOMMENDATIONS

4.1 It is recommended that the Partnership:

4.1.1 approves the proposed core budget of £983,000 for 2026/27, as detailed at Appendix 1;

4.1.2 approves the proposed People and Place and Transport to Employment programme budgets for 2026/27, as detailed in Appendix 2;

4.1.3 notes the indicative balanced financial plan for 2027/28 and 2028/29 and that this will be subject to ongoing development and reporting;

4.1.4 notes that the proposed budgets are subject to a number of risks and that all income and expenditure of the Partnership will continue to be monitored closely with updates reported to each Partnership meeting.

5 BACKGROUND READING/EXTERNAL REFERENCES

5.1 Indicative Financial Plan 2026/27 to 2028/29 – report to the South East of Scotland Transport Partnership 5th December 2025

Richard Lloyd-Bithell
Treasurer
5th March 2026

Appendices

Appendix 1 – Proposed Core Budget 2026/27 and Indicative Budgets 2027/28 to 2028/29

Appendix 2 – People and Place and Transport to Employment Programmes – Proposed Budget 2026/27

Appendix 3 – Summary of Revenue Budget 2019/20 – 2026/27

Appendix 4 - Risk Assessment 2026/27

Appendix 5 – Scenario Planning 2026/27

Contact john.connarty@edinburgh.gov.uk

Policy Implications	There are no direct policy implications arising as a result of this report.
Financial Implications	There are no direct financial implications arising.
Equalities Implications	There are no direct equality implications arising.
Climate Change Implications	There are no direct climate change implications arising.

Appendix 1

Proposed Core Budget 2026/27 and Indicative Financial Plan 2027/28 and 2028/29

	Approved Budget 2025/26	Proposed Budget 2026/27	Indicative Budget 2027/28	Indicative Budget 2028/29
	£0	£0	£0	£0
Employee Costs				
Salaries	564	640	668	691
National Insurance	76	86	91	94
Pension Fund	151	171	178	184
Recharges	(104)	(255)	(270)	(282)
Training, Conferences & Recruitment	10	10	10	10
	697	**652**	**677**	**697**
Premises Costs	**21**	**25**	**25**	**25**
Transport	**5**	**5**	**5**	**5**
Supplies and Services				
Communications & Computing	48	48	48	48
Printing & Office Supplies	7	7	7	7
Insurance	7	9	9	9
Equipment, Materials & Miscellaneous	4	4	4	4
	66	**68**	**68**	**68**
Governance & Support Services				
Finance, Legal Services & HR	38	38	38	38
Clerks Fees	12	12	12	12
External Audit Fees	12	12	12	12
Members Allowances and Expenses	1	1	1	1
Contingency Provision		30	40	50
	63	**93**	**103**	**113**
Interest	**0**	**(25)**	**(25)**	**(25)**
Core Projects				
Regional Bus Action Plan Delivery		100	75	75
Sustainable Travel		10	10	10
Projects Consultancy		30	20	20
Communications and Marketing		25	10	10
2025/26 Projects	81			
	81	**165**	**115**	**115**
Total Gross Expenditure	**933**	**983**	**968**	**998**
Funding				
Scottish Government Grant	(743)	(743)	(743)	(743)
Council Requisitions	(190)	(190)	(200)	(210)
Efficiency Programme			(25)	(45)
Project Budget Underspend 25/26		(50)		
Total Funding	**(933)**	**(983)**	**(968)**	**(998)**

Appendix 2

People and Place Programme - Proposed Budget 2026/27 and Indicative Budgets 2027/28 and 2028/29

	Proposed Budget 2026/27	Indicative Budget 2027/28	Indicative Budget 2028/29
Core staff recharge	£201,664	£270,000	£282,000
Project Support Officer	£24,682	£26,163	£27,733
Project Officer	£48,332	£51,232	£54,306
RTPI – System Maintenance	£52,500	£52,500	£52,500
Thistle Assistance	£40,000	£40,000	£40,000
Regional Project Delivery	£121,264	£137,480	£133,319
Local Authority Delivery Support	£698,165	£745,385	£745,385
Regional Priority Investment Fund	£3,145,712	£3,013,201	£3,009,040
Access to Cycles and Cycle Storage	£1,473,601	£1,517,121	£1,512,960
Community Grant Fund	£589,377	£542,215	£538,054
RTPI - System Maintenance contributions	(£12,000)	(£12,000)	(£12,000)
Thistle Assistance - RTP contributions	(£27,500)	(£27,500)	(£27,500)
Scottish Government grant	(£6,355,797)	(£6,355,797)	(£6,355,797)
	£0	**£0**	**£0**

Transport to Employment Programme - Proposed Budget 2026/27

	Proposed Budget 2026/27
Core staff recharge	£53,336
Project Officer x2	£96,664
Future Development and Programme Management	£130,000
School to Skills Pathways	£480,000
Rural Transport to Work and Further Education	£850,000
Targeted action to reduce ticket prices	£400,000
Transport to Healthcare	£500,000
Contingency	£77,740
Scottish Government	(£2,587,740)
	£0

Appendix 3

Summary of Revenue Budget 2019/20 – 2026/27

	19/20	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**	**25/26**	**26/27**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Core	584	581	663	619	774	901	852	843
Projects	690	1,080	809	907	713	275	205	165
People and Place						5,326	6,369	6,356
Transport to Employment								2,588
Total Expenditure	**1,274**	**1,661**	**1,472**	**1,526**	**1,487**	**6,502**	**7,426**	**9,952**
EU Grants	(82)	(142)	(106)	(210)	(26)	(100)	0	
Other income	(220)	(547)	(394)	(344)	(489)	(143)	(124)	(75)
People and Place						(5,326)	(6,369)	(6,356)
Transport to Employment								(2,588)
Scottish Government	(782)	(782)	(782)	(782)	(782)	(743)	(743)	(743)
Council Requisition	(190)	(190)	(190)	(190)	(190)	(190)	(190)	(190)
Total Funding	**(1,274)**	**(1,661)**	**(1,472)**	**(1,526)**	**(1,487)**	**(6,502)**	**(7,426)**	**(9,952)**

Risk Assessment 2026/27 **Appendix 4**

Risk Description	Existing Controls
Pay awards The indicative budget makes provision for a pay award of 3.5% in 2026/27 to reflect the agreed award.	Alignment with Local Government Pay Policy.
Staff recharges to Projects and People & Place and Transport to Employment Programmes The proposed budget assumes that a level of staff time can be recharged to the People & Place and Transport to Employment Programmes. The budget assumption has been discussed and agreed with the Partnership Director and Programme Manager There is a risk this may not be achievable.	The forecast of employee recharges will be reviewed as part of the ongoing budget development. Expenditure commitments will be reviewed in the event of any forecast shortfall in employee recharges.
Inflation There is a risk that the indicative budget does not adequately cover price inflation and increasing demand for services.	Allowance is made for specific known price inflation. Budgets have been adjusted in line with current cost forecasts. A contingency budget allocation has been introduced to make some provision for price inflation, increasing demand and service developments.
Pension Fund Contributions The value of the Partnership's pension fund was restricted to 'Nil' at 31 March 2025, following proper accounting practice. The actual surplus may lead to a decrease in future employer's pension fund contributions.	Following Lothian Pension Fund's Triennial Actuarial Review in 2023, Partnership employer pension fund contribution rates are now confirmed at 26.8% until 31 March 2027. Projections will be kept under regular review.
Funding Reductions Reduction in funding from Scottish Government and/or council requisitions. There is a risk that current levels of activity / staffing cannot be maintained due to funding constraints and that the Partnership will incur staff release costs.	Ongoing engagement with Transport Scotland and constituent councils. Continue to explore external funding opportunities.

Scenario planning

The principal assumptions underpinning the proposed budget are noted in the table below.

	2026/27	2027/28
Staff pay award (all staff; average provision)	3.5%	3%
Employee Recharges to the People & Place and Transport to Employment Programmes	Employee costs can be recharged to these Programmes in 2026/27.	
Office Rental	Per Scottish Government Memorandum of Terms of Occupation Agreement.	
Other contractual commitments	Budget estimates updated when cost commitments are known.	
Transport Scotland core grant funding	Budget estimate updated when funding advised by Transport Scotland.	
People and Place grant funding	Budget estimate updated when funding advised by Scottish Government.	
Transport to Employment grant funding	Budget estimate updated when funding advised by Scottish Government.	

The factors with the largest impact on the Partnership's income and expenditure at 2026/27 estimated values are noted in the table below.

	At 2026/27 levels, every 1% change would result in following change from core assumptions
People and Place Programme Grant	£63,558
Transport to Employment Programme Grant	£25,877
Transport Scotland Core Grant	£7,430
Staff pay award (all staff; average provision)	£8,970
Employee Recharges to Programmes	£2,550
Council Requisitions	£1,900

In seeking to manage changes from core assumptions, the Partnership would:

- In the first instance, seek to identify additional project funding opportunities. The Partnership has a consistent track record of leveraging external funding.
- Review the partnership's costs, with the intention of reducing costs to achieve expenditure within the available funding.
- Where appropriate, discuss funding with Transport Scotland, using the Regional Transport Partnerships Chairs Forum, as required.
- Where appropriate, discuss funding with constituent councils.

ANNUAL TREASURY MANAGEMENT STRATEGY

1 PURPOSE OF REPORT

1.1 The purpose of this report is to propose a Treasury Management Strategy for 2026/27.

2 ANNUAL TREASURY MANAGEMENT STRATEGY

2.1 The Partnership currently maintains its bank account as part of the City of Edinburgh Council's group of bank accounts. Any cash balance is effectively lent to the Council, but is offset by expenditure undertaken by the City of Edinburgh Council on behalf of the Partnership. Interest is given on month end net indebtedness balances between the Council and the Partnership in accordance with the former Local Authority (Scotland) Accounts Advisory Committee's (LASAAC) Guidance Note 2 on Interest on Revenue Balances (IoRB). These arrangements were put in place given the existing administration arrangements with the City of Edinburgh Council and the relatively small investment balances which the Partnership has. Although the investment return will be modest, the Partnership will gain security from its counterparty exposure being to the City of Edinburgh Council.

2.2 The Annual Treasury Management Strategy was reviewed by the Partnership's Performance and Audit Committee on 27th February 2026.

3 RECOMMENDATIONS

3.1 It is recommended that the Partnership approves the continuation of the current arrangement, as outlined in Appendix 1.

Richard Lloyd-Bithell
Treasurer

Appendix	Appendix 1 - Annual Treasury Management Strategy
Contact/tel	John Connarty, Tel: 0131 469 3188 (john.connarty@edinburgh.gov.uk)

APPENDIX 1

ANNUAL TREASURY MANAGEMENT STRATEGY

(a) TREASURY MANAGEMENT POLICY STATEMENT

1. The Partnership defines its Treasury Management activities as:

   The management of the Partnership's investments, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks.

2. The Partnership regards the successful identification monitoring and control of risk to be the prime criteria by which the effectiveness of its treasury management activities will be measured. Accordingly, the analysis and reporting of treasury management activities will focus on their risk implications for the organisation.

3. The Partnership acknowledges that effective treasury management will provide support towards the achievement of its business and service objectives. It is therefore committed to the principles of achieving value for money in treasury management, and to employing suitable comprehensive measurement techniques, within the context of effective risk management.

Treasury Management is carried out on behalf of the Partnership by the City of Edinburgh Council. The Partnership therefore adopts the Treasury Management Practices of the City of Edinburgh Council. The Partnership's approach to investment is a low risk one, and its investment arrangements reflect this.

(b) PERMITTED INVESTMENTS

The Partnership will maintain its banking arrangement with the City of Edinburgh Council's group of bank accounts. The Partnership has no Investment Properties and makes no loans to third parties. As such the Partnership's only investment / counterparty exposure is to the City of Edinburgh Council.

(c) PRUDENTIAL INDICATORS

Whilst the Partnership has a Capital Programme this is funded by grant income and no long-term borrowing is required. The indicators relating to debt are therefore not relevant for the Partnership. By virtue of the investment arrangements permitted in (b) above, all of the Partnership's investments are variable rate, and subject to movement in interest rates during the period of the investment.

REGIONAL GOVERNANCE UPDATE

1. INTRODUCTION

1.1 This report seeks to update Members on further work that has been undertaken on potential regional governance models and functions, following the report to the December Board.

2. BACKGROUND

2.1 Regional governance, including transport, is a hot topic at the moment. Ever since the abolition of the Region/District Council model in Scotland in 1996, there has been a creative tension between what can be delivered most effectively and efficiently at a more strategic level involving bigger geographies and the 'localism' agenda. This tension has been given an additional level of complexity by the introduction of the Scottish Parliament in 1999, with services such as police and fire being taken to (Scottish) national level.

2.2 On 28th November last year, at the State of the City Conference in Glasgow, the First Minister in his speech indicated his administration's intention to introduce enabling legislation to allow regional partnerships to seek legal status, unlock new powers, and design delivery models tailored to local priorities. His speech mentioned economic development, planning and skills, but did not mention transport.

2.3 It will be for the next administration at Holyrood to determine if that legislation will be brought forward. In the meantime, however, Transport Scotland is moving forward with its review of transport governance. SEStran will be involved in that review along with other RTPs, and indications are that TS is amenable to previous recommendations that functions currently delivered at TS level could be delivered at regional level.

2.4 These discussions, and this and further research on governance and delivery models, will inform the development of SEStran's corporate strategy. This will be the appropriate place to decide what SEStran's formal asks as regards powers and functions should be. However, this report seeks to outline the way forward on what type of transport functions might be most appropriate at regional level.

2.5 In the preparation of this report, SEStran officers have been given access by City Region Deal officers to a draft report to City of Edinburgh Council's Policy and Sustainability Committee on 10th March. This in turn references a report to Edinburgh and South East Scotland City Region Joint Committee (7 March 2025).[1] Neither of these reports conflict with

[1] See links at 'Background Papers.'

the basic approach in this report, which is that there should be greater delivery of functions at regional level.

2.6 Nor should the boundary differences between SEStran and the Edinburgh and South East Scotland City Region Deal (which does not, currently, include Falkirk or Clacks) be seen as a huge barrier. A parallel can be drawn with Glasgow City Region Deal (8 authorities) and SPT, which covers an additional 4 (Argyll and Bute and the 3 Ayrshire authorities). These boundary differences have not stood in the way of the two bodies collaborating to deliver Clyde Metro.

2.7 Meantime, officers from CoSLA have clarified their position on the regional governance debate. Ultimately, CoSLA is there to support its member local authorities on their aspirations. It recognises the tug between regionalisation and localism, but sees the principle of subsidiarity as of prime importance, with powers being delegated down to as local a level as possible. This, again, does not conflict with SEStran and ESESCRD's approach which recognises the overall desire for subsidiarity set out in the Verity House Agreement between CoSLA and the Scottish Government.

2.8 Other meetings/discussions that have taken place since the last report are discussed below, with some of the knowledge gained set out in more detail in Appendix 1.

3. DELIVERY OF FUNCTIONS AT REGIONAL LEVEL

3.1 In March 2006, the then Scottish Executive issued 'Scotland's Transport Future: Guidance on Regional Transport Strategies.' The Guidance, which has not been revised in the past 20 years, set out RTP 'models,' saying (at para 120):

'It is envisaged that model 1 would confer only a limited number of statutory functions on RTPs to be exercised concurrently with local authorities. Model 2 will include some transfers of functions from constituent councils or the Scottish Ministers to RTPs. Model 3 will require a significant transfer of public transport functions from constituent councils to the RTP. This will be the case in the west of Scotland where the Transport Partnership, (as the successor body to SPT), and not the local authorities will exercise the statutory functions relevant to public transport. Those RTPs consisting of just one local authority plus other members (South-West of Scotland and Shetland) will also be model 3 partnerships.'

3.2 These 'models' are not statutory definitions and are arguably outdated: they relate to the list in s.10 (see Appendix 2) which is mainly about taking powers and functions from councils, rather from TS. Since then, the landscape has changed, and whilst there may be a case for SEStran to act by consent in a co-ordinating role in relation to some functions, the principle of subsidiarity indicates that RTPs should in general be taking functions from Transport Scotland, not councils.

3.3 Since its creation SEStran has twice explored the idea of taking on a greater delivery role under s.10 of the 2005 Act, and has twice been given

a strong message from our constituent councils that we should not be removing functions from them.

3.4 However, 'softer' approaches are also available, with SEStran having in recent times taken a collaborative and co-ordinating role in such things as Electric Vehicle Charging Infrastructure and Bus Alliances. The legislation, in s.14, enables this collaborative approach by allowing councils – and Transport Scotland – to ask RTPs to carry out tasks for them by agreement (see Appendix 2).[2]

3.5 SEStran's strategic presence has been growing recently, with four notable areas worth mentioning: management of the People and Place Fund for the region on behalf of Transport Scotland; the co-ordinating role in agreeing a collaborative, region-wide approach to the procurement of Electric Vehicle Charging Infrastructure; the Regional Bus Strategy, launched in December 2025; and our role in building a business case for mass transit in the region. The People and Place Fund in particular has already seen local organisations and communities benefitting from funding that was previously dealt with at national level. All of these advances can be delivered going forward by agreement with the region's councils and the national body, Transport Scotland.

3.6 SEStran, through its RTS, has set out, strategically, what should happen to transport in its region. And yet if we are to have a vision of what a properly functioning transport system in our region would look like, what functions should be delivered at regional level is a key part of that vision. The corporate strategy will be the ultimate vehicle for concluding what functions should be delivered directly by SEStran, with a clear focus on looking at what Transport Scotland currently delivers, rather than any compulsory aggregation of powers and functions from the 8 councils.

3.7 The experience of combined authorities in England, and SPT, their closest equivalent in Scotland, is outlined in Appendix 1. The examples have been selected as a varied mix of governance models. These have all, in their own way, derived from particular political, geographical and historical circumstances. There is no 'one size fits all,' nor is there yet a perfect model. Nor are they set in stone, as the current further devolution legislation going through Westminster for CAs in England shows. Ultimately, what SEStran as an organisation will want to do may draw on these examples, but the solution will need to be tailored to fit SEStran's own unique circumstances.

3.8 Whatever regional models are adopted going forward, they will need to be funded. In England, the funding is addressed via a mix of:

- Direct central government grant, with a 5 year funding arrangement
- Fare box income in the case of CAs operating public transport
- Money allocated via a 'precept' from the mayoral body and
- Levies from the CAs to the constituent councils for carrying out some of their transport functions.

[2] The Guidance also says at para 121: 'RTPs will also be able to act as agents of some or all of their constituent councils or of the Scottish Ministers. This would, for example, enable local authorities to achieve economies of scale in the exercise of certain transport functions through the RTP without losing direct political control.'

3.9 By comparison, RTPs like SEStran are currently funded in the main by a combination of Scottish Government grant and 'requisitions' from the constituent authorities. The terms on which the balance of an RTP budget is met by councils are set out in s.3 of the 2005 Act, as reproduced in Appendix 2. Two things which the English CAs have mentioned as being key to their success have been multi-year funding and central government giving them an 'integrated fund,' in other words a direct grant with no strings attached as to what it should be spent on. This will be key in any enhanced regional governance setting for SEStran.

4. CONCLUSIONS

4.1 The SEStran area has never had a single unit of local government. It comprises elements of four regional council areas: Borders, Central, Fife and Lothian. It currently sits within four growth deal areas. Overall regional governance, given the lack of history of anything like the CA/mayoral system, the politics and geography, may take some time, with regional partnerships unlikely to be in the legislative programme at Holyrood until 2027/8. In the meantime our position should be to work constructively with any existing regional bodies like all of the growth deals, and any emerging structures like Regional Economic Partnerships.

4.2 As an organisation SEStran can continue to learn from regional transport models north and south of the Border. SEStran has never had a passenger transport executive. Such structures, as with the 2006 Guidance's ideas of model 1/2/3, are from the past. SEStran and the other RTPs need to position themselves in the new reality of 2026. Crucially, there is a need to ensure that real benefits are felt throughout the SEStran region: something that is being achieved right now in, for example, the PPP funding from SEStran going to local projects.

4.3 Comparative research should inform our corporate strategy as to what SEStran should actually be as a regional transport organisation in the future. There will however be continuing emphasis on partnership working, with both TS and our authorities. SEStran has a track record of delivering, especially TS functions, by means of s.14. A co-ordination role in, for example, SEStransit, will see benefits spread region-wide.

5. RECOMMENDATIONS

It is recommended that Members:

5.1 Note, and comment as appropriate, on the report.

5.2 Authorise the Partnership Director to engage to fullest extent possible with the TS review.

5.3 Authorise the Partnership Director to engage to fullest extent possible with the 4 growth deals in the SEStran region to pursue alignment on regional governance models for transport and associated functions.

5.4 Note ongoing inter RTP discussions via RTP Leads and RTP Chairs forums.

5.5 Note that a future paper on corporate strategy will introduce proposals for SEStran's position in the governance framework.

Andrew Ferguson
SEStran Consultant
6th March 2026

Appendix 1: SPT and the English Combined Authority Experience
Appendix 2: Relevant extracts from 2005 Act

Background Papers: The following background papers relied on in the writing of this report:
Report to Board December 2025
Report to CEC Policy and Sustainability Committee of 10th March, 2026[3]

Accelerating Economic Growth and Prosperity in Edinburgh and South East Scotland: A Second Generation City Region Deal – appendix to report to Edinburgh and South East Scotland City Region Joint Committee (7 March 2025)

Policy Implications	The report aligns closely to the discussion of regional governance in para 3.2 of the Regional Transport Strategy, 'RTS Constraints.'
Financial Implications	There are no financial implications arising from this report. Further research on options will be funded from existing budgets and using existing resources.
Equalities Implications	In the event of the issues discussed in this report resulting in proposed specific changes in policy, impact assessments will be carried out at the appropriate time.
Climate Change Implications	No implications at this time.

[3] At page 276 of the papers.

Appendix 1: SPT and the English Combined Authority Experience

Introduction: English Combined Authorities

Local government in England has traditionally been a cluttered landscape. City, county, borough, parish and other forms of council unit have co-existed in the same geographies for many years, making co-ordination and a common purpose seem challenging even where political will has existed.

The Localism Act of 2011, with the introduction of the power of general competence, was intended to let English councils act without as many legal constraints – although the level of austerity introduced by central government in the same period in England made the possibility of step change in delivery of services increasingly challenging.

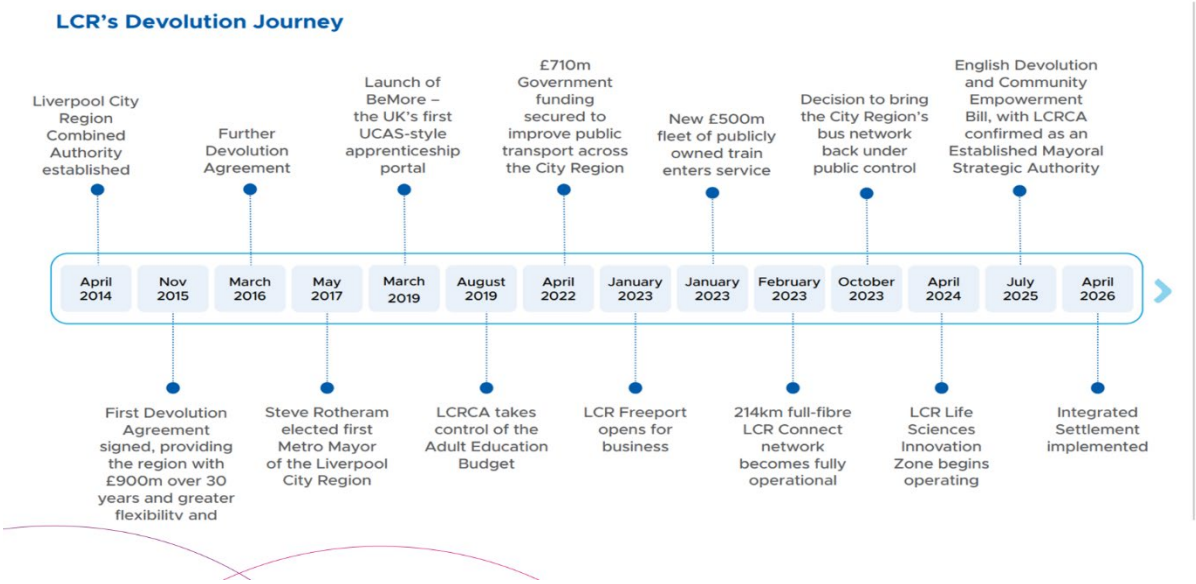
However, with the rise of city regions in England (as in Scotland) as significant economic units, especially in the case of the 'northern powerhouse' cities such as Liverpool and Manchester, the policy position has shifted towards enabling the existing councils to co-operate as combined authorities. A particular emphasis has been placed by successive Westminster administrations on mayoral authorities, putting the political leadership of a city region's development into the hands of a single individual, with whom 'the buck stops.'

In transport terms, some city regional transport bodies are stand-alone, at least to some extent. However, historical, political and geographical contexts are crucial to understanding how the combined authorities have got to where they are now, and what this means for projects such as mass transit and bus franchising.

Strathclyde Partnership for Transport (SPT) is also discussed as, although it is a Scottish RTP, there are some similarities to the English model, particularly in relation to its history as a Passenger Transport Executive.

Liverpool

The diagram below shows Liverpool's journey towards a single authority delivering substantial transport modes:



The Merseyside city region has a population of around 1.6 million, making it broadly similar in size to SEStran. Historically Mersey Travel was the Passenger Transport Executive for the area, with the local councils being responsible for many of the other transport functions after the County Council was abolished in the 1980s. According to an official of Liverpool City Region Combined Authority (LCRCA), Merseyside has been trying to build back the same level of integration in transport for 40 years.

LCRCA brings together, amongst other functions, transport, economic development, and strategic planning (the latter being added later in the process). In terms of transport, the combined authority runs Merseyrail, a self-contained rail network, and bus franchising plans are well advanced, with a franchise being introduced in 2 of the local authority areas this year, and 3 next year.

The city region comprises the 5 Merseyside authorities (Knowsley, Liverpool, Sefton, St Helens and Wirral) and Halton, which covers the towns of Runcorn and Widnes. Structurally this causes some difficulties for the governance: it means the CA is in two police authority areas (although that may be about to change). In Manchester, by comparison, the Mayor is also the Police Commissioner.

Other issues with the current governance structure include the need for unanimity in strategic planning matters between all the constituent councils, and the fact that not all functions in transport are the responsibility of the CA: the councils remain as highway authorities, for example, although this may change with further devolution powers currently being debated at Westminster.

In terms of finance, the CA benefits from a 5 year funding arrangement from central government, and is also funded through the mayoral 'precept.' The central

government funding is an ‘integrated settlement,’ meaning the authority is not bound to spend any part of the monies on a specific project. As a PTE the transport authority always had the power to levy funds directly from the 5 original constituent councils, although it cannot do so from Halton as yet.

None of this is to detract from the great strides LCRCA has made as regards transport. The Metrorail network developed since 2003 is a key asset of the CA. It has ambitious plans to further extend Merseyrail, investing in new rolling stock and stations to create extra connectivity with Manchester in particular. 82% of all PT journeys in the region are taken by bus, so the use of franchising powers will give the CA much greater control of public transport. There is a focus on mass transit and integrated ticketing.

Transport for Greater Manchester (TfGM)

Discussions with TfGM officials and a review of the relevant literature pointed up both parallels and key differences between the Manchester experience and that of the SEStran region.

As in Scotland with the abolition of regional and district councils, the demise of metropolitan county councils made it difficult to administer services at a region-wide level. However, as with other areas of the UK, the tug of war between localism and regionalism, and the rise of city regions’ economic unity, meant that the combined authority model became seen as the best fit for the Greater Manchester area.

Greater Manchester CA comprises 10 local authorities, running from the city of Manchester itself to Bolton and Wigan in the northwest. The CA is a mayoral authority, meaning that central functions, including policy across the region, are directed by the Mayor.

In transport terms, a passenger transport executive has existed in the Greater Manchester area since the 1968 Act, meaning that there was always a strong sense of there being a transport geography that should be served by a single body. TfGM has benefitted from that historical context, as well as the urban nature of most of the region, with seven at least of the authorities having a clear ‘spur’ running into the Manchester metropolitan areas.[1]

Although the Combined Authority acts as the focus of policy making, TfGM works very closely with it on strategy matters affecting transport. Officials felt that the existing governance structure, which allowed disagreements to be worked through before formal decision making meetings, worked well, as did a history of strong leadership at both political and officer level, setting aside political differences, for example, to work with central government during the early 2010s in particular.

[1] i.e. Bury, Rochdale, Oldham, Tramside, Stockport, Trafford and Salford. Bolton and Wigan, in the north-west, are the more outlying areas.

Operationally TfGM has now taken on additional functions such as traffic signalling for the constituent authorities. However, the biggest change recently has been the shift from a number of different private bus companies operating in the region, over whom TfGM had little influence, to a bus franchising arrangement under the English equivalent of the Transport (Scotland) Act 2019.

Financially TfGM is sustained by a combination of central government funding, a share of the constituent authorities' council tax in recognition of it carrying out transport functions for them, and farebox income. Whilst it works closely with the main combined authority, officials felt that there was a sense of identity amongst the TfGM staff, who liked working for a transport organisation, rather than being 'council' employees.

Although the above provides interesting context for the SEStran area's transport governance discussions, it is worth bearing in mind the differences between Greater Manchester and the SEStran area.

First and foremost, from the formation of a Passenger Transport Executive in 1968, there has been a Greater Manchester transport authority of one kind or another in existence for most of the last sixty years. This is more akin to the position in Glasgow than in our own region. Similarly, the 'Greater Manchester' concept has been, in the words of the officials, a project in the making for the last fifty years or so.

Apart from the historical context, there are also differences in geography. As mentioned above, the Greater Manchester conurbation is just that – a conurbation with much less of a stark contrast between urban and rural than in the SEStran region. Compared to Sestran's 1.6 million population, Greater Manchester serves 3 million people – making it the same in population terms as Wales, although much smaller in geography.

As with all examples drawn from England, there will always be a difference between the current devolution of powers from Westminster to the Scottish Parliament and what has been devolved down to combined authorities.

East Midlands CCA

East Midlands Combined County Authority ('East Midlands') was formed in February 2024 from the four 'upper tier' councils of Derby, Derbyshire, Nottingham and Nottinghamshire, covering (broadly) the cities of Derby and Nottingham and large rural areas such as the Peak District.

It is therefore a much more mixed geography than 'northern powerhouse' CAs like Greater Manchester and Liverpool. It is also a relatively new configuration in local government terms, although it does cover the same geography as a local enterprise partnership, D2N2.

East Midlands is a mayoral CA, the current mayor being Claire Ward. In terms of transport, its Constitution (November 2025) describes its functions as:

- ‘Setting and delivering a transport strategy for the region,
- maximising opportunities for transport investment,
- providing oversight and assurance of investment delivery,
- establishing a key route network comprising the most important local roads and a single asset management policy.
- Development of public transport services across the region,
- facilitating the delivery of public transport improvements including, bus services, Page 2 information, infrastructure, incentivised ticket schemes, concessionary fares and smart, integrated ticketing.
- Influencing and enabling rail investment and powers relating to bus partnerships and franchising.’[2]

Since February this year further functions have been devolved, as regards the Nottinghamshire area only, assuming strategic oversight of bus policy, supported services, concessionary travel schemes, ticketing and passenger information systems across the area.

The Combined Authority will also manage infrastructure in Nottinghamshire related to public transport — including bus stops, shelters and real-time passenger information displays — and take operational responsibility for major bus stations as well as some park-and-ride facilities.

The transfer does not include highway maintenance or traffic management, which remain the responsibility of Nottingham City Council and Nottinghamshire County Council as local highway authorities.

Transport sits with Net Zero, Spatial Planning and Housing in the Authority’s Place Directorate. East Midlands is currently developing its Transport Plan.

In terms of geography, there is a strong travel to work/housing connection between Nottingham and Derby, both situated at the south end of their respective counties. Although there has never been a passenger transport executive in the area, the two cities have always had a good functioning bus service between the two of them. Further urban connections are made between Nottingham, Derby and Leicester, not least because of East Midlands Airport.

The more northern, rural areas of the counties also have travel to work connections with Sheffield and Stockport, outside the CA area.

[2] See Regs 14 to 21 of the relevant Regulations setting up East Midlands: The East Midlands Combined County Authority Regulations 2024

SPT

Strathclyde Partnership for Transport, although an RTP like SEStran, has a very different history. Its principal ancestor was the Greater Glasgow Passenger Transport Executive, set up in terms of the same legislation that created the English Passenger Transport Executives – the Transport Act 1968. Its functions were to run transport for Glasgow Corporation, and co-ordinate transport in the Clyde Valley. In 1983, it was replaced by Strathclyde Passenger Transport Executive.

This in turn was succeeded in 1996 by the Strathclyde Passenger Transport Authority at local government reorganisation. This covered the former Strathclyde Regional Council area,[3] and following the 2005 Act, became Strathclyde Partnership for Transport, merging with the voluntary West of Scotland Transport Partnership. (SPT). In short, therefore, in the West of Scotland, there is a strong history of transport functions being delivered directly by a separate transport body.

It should be noted that Glasgow City Region Deal covers 8 authorities[4] whilst SPT covers twelve, the extra ones being Argyll and Bute and the three Ayrshire Councils.

Apart from setting an RTS, functions delivered by SPT currently include operating subsidised bus services, the Glasgow Subway, bus stations and bus shelters. Most recently it has taken on the Clyde Metro project, the mass transit system for the West of Scotland. This is funded by Glasgow City Region Deal, and SPT are working as lead partner with them and Transport Scotland in developing the Case for Investment. Formal ties between Glasgow CRD and SPT are being finalised as at 1st April this year.

Meantime Glasgow City Region Deal press for greater devolution of powers from the Scottish Government. It is perhaps worth noting that Mr Swinney, in his speech to the State of the City Conference referred to in the main report, commended the governance approach taken by Glasgow, saying: ‘Together, you have built a mature governance structure – a city region cabinet. This model of cooperation, with light touch but effective governance structures bringing together leaders of the region’s local authorities is, to my mind, a far better approach than the imposition of so-called Metro Mayors.’

[3] Strathclyde Region covered the 12 council areas now covered by SPT, i.e. including the Ayrshires and Argyll and Bute.

[4] East Dunbartonshore, East Renfrewshire, Glasgow City, Inverclyde, North Lanarkshire, Renfrewshire, South Lanarkshire, and West Dunbartonshire.

Appendix 2: Relevant Sections of the Transport (Scotland) Act 2005

Section 14

Arrangements for performance by regional Transport Partnership of certain transport functions etc.

A Transport Partnership may enter into arrangements with the Scottish Ministers, a council or any other person having statutory functions relating to transport being arrangements under which the Partnership—

(a) does, on behalf of the Scottish Ministers, the council or that other person, such things relating to transport as are specified in the arrangements;

(b) provides such services for the purposes of, or in connection with, transport as are so specified.

Section 10

Other transport functions of regional Transport Partnerships

(1) The Scottish Ministers may, as respects a Transport Partnership, and by order, provide for any statutory function relating to transport they think fit, to be carried out by that Transport Partnership—

(a) instead of the person who, immediately before it was so provided, was responsible for carrying it out; or

(b) concurrently with that person.

(2) In making an order under subsection (1) above after the coming into effect of the Transport Partnership's transport strategy, the Scottish Ministers shall have regard to that strategy.

(3) The person referred to in subsection (1) above may be the Scottish Ministers.

(4) The functions which may be the subject of an order under subsection (1) above may, without prejudice to the generality of that subsection, include any of the following—

(a) those conferred on local transport authorities by or under Part 2 of the Transport (Scotland) Act 2001 (asp 2) (bus services) and Part 3 of that Act (road user charging);

(b) those conferred by or under any enactment and which relate to the management and maintenance of a bridge constructed in pursuance of functions conferred by, or by an order made under or confirmed by, any enactment;

(c) those conferred on traffic authorities by sections 1 to 4 of the Road Traffic Regulation Act 1984 (c. 27) (traffic regulation orders) and on local traffic authorities by section 19 of that Act (regulation of use of roads by public service vehicles);

(d) those conferred on councils by sections 63 and 64 of the Transport Act 1985 (c. 67) (securing the provision of passenger transport and related consultation and publicity).

(5) The following are examples of the functions which may be the subject of an order under this section—

(za) providing services for the carriage of passengers by road using vehicles that require a PSV operator's licence to do so,

(a) making and implementing bus services improvement partnership plans,

(b) entering into franchising frameworks;

(c) entering into ticketing arrangements and ticketing schemes;

(d) providing information about bus services;

(e) installing bus lanes;

(f) providing subsidised bus services;

(g) making and implementing road user charging schemes;

(h) operating ferry services;

(i) managing tolled bridges;

(j) operating airports and air services;

(k) entering into public service contracts.

(6) A Transport Partnership which proposes to request the making of an order under subsection (1) above shall, before doing so, consult its constituent councils or council on what the order might do.

(7) In making such a request, a Transport Partnership shall have regard to any guidance given by the Scottish Ministers as to the form and content of such requests.

(8) Before making an order under subsection (1) above, the Scottish Ministers shall consult—

(a) except where the order will be made at its request, the Transport Partnership to which the order will relate;

(b) its constituent councils or council; and

(c) such other persons as the Scottish Ministers think fit.

(9) An order under subsection (1) above may modify any enactment.

Section 3

Regional Transport Partnerships: funding and borrowing

(1) The net expenses of a Transport Partnership for each financial year shall be paid by—

(a) its constituent councils; or

(b) where there is only one, that council.

(2) The share of the expenses to be paid by a constituent council under subsection (1)(a) above shall be—

(a) such as the Transport Partnership, having regard to its transport strategy, thinks fit; or

(b) where the Partnership is unable to decide, such as is determined by the Scottish Ministers by order.

(3) The Scottish Ministers may, by order, provide as to the arrangements for the payment of amounts payable under this section.

(4) For the purposes of this section, the net expenses of a Transport Partnership for a financial year are those of its estimated**]** expenses for that year**,** and of any outstanding expenses from the financial year previous to that year, which are not met—

(a) by a grant made by any person which is not repayable;

(b) by a grant so made which is subject to a condition requiring repayment and which remains unsatisfied;

(c) by any other income for that year.

(d) by funds held by the Transport Partnership that it allocates to meet expenses for that year.

NON-COUNCILLOR MEMBER APPOINTMENTS

1. INTRODUCTION

1.1 This report presents an update on the appointments of Non-Councillor Members to the SEStran Board. It seeks the Partnership's endorsement of the selection panel's recommendations, which have been approved by the Cabinet Secretary for Transport. The proposed term of office for the appointments is from 1 April 2026 to 31 March 2030.

1.2 The current term of office for Non-Councillor Members will conclude on 31 March 2026. Dr Doreen Steele, who has served as a Board member since 2016, has advised that she will stand down at the end of her term. In addition, Kate Sherry and Geoff Duke tendered their resignations during the previous year, resulting in three vacancies on the Board.

2. TIMELINE

2.1 At its meeting on 5 December 2025, the Board approved the recruitment process for the appointment and reappointment of Non-Councillor Members.

2.2 Following completion of the formal appraisal exercise, the Chair, in consultation with the Partnership Director, recommended the reappointment of the following six existing Non-Councillor Members, in recognition of their continued contribution and experience:

- Linda Bamford
- Alastair Couper
- Callum Hay
- Simon Hindshaw
- John Scott
- Paul White

2.3 The resulting three vacancies were publicly advertised through myjobscotland, the SEStran website, LinkedIn and SEStran's social media channels. In addition, the vacancies were highlighted by the Cabinet Secretary at the SEStran Summit, which significantly assisted in raising awareness and encouraging applications.

2.4 As a listed public authority with statutory duties under the Equality Act 2010, SEStran is committed to promoting equality of opportunity, diversity, and balanced representation on the Board. Applications were encouraged from groups currently under-represented, including women, disabled people, young people, and people from minority ethnic backgrounds.

2.5 The Board is asked to note that due to illness, Cllr Imrie was unable to take part in the recruitment process. As Cllr McMillan and Cllr Dijkstra-Downie were also unavailable due to council business, the Chair agreed that the

selection process should proceed with a two-person panel. The panel comprised Cllr Pattle and Brian Butler.

2.6 The selection panel met on 3 February 2026 and shortlisted 6 candidates for interview. Interviews were held on 17 and 18 February 2026.

2.7 Following interview, the following candidates met the required criteria and were recommended for appointment:

- Mailys Garden
- Clara Walker
- Sally Wyke

2.8 In accordance with the provisions of the Regional Transport Partnerships (Establishment, Constitution and Membership) (Scotland) Order 2005, the Chair wrote to the Cabinet Secretary for Transport on the 25 February 2026 to advise of the outcome of the recruitment process and to seek the necessary ministerial approval for the proposed appointments.

2.9 Ministerial approval was granted by the Cabinet Secretary for Transport on 3 March 2026.

2.10 The Gender Representation on Public Boards (Scotland) Act 2018 establishes an objective that 50% of non-executive public board members should be women. Section 1(2) of the Act provides that, where a public board has an odd number of non-executive members, the objective applies as if the board had one fewer member. As four women are included among those recommended for appointment, the statutory objective is met.

3. RECOMMENDATIONS

3.1 The Board is asked to endorse the appointments of the above candidates as Non-Councillor Members of the SEStran Board for the period from 1 April 2026 to 31 March 2030.

Angela Chambers
Business Manager
6 March 2026

Policy Implications	None
Financial Implications	None
Equalities Implications	Meeting the objective of the Gender Representation on Public Boards (Scotland) Act 2018 where 50% of non executive members are women.
Climate Change Implications	None

SESTRAN BUSINESS PLAN 2026/27

1 INTRODUCTION

1.1 This report provides the partnership with an update on the 2026/27 Business Plan.

2 BACKGROUND

2.1 The Business Plan for 2026/27 is being developed to take into account SEStran's wider strategy for next year, as well as seeking to support the mitigations of key corporate risks and opportunities around the impact of regionalisation, political change, and changes to the split of responsibilities between national, regional and local levels.

2.2 The Plan will be structured differently from previous years and seeks to link our corporate strategy and approach for the year to national, regional and local objectives. It also demonstrates the impact that we are having and will continue to have in each of our partner local authority areas.

2.3 Costs for this portfolio of programmes will be included in the budget for 2026/27, which is presented as Item A3(a) on this agenda.

2.4 As in 2025/26, oversight of delivery of the business plan will rest with the Performance and Audit Strategy and Delivery Oversight Group (PaSDOS) and ongoing reporting to the Performance and Audit Committee and the Partnership Board.

2.5 Given the increasing scale and complexity of the programmes we are delivering, a more programmatic approach will be taken to planning and managing projects from inception to closure and beyond (i.e. making sure that projects continue to deliver the targeted benefits after they have closed). From this year, our in-house approach to project lifecycle management will be supported by the introduction of project management software. This will facilitate closer monitoring and management of project milestones, resources, costs, risks, issues and dependencies.

3 BUSINESS PLAN 2026/27

3.1 The proposed Business Plan for 2026/27 is structured around a number of key programmes which are designed to balance delivery of the Regional Transport Strategy with available budget and regional and local priorities. A dedicated page will be added for each local authority partner. This will show how SEStran has supported delivery against local priorities and how our future project portfolio will continue to deliver. It will also demonstrate the value that each partner has derived from SEStran partnership.

3.2 The key programmes for 2026/27 are:

- People and Place Programme
- SEStransit
- Transport to Employment
- Transport to Health
- Regional Bus Action Plan

3.3 The People and Place programme will be delivered in line with the proposals agreed by the Board at its last meeting on 5th December 2025 and the previously agreed People and Place Delivery Plan. A further update is also being provided as Item A6a on this agenda.

3.4 The SEStransit project will see work that commenced in 2025/26 on developing proposals for mass transit schemes in south east Scotland continue to complete the strategic business case. An update on the project is provided as Item A6b on this agenda.

3.5 Transport Scotland has provided funding for a year one year programme designed to help to eradicate child poverty by tackling the transport barriers to employment and education. Planning is currently at an early stage but the work could include Demand Responsive Transport schemes to link people to employment or education, providing training on sustainable transport schemes to open up new job opportunities, or helping people to access healthcare appointments in order to get them back to work more quickly. More information on Transport to Employment is provided at Item A6c on this agenda.

3.6 The Transport to Healthcare (TtH) programme Case for Change (CfC) is being sought at Item A6d on this agenda. Approval of the CfC will lead to the development of a TtH strategy designed to tackle the transport barriers that stop people from accessing the healthcare they need, where and when they need it.

3.7 Following on from the publication of the Regional Bus Strategy at the SEStran at Twenty event in December 2025, the Regional Bus Action Plan (RBAP) will be finalised in April 2026, and delivery of prioritised actions will begin immediately. This programme will also incorporate ongoing delivery of two operational workstreams: Real Time Passenger Information and Thistle Assistance. An update on RBAP will be provided to the Partnership Board meeting in June 2026.

4. KEY RISKS

4.1 Delivery of the Business Plan will be subject to a number of key risks including:

- Change of government following the election in May 2026
- Change of role and / or responsibility following the Transport Scotland review of the split between national, regional and local levels – although any changes are likely to be subsequent to 2026/27
- Changes to funding as a result of the election or of the Scottish government facing additional financial challenges

4.2 Late confirmation of funding presents SEStran and the organisations we fund with challenges such as losing key members of staff due to the uncertainty, and a reduction in the time available to plan and implement projects. The risks this year are higher than usual due to a potential change in government and the time required to realign budgets with altered priorities, although it is understood that Transport Scotland has planned for this and is aiming to accelerate the usual confirmation process.

4.3 All risks, opportunities and issues are managed through the Corporate Risk Register of individual project risk registers as appropriate.

4.4 The draft Business Plan 2026/27 will be presented to Partnership Board on 19 June 2026 for approval.

5 CONCLUSION

5.1 The Business Plan for 2026/27 is being developed in a period of increased uncertainty, including the potential for changes in government following the May 2026 election and the ongoing risk of late confirmation of funding. As set out earlier in this report, delays in funding decisions can have a direct impact on SEStran's ability to plan effectively, retain staff, and support delivery partners to mobilise projects at pace.

5.2 Delegating authority to the Partnership Director to finalise and publish the Business Plan will allow the organisation to respond quickly once funding positions are confirmed and to incorporate any necessary refinements without delay. This includes completing partner-specific pages and making minor updates to ensure the Plan accurately reflects agreed priorities and available resources.

5.3 This approach reduces the risk of slippage at the start of the financial year, supports timely programme delivery, and provides partners and stakeholders with a clear and up-to-date statement of SEStran's commitments for 2026/27, while remaining fully aligned with the decisions and direction set by the Board.

6 RECOMMENDATIONS

6.1 The Board is asked to:

6.1.1 Note the contents of this report.

6.1.2 Delegate authority to the Partnership Director to finalise and publish the Business Plan, including the addition of a dedicated page for each partner authority, as outlined in paragraph 3.1.

6.1.3 Note that a copy of the finalised Business Plan will be presented to the next board meeting for noting.

Michael Melton
Programme Manager
13th March 2026

Policy Implications	Outlined project work contributes to the objectives identified within the SEStran Regional Transport Strategy.
Financial Implications	Projects and strategy work will be delivered within SEStran's existing budget or through grants like People and Place.
Equalities Implications	There are no adverse equalities implications arising from SEStran projects. Several projects actively work to reduce inequalities.
Climate Change Implications	There are no negative climate change implications arising from SEStran projects. Several projects actively work to tackle climate change through the creation of, or support for more sustainable transport options.

PEOPLE AND PLACE

1 INTRODUCTION

1.1 This report provides an update on planning for People and Place in 2026/27 alongside reporting on grant variances for 2025/26 that have arisen since the last Board meeting.

2 2025/26 GRANT VARIANCES

2.1 In line with the Standing Orders, changes to grant awards within the year are required to be reported to the Board. Appendix 1 presents a list of grant award variances that have been approved since the previous Board meeting, along with the reasons for these. All variances are within the delegated authority of the Partnership Director and are within the overall programme budget.

3 2026/27 PEOPLE AND PLACE PROGRAMME

3.1 On the 5th December 2025, the Board approved the following in relation to the 2026/27 People and Place grant rounds:

- Delegate to the Partnership Director the setting of the fund values for Grants to Local Authorities, Grants to Third Parties, and the Community Grant Fund
- Approve the eligibility and assessment criteria for grants to third parties, and delegate to the Partnership Director the ability to vary the project section of the eligibility criteria
- Approve the eligibility and assessment criteria for the community grant fund and delegate to the Partnership Director the ability to vary these criteria to support joint working with other RTPs

3.2 In line with the last two points above, the People and Place grant round opened in January 2026 and closed on 6th February 2026. Following this, all projects were scored by three members against the approved scoring criteria as set out in the Grant Standing Orders, with recommendations made. Subsequent to this, the funding panel, chaired by the Partnership Director, met to agree the recommendations and make the grant awards, subject to funding confirmation by Transport Scotland and Board approval of the 2026/27 Partnership budget.

3.3 The overall programme budget is set out within the 'Revenue Budget 2026/27 and Indicative Financial Plan 2027/28 to 2028/29' paper elsewhere on this agenda. In line with the delegation on setting the fund values noted above, these have been set as follows:

- For grants to local authorities the total fund value was set at £2,833,502, or 45% of the programme funds, which is identical to the proposal (45%) reported to the Board

- For grants to third parties the total fund value was set at £2,544,184, or 40% of the programme funds, which is slightly less than the proposal (45%) reported to the Board
- For the community grant fund the total fund value was set at £534,377, or 8% of the programme funds, which is higher than previously reported to Board (£400,000)

4 2026/27 GRANT AWARD FOR BOARD APPROVAL

4.1 Following discussion over the past several months, a proposal has been developed in partnership with FEL Scotland to pilot a small community grant fund in Falkirk and Clackmannanshire, drawing on FELs experience in operating similar grants from the Scottish Government in their role as the Forth Valley Climate Hub. This will include £40,000 to be distributed as small grants (around £1000-£5000 each) and £15,000 for FEL to provide support to these organisations and evaluate the impact of the funding. It should be noted that the management cost is a relatively high proportion of the grant funds in this case as SEStran has specifically requested additional evaluation be carried out to support the decision making on expanding the pilot in future years.

4.2 This proposal closely meets the aims of the People and Place programme. In concentrating on smaller grants, it provides a route for projects to develop into the larger community grant fund run by SEStran. It also addresses a geographical gap in the community grant fund, with a lack of current projects in these two local authority areas. If successful, it is hoped that this model can be rolled out more widely from 2027/28, potentially supported by the wider network of climate hubs, building on their existing grant programmes and knowledge of local groups and funding demand.

4.3 As this is a pilot project, it does not fit neatly within the existing grant processes. It is therefore proposed to award this grant under section 2.4 of the Grant Standing Orders:

Subject to Board approval, SEStran may use arms-length bodies or other appropriate organisations or community networks to carry out grant disbursement activities on its behalf. SEStran should have an agreement in place with such bodies that sets out the nature of the relationship, the form of accountability, how the assessment panel will be constituted, how the organisation or network is funded or will be funded, and details of the activities they will engage in. Such bodies will be subject to the standards set out in these Grant Standing Orders unless expressly agreed by the Partnership Board.

FEL have confirmed in writing that they will comply with the requirements set out within this section. They have shared a proposal for how they will do so, and this will be incorporated into the funding agreement. It should be noted that, due to the size of these grants, the Standing Orders do not require a funding panel to be formed, and so this will not be required.

4.4 In line with the Standing Orders, Board approval is therefore sought to award a grant of £55,000 to FEL Scotland to deliver a small community grant pilot across Falkirk and Clackmannanshire.

5 RECOMMENDATIONS

5.1 The Board is asked to:

- Note the 2025/6 grant award variances as shown in Appendix 1
- Note the setting of the grant fund values by the Partnership Director as set out at paragraph 3.3
- Note the proposed 2026/27 grant awards as shown in Appendix 2
- Approve the grant award of £55,000 to FEL Scotland as set out in section 4

Michael Melton
Programme Manager
13th March 2026

Appendix 1: 2025/26 Grant award variations
Appendix 2: 2026/27 Grant awards

Policy Implications	The People and Place Delivery Plan aligns with the objectives of the RTS and therefore will help deliver on SEStran's policy objectives
Financial Implications	Project management costs for 2026/27 will be included in the overall Plan budget, so there is no anticipated financial impact.
Equalities Implications	In supporting people to travel actively, this Plan should have a positive impact on equalities. Specific elements of the Plan have been designed to further support the accessibility of active and sustainable travel, with an objective include around this to ensure that this is measured. A programme wide IIA has been produced and will be shared, and all projects will be expected to implement the recommendations of this where appropriate.
Climate Change Implications	In promoting behaviour change from private cars to active and sustainable travel, the People and Place Plan will support the transition to net zero.

SEStran People and Place Plan 2025/26 – variations to grant awards

Local Authorities grant award variations

Local Authority	Previous Award	New Award	Reason for change
West Lothian	£121,900	£122,695.64	Grant increased following update on expected spend in 2025/26.
Fife Council	£619,485	£569,486	Grant reduced following update on expected spend in 2025/26.
East Lothian Council	£216,324	£211,474	Grant reduced following one project no longer being deliverable.
Scottish Borders Council	£411,280	£461,280	Additional funding awarded to support additional project work including promotional campaign work and access to cycles and cycle storage utilising underspend in other projects.

Third Party organisations grant award variations

Organisation	Project	Previous Award	New Award	Reason for change
Transition University of St Andrews	Transitioning to the Active Way	£52,195	£64,970	Additional funding to cover delivery costs to end of academic year.
Sustrans	I Bike	£262,490	£347,437	Additional funding to cover delivery costs to end of academic year.
Sea the Change	Cycle for Change	£22,580	£30,080	Grant increased to support additional staff time.
Living Streets	Walking Nation 2025/26	£96,727	£110,604	Grant increased following update on expected spend in 2025/26.
Forth Valley College	Forth Valley College Active and Sustainable Travel	£77,966	£89,745	Additional funding to cover delivery costs to end of academic year.

University of Edinburgh	Edinburgh BioQuarter Sustainable Travel	£91,327	£78,258.30	Grant reduced due to delays on one project and efficiency savings in another.
Recyke-a-Bike	Falkirk Schools Cycle Smart	£10,195	£12,743.75	Additional funding to cover delivery costs to end of academic year.
Paths for All (now known as Walking Scotland)	Walking Schools	£56,250	£85,000	Additional funding to cover delivery costs to end of academic year.
Parents for Future Scotland	Air Pollution and Active Travel in Schools	£31,656.60	£41,720	Additional funding to cover delivery costs to end of academic year.
Cycling UK	Connecting Communities (Mid)	£119,177	£123,952.32	Additional funding to support cycle purchase for the project utilising underspend in other projects.
Cycling UK	Cycle Access Fund	£400,000	£412,224.68	Additional funding to support additional grants for cycles and cycle storage utilising underspend in other projects.
The Bike Station	Wee Bike Library	£127,107	£143,408	Additional funding to support additional grants for children’s cycles.

SEStran People and Place Plan 2026/2027 – new grant awards

Project	Partner	Total Award
Forth Valley College	Forth Valley College	£85,478*
Rock Up & Ride Inclusive Communities (Fife)	Scottish Cycling	£65,000
Rock Up & Ride Inclusive Communities (Edinburgh)	Scottish Cycling	£65,000
Kids Bike Life	The Bike Station	£185,000
Wee Bike Library	The Bike Station	£110,000
Linlithgow Schools	FEL Scotland	£125,000
FEL Community	FEL Scotland	£119,000
FEL Schools	FEL Scotland	£410,000
BioQuarter Sustainable Travel	The University of Edinburgh	£88,352
A More Active Way St Andrews	Transition University of St Andrews	£63,047
I Bike	Walk Wheel Cycle Trust	£342,343
Cycle Access Fund	Cycling UK	£300,000
Connecting Communities (ELC)	Cycling UK	£120,000
Connecting Communities (Mid)	Cycling UK	£120,000
Play Together on Pedals	Cycling UK	£40,000
Healthy & Active Ways to Work	Greener Kirkcaldy	£135,000
Fife Access to Cycles	Greener Kirkcaldy	£115,000
Pop-up Hub	CoMoUK	£65,700
Walking Nation	Living Streets	£53,362
Wester Hailes Walk, Pedal & Thrive 2026/27	Strengthening Communities for Race Equality Scotland (SCOREscotland)	£39,633
Prestonpans Walking Bus	The Pennypit Community Development Trust	£10,169
Porty Community Energy bike library and Equal Footing project	Porty Community Energy	£50,000
Clackmannan Active Travel Hub	Clackmannan Development Trust (CDT)	£20,060
Stow Cycle Hub CIC	Stow Cycle Hub CIC	£23,478
Just Cycle community hub expansion pilot	Just Cycle Ltd	£20,804.62
Hike & Bike Hub Expansion	Hike & Bike Hub Galashiels	£21,460
E-bikes for Borderers (EB4B)	A Greener Melrose SCIO	£20,000
Hope on Wheels – Fife	Hope in Place	£36,840
Community on the Move	Bridgend Farmhouse	£33,921.80
Expanding Participation through Cycling	In-Tandem East Lothian	£31,124
North Edinburgh Active Travel	North Edinburgh Arts	£31,520
Clean Air In Edinburgh Schools	Parents For Future Scotland	£43,050
Toll Bike Project	Toll Community Centre	£15,315

Indoor Walking	Borders Wheels	£35,432.86
Wee Spoke Hub	SHRUB Cooperative	£10,000
Move For Good 2627 - LCDT Active Travel programme	Linlithgow Community Development Trust	£25,667
Edinburgh New Scots Cycling Inclusion Project	Bikes for Refugees (Scotland) SCIO	£36,371
Walking and Biking Levenmouth	CLEAR Buckhaven and Methil	£29,480

*Forth Valley College grant is split across SEStran (£51,287) and Tactran (£34,191).

SESTRANSIT

1. INTRODUCTION

1.1 SEStran is continuing to work with partner authorities, the Edinburgh and South East Scotland City Region team, Transport Scotland and Network Rail to develop a Programme Strategic Business Case (SBC) for an integrated regional transport network, which has the working title of SEStransit.

1.2 The SBC will take forward elements of the Regional Transport Strategy Delivery Plan (RTSDP) and recommendations from Transport Scotland's 2nd Strategic Transport Projects Review, principally Recommendation 12, for the East of Scotland Mass Transit System

2. PROJECT UPDATE (to end February)

2.1 Defining Strategic Context:

- Strategic Context Final Report Completed

Connectivity and Demand Analysis:

- CEC Procurement of BT Mobile Data
- In-depth demand analysis based on further datasets as available (mobile data)
- Identify areas where poor connectivity intersects with deprivation and other socio-economic indicators

Scoping for 2026/27:

- Task Order, Programme and Costs drafted for the next stage of the business case development
- SEStransit business case outline costs submitted to Bus Infrastructure Fund (BIF) pipeline and shared with Transport Scotland
- Engagement with Transport Scotland over the next stage of the business case

2.2 The strategic context report has highlighted the need to enhance the regional public transport network to cater for the growing demand. It has also identified key economic connections where the ratio of public transport to car travel time is more than double.

2.3 The technical analysis has focused on reviewing the level of current and future demand, public transport connectivity, by comparison to car, between key attractors and generators. This analysis has taken account of future strategic development sites as well as existing generators of demand.

Whilst this analysis is still ongoing, the emerging findings from this work have shown:

- Large demand between Edinburgh and the other 7 SEStran partner local authorities
- Suppressed demand between the other 7 SEStran partner local authorities (not including Edinburgh)
- Economic growth areas around the Forth estuary, which are underserved by public transport
- A benchmark for public transport journey times between key destinations within the region:
    - Anything with a public transport:car travel time ratio of 1-1.5 has a mode share of between 20- 50%
    - Above 1.5-2.0 the public transport mode share drops sharply

2.4 The focus over the next month will be on developing the Case for Investment:

- Identification of Problems and Opportunities
- Definition of Transport Planning Objectives
- Case for Investment Draft Report – This will build on the Case for Change outlined in STPR2 and expand on why enhanced regional connectivity is required and what social, economic and environmental outcomes are expected. This work will identify the strategic corridors, feeder networks and orbital links that can support improved access to key destinations, reduce inequalities and enable modal shift
- Developing the Vision and Governance: Agreeing a shared vision, based on future ambitions for the region, and setting out the governance structures that will enable this vision to be realised. This will form part of the preliminary scoping of the Financial, Commercial and Management dimensions of the SBC

3. PROPOSED FUTURE GOVERNANCE STRUCTURE

3.1 It is important to recognise that this particular workstream, whilst reporting in March/April 2026, is part of a longer-term project to deliver the Programme level SBC and potentially beyond. Therefore when establishing the overall governance structure it was sensible to create a plan for both this short-term task and the longer-term project.

3.2 The project is currently being led by SEStran. Weekly meetings are held between the project consultants (Stantec) and a Working Group comprising of SEStran, Workforce Mobility Project (WMP) and City of Edinburgh Council (as recipient of the funding). Regular updates (normally monthly) are provided to a Steering Group comprising of senior managers from SEStran and each local authority, WMP, Transport Scotland and Network Rail. Regular project updates are also provided to CRD Directors, the CRD Transport Appraisal Board and the SEStran Partnership Board.

3.3 Looking beyond this initial funding, Transport Scotland has indicated that it is supportive of the project and is confident of providing additional funding towards the completion of the SBC. We are currently identifying the costs to complete the SBC, which has a target completion date of late 2026/early 2027. It is unlikely that any funding from Transport Scotland will cover the remaining costs in their entirety. As a result, and as has been discussed previously at the Steering Group, all local authority partners who wish to be involved in the project will be required to contribute a portion of the balance. The total amount required and the basis of apportionment across partners have both still to be agreed (e.g. population, area etc).

3.4 In parallel with confirming the funding to complete the SBC it is necessary to set out the proposed governance of the project moving forward. A Project Board has been formed, consisting of senior officials (e.g. Head of Service) from the local authority partners, and Transport Scotland. A copy of the Term of Reference is attached as Project Board Terms of Reference **Background Paper 1**. The main remit of the Board is to:

- Approve the output from Stage One of the SEStransit Programme Level Strategic Business Case (SBC) to be completed by the end of March 2026
- Approve the scope for completing the Programme Level SBC
- Confirm the ongoing support of their respective organisation as the project develops, by ensuring senior officer representation and elected representative buy in
- Make applications (or joint applications where appropriate) for external funding to assist the Project, with SEStran taking the co-ordination lead
- Approve the Programme Level SBC, subject to funding

3.5 In addition to the Project Board, it is proposed that the Project Team continues to provide regular updates to CRD Directors, the CRD Transport Appraisal Board and the SEStran Partnership Board.

4. RECOMMENDATIONS

4.1 It is recommended that the Partnership Board endorses:

- the proposal to seek funding from local authority partners to complete the SBC
- The proposed governance structure

Stuart Turnbull
Consultant
13 March 2026

Background Papers:
1. Project Board Terms of Reference
2. Project Initiation Document
3. Methodology Statement

Policy Implications	The implementation of the SEStran RTSDP project, as described in the Project Initiation Document, may influence future policy, especially concerning regional transport governance, prioritisation of mass transit, and the integration of new corridors and strategic sites. As the business case for STPR2 recommendation 12 develops, further policy considerations regarding cross-boundary travel and network integration may emerge
Financial Implications	A grant of £250,000 from the Bus Infrastructure Fund has been secured to support the review and development of the Strategic Business Case, which must be utilised by March 2026. Additional financial requirements will depend on the outcomes of technical work and subsequent programme development as outlined in the Project Initiation Document **Background Paper 2**
Equalities Implications	The project will undergo assessment against equality criteria throughout the appraisal and business case process. The Project Initiation Document methodology **Background Paper 3** ensures that inclusivity and access for all users are considered and that any equality impacts are identified and addressed as the project advances
Climate Change Implications	Climate change impacts will be evaluated as part of the project's appraisal process, in line with the Project Initiation Document. This includes assessing how the proposed mass transit system and related interventions will contribute to climate targets, such as reducing carbon emissions and enhancing sustainability across the region

TERMS OF REFERENCE – SEStransit Project Board

Title

The Project Board shall be called the "SEStransit Project Board".

Purpose

The purpose of the Board is to:

- Approve the output from Stage One of the SEStransit Programme Level Strategic Business Case (SBC) to be completed by the end of March 2026
- Approve the scope for completing the Programme Level SBC
- Confirm the ongoing support of their respective organisation as the project develops, by ensuring senior officer representation and elected representative buy in
- Make applications (or joint applications where appropriate) for external funding to assist the Project, with SEStran taking the co-ordination lead
- Approval of the Programme Level SBC, subject to funding.

In the interests of delivering at pace, any decisions / notes taken at a meeting will be considered final and will only be revisited at the discretion at the Chair, and only then if new information becomes available.

Membership

The membership of the Board shall be

Name	Organisation	Email Address
Brian Butler	SEStran	brian.butler@sestran.gov.uk
Stuart Cullen	Clackmannanshire Council	scullen@clacks.gov.uk
Gareth Barwell	City of Edinburgh Council	Gareth.barwell@edinburgh.gov.uk
Tom Reid	East Lothian Council	treid@eastlothian.gov.uk
Douglas Gardiner	Falkirk Council	Douglas.Gardiner@falkirk.gov.uk
John Mitchell	Fife Council	john.mitchell@fife.gov.uk
Kevin Anderson	Midlothian Council	Kevin.anderson@midlothian.gov.uk
John Curry	Scottish Borders Council	Jcurry@scotborders.gov.uk
David Maule	West Lothian Council	David.maule@westlothian.gov.uk
Fiona Brown	Transport Scotland (in observer/advisory capacity only)	fiona.brown@transport.gov.scot

In the event of any of the above members being unable to attend a Board meeting, they may delegate authority to an appropriate colleague, giving prior notice to the Secretariat wherever feasible.

The Board shall allow observers from other organisations to attend as agreed.

Supporting the Board will be the following Technical Advisors as appropriate:

- Transport Scotland: Transport Scotland's role will be to provide guidance in relation to alignment with national policy including STPR2, technical aspects of business case preparation and in relation to its responsibilities on behalf of Ministers in relation to the trunk road and rail networks. Given the above, it should be taken that Programme Board approval only relates to Regional Partners unless explicitly stated that Transport Scotland approval has been granted.
- Project Manager
- Consultants

Chairing arrangements

The Board shall be chaired by Brian Butler

The Board will initially identify a depute/election of chair in absence of Chair

Frequency of meetings

Meetings shall be held every 4-8 weeks, with the initial meetings schedule to be agreed at the first Board meeting, and subsequently as required.

Subject to reporting and funding requirements there is a provision for special meetings for urgent matters to be considered.

A minimum of 2 weeks notice will be provided for the date and timing of a Board meeting, unless there is a reason to meet more urgently, in which case the maximum amount of notice will be given.

Quorum

A minimum of the greater of 6 or 66% of the organisations must be represented to constitute a meeting.

Secretariat

SEStran will provide the secretariat support to the Board.

Agenda and Board papers will be issued 5 working days prior to the Board Meetings.

Minutes of Board Meetings will be issued within 5 working days of the meetings and will be approved for accuracy at the next meeting.

Agenda formation

Standing Items

- Previous Notes and Actions
- Progress Report from the Project Management Team/Consultants
- Approvals
- Budget and Risk

The Chair shall have discretion to include additional agenda items

Sub-groups/working groups

A Steering Group has been formed that consists of senior officials from the constituent Local Authorities, Transport Scotland and Network Rail. This Group will meet approximately every 4-6 weeks during the course of the Programme Level SBC. The role of this group is to provide technical input and comments on the work carried out and act as a conduit to wider input required from the constituent organisations . Notes of the Steering Group meetings will be circulated to the Project Board, along with a status report in advance of each Board Meeting.

It is not expected that any Sub-Groups will be required, although the Board will have the authority to do this if felt necessary.

Voting mechanism

General provision that is that a consensus will be reached on all pertinent decision points.

If required a voting system will be deployed, where each organisation will receive one vote. In the case of a tied vote, the Chair will have the casting vote.

As outlined above. Transport Scotland's advisory role will not include taking part in any votes.

Confidentiality/publication of documents

The general operation of the Project Board could be the subject of a Freedom of Information/Environmental Information Regulation request, and the organisations shall notify each other of any relevant FOI/EIR requests.

All organisations will comply with data protection requirements in their dealings with the subject matter of the Board.

Any confidential documents will be clearly identified and noted during the course of discussion and minuting of the Board Meetings, and all Members undertake to respect any requirement for confidentiality, subject to FOI/EIR obligations.

Review

To be kept under review at least every 6 months to ensure fit for purpose.

Exit Strategy

At the first Board Meeting the Members will agree the terms of membership and the requirement for any exit strategy.

Project Initiation Document	
Project Name	SEStransit - Programme SBC Preparation
SRO	Brian Butler
Date	07/11/25
Version	6.0

Introduction and Vision

The second Strategic Transport Projects Review (STPR2) recommended a mass transit system for Edinburgh and the South East of Scotland (Recommendation 12). The SEStran and City Region Deal's Regional Transport Strategy Delivery Plan (RTSDP) was originally envisaged to dovetail with the STPR2 to support the delivery of a transport network that:

- Takes climate action;
- Addresses inequalities & accessibility;
- Improves health & wellbeing;
- Supports sustainable and inclusive economic growth;
- Improving safety & resilience; and
- Is equitable and inclusive

Transport Scotland confirmed in 2025 that regional partners in partnership with Transport Scotland would be best placed to deliver STPR2 recommendation (12), so the purpose of this project is to combine the workstream of Mass Transit within the RTS Delivery Plan with STPR2 recommendation (12). We will deliver the Strategic Business Case (SBC) for a regional connectivity investment programme across the South East of Scotland. This current work referred to as Stage 1 (up to March 2026) will focus on the Strategic and the Socio-Economic dimensions.

The context of this work is provided by the draft vision.

South East Scotland's vision is an integrated, accessible and affordable transformative public transport system that delivers both seamless connectivity and supports inclusive economic growth across the South East Scotland.

This draft vision will be reviewed and finalised over the course of the next 2-3 months as this stage one workstream develops up to March 2026.

Project Background

Strategic Transport Projects Review 2

In 2019 Transport Scotland commenced the second Strategic Transport Projects Review (STPR2) to help inform transport investment in Scotland for the next 20 years. The STPR2 Final Technical Report and recommendations was published in 2022.

The STPR2 process was guided by National Transport Strategy (NTS2) and aligned with other national plans such as the Climate Change Plan Update , the National Strategy for Economic Transformation (NSET) and the Revised Draft Fourth National Planning Framework (NPF4).

One of the 45 recommendations in STPR2 relates to Edinburgh & South East Scotland mass transit (Recommendation 12). The review recommends that Transport Scotland works with regional partners to develop and enhance the cross-boundary public transport system for the Edinburgh and South East Scotland region, potentially comprising tram and bus-based transit modes including bus rapid transit (BRT) and bus priority measures. This would complement and integrate with the region's current bus, tram and heavy rail networks, to provide improved connectivity between Edinburgh and the surrounding communities in the region, as well as more direct connections between communities outside Edinburgh.

STPR2 also included a number of other relevant recommendations that will inform and link to this workstream.

Regional Transport Strategy

The Regional Transport Strategy (RTS) was developed by SEStran in partnership with the 8 local authorities in south east Scotland. The purpose is to outline the transport related problems and opportunities, and how the region should respond to them. It is supported by a suite of evidence drawn from published policy documents and data analysis, as well as stakeholder and public consultation.

The RTS identified four objectives, and seven key themes, each underpinned by policy recommendations and relevant actions.

Strategy Objective 1: Transitioning to a sustainable, post-carbon transport system

Strategy Objective 2: Facilitating healthier travel options

Strategy Objective 3: Transforming public transport connectivity and access across the region

Strategy Objective 4: Supporting safe, sustainable and efficient movement of people and freight across the region.

For more information about the work of SEStran please visit: https://sestran.gov.uk

Regional Prosperity Framework & RTS Delivery Plan

The Regional Prosperity Framework, published in September 2021, provides a blueprint for regional economic recovery post-pandemic and provides future direction for major projects and investment that support inclusive growth and the transition to a net zero economy over the next 20 years.

The Implementation plan was published in March 2023 and identified four priority areas:

- Green Regeneration
- Infrastructure for Recovery & Prosperity
- Visitor Economy & Culture
- Data Driven Innovation Economy

A priority project identified under the theme 'Infrastructure for Recovery & Prosperity' is the Regional Transport Masterplan. The Masterplan was identified to support the Regional Transport Strategy as a delivery plan to deliver the objectives of the strategy at a regional scale. It was important to differentiate the Regional Transport Masterplan from the National Transport Strategy 2 – Strategic Transport Projects Review 2 (STPR2) process, where the Masterplan focused on regional scale projects that were not contained in the STPR2 recommendations, but are identified as regionally important to facilitate the economic and net-zero ambitions of the region. It was agreed in September 2023 that the Regional Transport Masterplan would be incorporated within the Regional Transport Strategy Delivery Plan.

The development of the programme-level Strategic Business Case (SBC) for a regional connectivity investment programme will be managed in parallel, and be integrated with the process of taking forward the remaining themes within the RTSDP, thereby ensuring a truly integrated transport system for the region. It is therefore important to consider this PID within the overall umbrella of the RTSDP PID.

The SEStran & City Deal Concordat

In Summer 2023 a Concordat was agreed between SEStran and ESESCRD to work together in support of further integrating economic development, transport and land-use planning and delivery in the Edinburgh & South East Scotland city region.

It sets out how both bodies will align their activities to ensure that regional plans can deliver shared outcomes through targeted transport interventions. It also describes how new transport interventions will progress, from strategy to delivery, through the appropriate governance structure(s), depending on the activity.

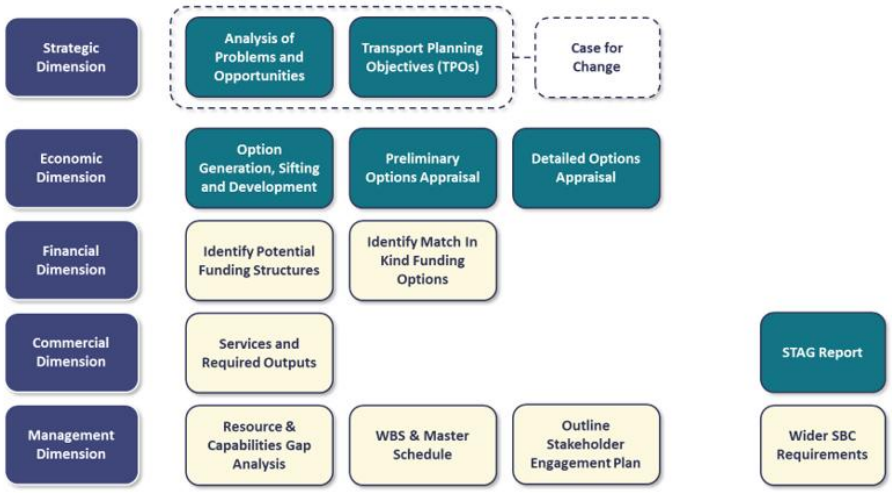
SEStran and ESESCRD believe that an integrated approach to economic development, land-use and transport planning, provision and delivery plays a vital role in creating a prosperous, successful, accessible and sustainable city region.

Progressing the Business Case for a Regional Connectivity Investment Programme

Given the above it has been agreed that the next stage in the development of a regional connectivity investment programme is the need to complete a Programme Level Strategic Business Case (SBC) in line with the with H.M. Treasury Green Book and Transport Scotland's Guidance on the Development of Business Cases (broadly reflecting Green Book principles). It is essential that this Programme SBC follows a structured and evidence-based approach. Following this process is a critical enabler of good governance, value for money and long-term deliverability, providing a credible foundation for future investment decisions.

The Programme Level SBC will build upon STPR2 recommendation 12 and incorporate the additional regional dimension contained within the RTSDP.

For clarity, the figure below sets the requirements of the SBC aligned to those within the STAG process.



Objectives

For the purposes of the Programme level SBC a series of SMART TPOs will be developed, that will align to the outcomes/outputs of the SEStransit system. The TPOs should also align to the national TPOs established through STPR2 and the Strategy Objectives presented in the RTS and RPF to provide regional dimension.

Stage One Scope

The technical work will be carried by Stantec, and will be procured through the City of Edinburgh Council's Transport Planning and Modelling Services commission. The attached document contains a draft of the scope/methodology for this workstream. The high level tasks are outlined below.

Task 0 – Stakeholder Engagement Plan- A Stakeholder Engagement Plan will be developed that will outline the key elements of the Programme Level SBC that the team will engage on (see later for more details).

CASE FOR INVESTMENT

Task 1 – Define the strategic context - The work will build on the existing, solid case made by STPR2 Recommendation 12. This task will involve working with regional partners to identify an overarching purpose, whist also rooting decision making in evidence. The initial focus will be on setting out the socio-economic context, establishing patterns of demand and travel and identifying key connectivity gaps across the South East of Scotland and focusing on cross-boundary connectivity. This task will also establish a working/draft vision for the project.

Task 2 – Connectivity and demand analysis – This will involve a detailed connectivity analysis at postcode level to identify spatial disparities in access to key destinations across the ESES region.

Task 3 – Problems and opportunities - Building on the work undertaken as part of STPR2 and the RTSDP, as well as the outputs of Tasks 1 and 2, this task will look to confirm why improved connectivity is required across the ESES region, focusing on several key themes at systems level.

Task 4 – Case for Investment - This task will synthetise the outputs of Tasks 1 to 4 into a coherent and compelling narrative that sets out the case for any future investment.

SOCIO-ECONOMIC DIMENSION

Task 5 – Establish the strategic framework for regional connectivity - Defining what we mean by a regional connectivity programme in the context of the South East of Scotland region is a critical decision point in the development of the Programme SBC and a solid first step toward defining an integrated set of solutions.

Task 6 – Define and agree priority investment areas - This task will define and agree the priority corridors (including orbital/cross boundary routes) for improved connectivity investment across the South East of Scotland, forming the spatial and operational basis of the future regional network.

Task 7 – Set out the strategic approach to network development - In parallel to the identification of priority investment areas, this task will establish a strategic framework for network development. The aim is to provide a coherent, regionally integrated approach that is not overly-process heavy and balances ambition with deliverability.

Task 8 – Scoping of remainder of the Programmatic Strategic Business Case - Recognising that it will not be possible to complete all components of the Programme Level SBC within this timeframe this task will scope out the remaining elements and associated timescales required to complete the Programme SBC.

Definition of SEStransit for the South East Scotland Region

One of the early tasks is to define what a truly integrated regional transport system would mean for the region. Local Authority partners will provide input to this task through the structured workshop in mid September. A working draft is shown below:

The collective movement of people across all regional areas using an integrated and affordable shared transport system such as buses, trains, trams, and other connecting modes It is designed to provide efficient, high-capacity, and sustainable mobility, supported by interchanges and integrating ticketing, data and digital solutions, that provide passengers with the ability to seamlessly transfer between different modes and access strategic housing, employment, health and education sites

In developing the above, the following criteria (as adopted during the RTSDP) will be used to define what is in scope, where a transport intervention(s) is required:

1.It enables existing and future priorities of the Regional Prosperity Framework, Clackmannanshire & Falkirk economic strategies (this could be a project in a single or multiple authority area as long as it supports the regional spatial and economic priorities)

2.Supports more than one local authority area to deliver regional economic or spatial planning ambitions.

3. Fills an 'internal gap' in one local authority area to enable completion of a larger, 'cross-boundary' network or linkage to deliver regional economic or spatial planning ambition.

4. Have 'points of delivery' in more than one local authority (e.g., trials of bus services in multiple different towns across the SEStran area or MaaS solution development).

5. Follows one of the 18 SEStran 'regional corridors' to deliver regional economic or spatial planning ambition.

6. Enables access to regional corridors or networks.

7. Enables the coordination of transport infrastructure, services to support integrated mobility, economic integration, and environmental sustainability across other RTP or national networks to deliver regional economic and spatial planning ambition.

Note: At least one of the above should apply.

Project Governance and Project Team

It is important to recognise that this particular workstream, whilst reporting in March/April 2026, is part of a longer-term project to deliver the Programme level SBC and potentially beyond. Therefore when establishing the overall governance structure it is sensible to create a plan for both this short-term task and the longer-term project.

Appendix 1 outlines the principles of the governance, including the role of various groups. It is also recognised that elements of this will be fully developed over the course of October to March. In summary:

The project will be managed on a day-to-day basis by SEStran. Weekly meetings will be held between the project team and a Working Group comprising of SEStran, Workforce Mobility Project and City of Edinburgh Council (as recipient of the funding).

Regular updates will be provided to the Steering Group: comprising of senior managers from SEStran and each local authority, Transport Scotland, and Network Rail.

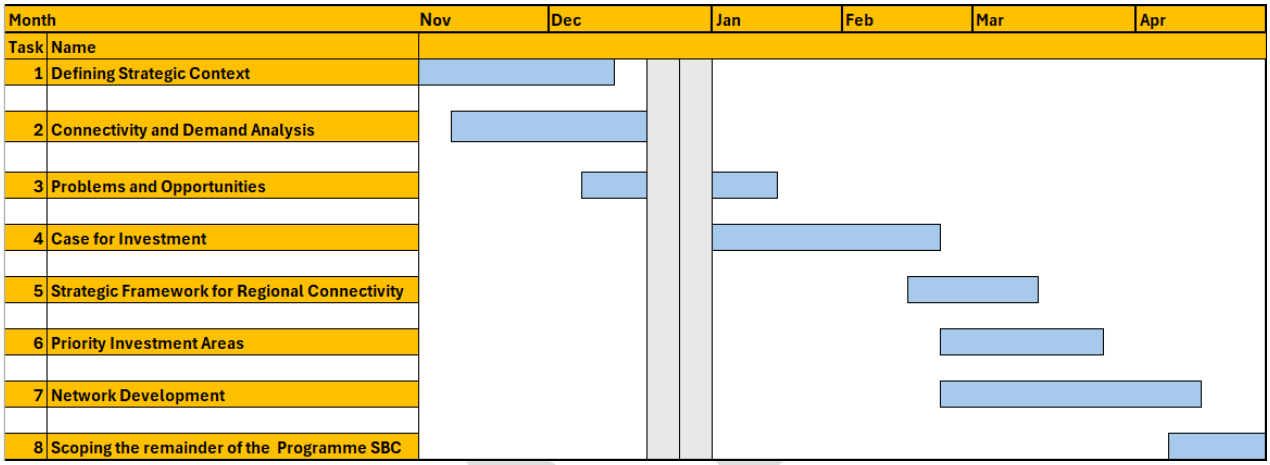
Regular project updates will also be provided to ESESCRD Directors and TAB and the SEStran Board.

A Project Board, comprising of Directors from the various local authorities and Transport Scotland will be established by the end of 2025 and it is expected that this Board will approve the output from this initial task.

Deliverables & Timeline

Deliverables - The workstream will deliver a Technical Report that will cover elements of the Programme level SBC for the regional connectivity investment programme (SEStransit).

This draft programme provides an indicative timeline for the completion of the tasks outlined above.



Budget

Delivery Cost Estimates

This workstream will be funded through Transport Scotland's Bus Infrastructure Fund.

The estimated Consultant fee for completing the tasks outlined in the scope is £250,000. We have not quantified partner cost inputs into this stage of work.

Additional Workstreams

Should any additional budget become available, consideration will be given to incorporating supplementary tasks, providing that they are aligned to the overall production of the Programme level SBC.

Stakeholder engagement

Recognising the short timescales involved within this particular workstream, the engagement will primarily focus on the organisations that are part of the governance structure. We will also investigate whether a more focused engagement exercise can be carried out with a few external organisations.

Updates will be given to support political engagement for all eight SEStran regional authorities.

Risks and Opportunities

1. **Risks**

- **Scope Creep –** There is a risk that if the definition of SEStransit is not clear and easily understood, the scope of the project could be extended to include areas of the region that are not of a

regional/strategic significance. This can be managed through the careful definition of what is included within the integrated transport system for the region, taking cognisance of the definition adopted in the RTSDP and recognition that other interventions can be progressed through the remaining RTSDP themes.

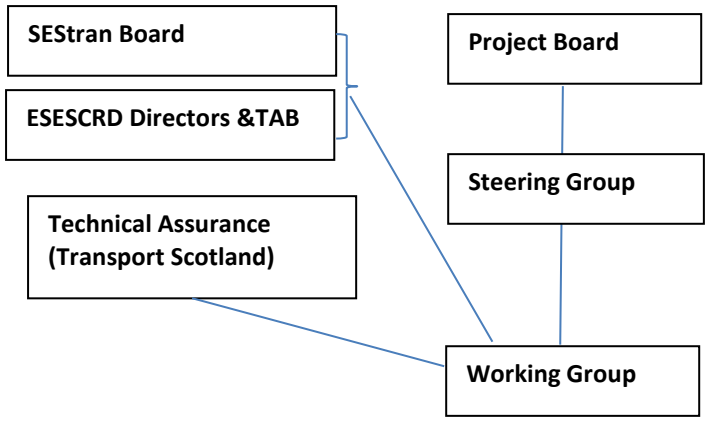
- **Lack of capacity within LA Partners** – This commission will require a significant amount of work within a relatively short timescale. It will be important to ensure that the local authority partners have sufficient resources to provide input in a timely manner. To assist with this, the consultants and client project management team will outline the requirements from all partners during the project with clearly defined timescales and expectations.
- **Local approval of the SEStransit vision before this commission progresses too far** – there is a risk that parties will want to explore potential solutions before the problems and opportunities are defined. Given the short timescale involved, analysis task will run in parallel with discussions around defining mass transit to allow partners to ensure this doesn't become a solution led exercise.
- **Timely Approval Process** - There is a risk that if an overly complex governance process is established the resultant approval process will impact on the study programme, resulting in the deadlines not being met. The consultants and client Working Group will tackle this task in a collaborative manner to ensure that all partners have appropriate time and authority to take the necessary decisions in a timely manner.
- **Gaining Partner Approvals/Commitments –** There is a risk that there is in sufficient time for the regional partners to report to Committee to secure commitment/funding for 2025/26. To address this the team will need to liaise regularly with the Steering Group and work with members to provide necessary reports/briefings to assist with internal approvals.

2. Opportunities

- **Securing additional funding –** in parallel with the core work, the Steering Group will investigate opportunities to secure additional funding to expedite the completion of the Programme Level SBC
- **Framing the Project within the wider regional growth strategy –** recognising the role that a regional integrated transport system has in relation to facilitating economic growth, the Steering Group will liaise with the ESESCRD team to explore opportunities for delivery through City Region Deal 2.

Note: Detailed Risk & Issues log will be developed, monitored and managed by the Working Group and transferred as appropriate to later stages.

Appendix A - Project Governance



Group	Role Frequency of Engagement	
	Oct 24 – Mar 26	**Post Mar 26**
SEStran Board	For information only Quarterly meetings	For information only Quarterly meetings
ESESCRD TAB	For information only Monthly meetings	For information only
Project Board	Form Board by end 2025 Meet in early 2026 Confirm support of project, sign-off this output from this task	Approval of outputs Meet every 6-8 weeks Approval of outputs
Technical Assurance (Transport Scotland)	Approval of methodology Fortnightly call with project team	To be reviewed
Steering Group	Providing input to process and reviewing technical outputs Workshop every 4-6 weeks	Providing input to process and reviewing technical outputs Workshop every 6-8 weeks
Working Group	Monitoring of project programme and tasks Weekly progress calls	To be reviewed

Membership of Governance Groups

Members of the Working Group

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Stuart Turnbull	Strategic Transport Consulting (on behalf of SEStran)	stuart@stcconsulting.co.uk
Ewan Doyle	Workforce Mobility Project	edoyle@scotborders.gov.uk
Jamie Robertson	City of Edinburgh Council	jamie.robertson@edinburgh.gov.uk

Members of the Steering Group (Bold indicates principal point of contact)

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Gordon Brown	West Lothian Council	Gordon.Brown@westlothian.gov.uk
Ewan Doyle	Workforce Mobility Project	edoyle@scotborders.gov.uk
Kevin Gillette	Workforce Mobility Project	kevingillette2@outlook.com

Members of the Project Board

We are seeking nominations for the Project Board, ideally at a Director/Head of Service level. The recommendation is that we will invite the EV Board to take on the remit of the Project Board, but this may mean a change in personnel from the current Board make-up.

Name	Organisation	Email Address
Brian Butler	SEStran	brian.butler@sestran.gov.uk
	Clackmannanshire Council	
	City of Edinburgh Council	
	East Lothian Council	
	Falkirk Council	
John Mitchell	Fife Council	john.mitchell@fife.gov.uk
	Midlothian Council	
	Scottish Borders Council	
	West Lothian Council	
	Transport Scotland	

Stantec

This note provides an outline methodology to develop the **Strategic and the Socio-Economic dimensions** of a **programme-level Strategic Business Case (SBC) for a regional connectivity investment programme across the South East of Scotland**. This initial work will be developed with funding from the Scottish Government administered by Transport Scotland under the Bus Infrastructure Fund (BIF), available until 31st March 2026.

The programme will adopt a **region-wide approach, aim to improve connectivity between strategic locations, and will seek to improve provision for cross-boundary connections** within the SEStran area. Building on the case initially articulated by STPR2 Recommendation 12[1], the project will be vision-led and will represent a step-up, rather than an incremental change in transport provision across the region.

There are two key strands to the current stage of work, which together will seek to enable funding to progress beyond the current commitment up to March 2026. These are:

- **Setting out the Case for Investment (CfI):** This will build on the Case for Change outlined in STPR2 and expand on why enhanced regional connectivity is required and what social, economic and environmental outcomes are expected. This work will identify the strategic corridors, feeder networks and orbital links that can support improved access to key destinations, reduce inequalities and enable modal shift.
- **Developing the Vision and Governance:** Agreeing a shared vision, based on future ambitions for the region, and setting out the governance structures that will enable this vision to be realised. This will form part of the preliminary scoping of the Financial, Commercial and Management dimensions of the SBC.

In line with H.M. Treasury *Green Book* and Transport Scotland's *Guidance on the Development of Business Cases* (broadly reflecting *Green Book* principles), it is essential that this Programme SBC follows a structured and **evidence-based approach**. Following this process is a critical enabler of good governance, value for money and long-term deliverability, providing a credible foundation for future investment decisions.

Importantly, the Programme SBC – when complete with the Financial, Commercial and Management dimensions – will **act as a strategic gateway and define the pathway forwards**, identifying a sequence of potential individual investment propositions, e.g., specific corridors, enhancements to existing infrastructure, etc. These can then be taken forward, as separate projects under the umbrella of the investment programme, through the next stages of business case development: the Outline Business Case (to identify the 'preferred option') and the Full Business Case (to facilitate procurement and delivery of the 'preferred option'). This approach allows for a natural flow of projects **from programme-level vision and outcomes to project-level delivery**, ensuring coherence, integration and alignment with regional transport and development strategies.

[1] Recommendation 12 in STPR2 relates to Edinburgh & South East Scotland Mass Transit – *A mass transit system for the region which would provide more public transport options for cross-boundary travel. The system would focus on key corridors of demand and disadvantaged areas with greatest dependence on public transport.*

A key principle underpinning this programme is the recognition that investment in connectivity has the potential to shape long-term land-use patterns, rather than merely responding to them. This marks a shift away from a reactive model – where transport infrastructure follows dispersed, car-dependent development towards a proactive (*Vision and Verify*) – approach that supports compact, mixed-use and well-connected places.

The Programme SBC will consider several factors that will influence the Value for Money (i.e., the social and economic outcomes the system may deliver across the region), feasibility and affordability of the proposed connectivity programme:

- Evidence-based identification of candidate corridors for enhanced connectivity, including those suitable for high-capacity public transport and those requiring 'feeder' or orbital solutions, which represents a step-change in provision from that currently in place across the South East of Scotland
- The role, hierarchy and integration of different modes – bus, BRT, tram, light rail and heavy rail – including existing networks and infrastructure
- potential capacity trade-offs in terms of any roadspace re allocation
- Links to existing demand (and challenges) and growth areas

The tasks proposed below are considered to be deliverable this financial year and will be completed within the allocated funding envelope.

Task 0 – Stakeholder Engagement

We will develop a limited Stakeholder Engagement Plan, in collaboration with SEStran and regional partners. The plan will outline the key elements of the Programme SBC that we will be engaging on at this initial stage and key messages, specifying with whom and when we will engage. Engagement will be limited and focused at this stage, with the aim of ensuring buy-in to the process from key project partners, so that the programme can progress into the next funding period.

Whilst a budget allocation has been set aside to facilitate stakeholder engagement, recognising the short timescales involved within this particular workstream, the engagement will primarily focus on the organisations that are part of the governance structure, as outlined in the Project Initiation Document.

Task 0 Output: Draft and Final Stakeholder Engagement Plan for the current stage of the Programme SBC

1 Case for Investment

Task 1 – Define the strategic context

The work proposed under this Programme SBC will build on the existing Case for Change made in STPR2 in relation to Recommendation 12. By adopting a ***Vision and Verify* approach** we will work with regional partners to identify an overarching purpose, whist also rooting decision making in evidence.

Our initial work will focus on setting out the socio-economic context, establishing patterns of demand, focusing on identifying cross-boundary connectivity gaps across the South East of Scotland. Building on

the extensive work carried out by SEStran and the local authority partners, we propose to perform a review of the changes or additions to the evidence base since the publication of STPR2, including:

- SEStran's RTS and associated Delivery Plan
- National Developments in NPF4
- ESES City Region Deal's Strategic Sites Programme
- Local development plans and transport strategies across local authority partners
- Current and future strategic development sites across several sectors
- Travel data (including travel to work) and travel patterns (including a matrix showing travel volumes between discrete areas in the region to capture orbital movement)
- Demographic and socio-economic trends
- Changing operational models (e.g., no peak fares)
- A review of existing and planned infrastructure across the region including the status, impact and data from projects recently delivered or currently underway, e.g., BPRDF, Trams to Newhaven, Workforce Mobility, Levenmouth Rail Link, the trial of 7/7/7 Bus Lanes, WETIP, bus services and fleet improvements and others

This review will allow us to establish how the strategic context has evolved across the South East of Scotland since STPR2 was published in 2022. A **Strategic Context Report** will provide a summary of the above, setting out the strategic rationale and articulating where the project sits within the regional and national context, and against local priorities in terms of economic growth and spatial planning.

We will develop a reporting **PowerBI dashboard** including the combined mapping of strategic development sites, existing transport corridors and infrastructure, areas of deprivation and travel data.

Task 1 Output: Strategic Context Report and PowerBI dashboard

Task 2 – Connectivity and demand analysis

We will undertake detailed connectivity work at postcode level to identify spatial disparities in access to key destinations across the South East of Scotland. For example:

- Regional employment centres
- Education hubs
- Healthcare
- Strategic transport nodes
- Shopping centres
- Regional tourism hotspots

By overlaying the outputs of the connectivity analysis with socio-economic and travel data, we will be able to:

- Identify areas where poor connectivity intersects with deprivation and other socio-economic indicators
- Identify regional OD movements where there is significant demand for travel and relatively poor public transport connectivity.

Task 2 Output: Connectivity and demand *inputs* to Case for Investment

Task 3 – Problems and opportunities

Using the outputs of Tasks 1 and 2, we will identify problems and opportunities for regional connectivity, drawing together:

- limitations of current provision though existing modes, e.g., fragmentation, journey times, cross-boundary connectivity, lack of integrated ticketing etc. We will work with partners to understand what work has been carried out to this effect and analyse where data gaps exist
- opportunities for using existing heavy rail infrastructure, space availability along wider roads in the network etc.
- key strategic risks such as funding uncertainty, technological disruption, cross-boundary governance and policy shifts
- the opportunities that enhanced connectivity could unlock, framing the investment as a catalyst for wider benefits, i.e., what are the societal and economic outcomes that a truly integrated network would deliver?

Task 3 Output: Problem and opportunity *inputs* to Case for Investment

Task 4 – Case for Investment

The Case for Investment (CfI) is a central component of the Programme SBC and forms the foundation of the strategic dimension. It sets out the rationale for intervention, the alignment with strategic objectives and the expected societal and economic outcomes of improved connectivity across the region. This task will synthetise the outputs of Tasks 1 to 4 into **a coherent and compelling narrative that sets out the case for future investment**.

We will produce a concise and purposeful CfI with agreed network development principles, bringing together:

- **Strategic Rationale**, clearly articulating what it is that we are trying to deliver, i.e., the approach to regional connectivity, the role of different modes and the expected societal and economic outcomes
- **Vision and Objectives**, developing a statement for improved regional connectivity and setting the context for the outcomes-based Transport Planning Objectives (TPOs) aligned with regional priorities
- **Network Development Principles**, agreeing a set or principles for how the network may evolve, including modal hierarchy and integration, streetscape and routing principles (e.g., roadspace prioritisation, segregation levels, etc) and the role of different radial and orbital corridors
- **Governance and Delivery Considerations**, providing initial thinking on how partners might come together to deliver an integrated transport system that improves connectivity across the region, exploring potential governance models, delivery mechanisms and timescales

Task 4 Output: Case for Investment Draft and Final Reports

Task 5 – Establish the strategic framework for regional connectivity

Defining what local authority partners in the SEStran region require of a *regional connectivity programme* , and what the shared vision for this is, is a critical decision point in the development of the Programme SBC, and a solid step toward defining an integrated set of solutions.

To inform this decision point, we will undertake targeted preparatory analysis across several key themes. This analysis will not only help clarify the strategic ambition of the programme but will also further define the measurable outcomes that derive from the TPOs – the key parameters that must be met for any future regional solution to be considered effective, inclusive and deliverable. Our analysis will include:

- **Operational Governance:** We will explore the future governance arrangements required to deliver and manage a truly integrated regional transport system. This will include consideration of cross-boundary coordination, the role of existing transport authorities and potential models for oversight and delivery, particularly in relation to potential mass transit corridors, 'feeder' services and orbital links
- **Integration:** We will examine how any potential solutions can be integrated with existing and planned transport networks (bus, rail and active travel), as well as land-use. This will include assessing interchange opportunities, land-use patterns and the role of improved connectivity in supporting inclusive growth and sustainable development
- **Functional Geography:** We will analyse the economic geography of the region to understand how improved connectivity can contribute to the development of the South East of Scotland. This will include the identification of the spatial extent of any potential solutions, defining the functional reach of different modes
- **Scoping of mode options**

The output of this stage will be a concise statement outlining the dimensions listed above.

Task 5 Output: Strategic Framework for Regional Connectivity Statement

2 Outline the Socio-Economic Dimension

Tasks 6 and 7 will form the backbone of the Socio-Economic Dimension of the Programme SBC. Building on the CfI, these tasks will begin to translate the regional vision into spatial and modal priorities.

Task 6 – Define and agree priority investment areas

We will define and agree the priority areas for improved connectivity across the South East of Scotland, forming the spatial and operational basis of the future regional network. Prioritisation will be guided by a combination of:

- **Existing and Planned Infrastructure**, considering the role of existing rail infrastructure and corridors, and other transport-related development across the region and nationally
- **High-Volume Corridors**, identifying corridors with significant existing or projected demand

- **Supporting networks and modal hierarchy**, serving and complementing the fastest and highest capacity services
- **Development and Land-Use**, linking to existing and future strategic development sites across several sectors, e.g., employment, housing, education, healthcare etc.
- **Socio-Economic**, prioritising corridors serving areas of deprivation and deliver on equity outcomes

Task 6 Output: Priority Investment Areas Technical Note

Task 7 – Set out the strategic approach to network development

In parallel to the identification of priority investment areas, we will establish a strategic framework for network development. The aim is to provide a coherent, regionally integrated approach that is not overly-process heavy and balances ambition with deliverability. Key components will include:

- **Prioritisation Methodology**, developing a transparent, evidence-based and comprehensive methodology for prioritising radial and orbital corridors
- **Edge Strategy**, defining how areas at the edge of the core functional geography will connect into the regional network including 'feeder' and orbital movement, P&R and interchange and active travel
- **Commercial and Operational Integration**, exploring the likely steps we will need to take in future stages to come up with an integrated network that delivers the expected outcomes while making commercial sense for operators
- **Terminus Strategy**, assessing whether any future services should terminate at interchange points or extend into town centres, balancing operational efficiency with accessibility. As part of this, we will consider whether a framework similar to Edinburgh's Circulation Plan is needed for towns such as Livingston, Musselburgh or Dalkeith, thus supporting integration and modal shift
- **Modal Hierarchy**, establishing a clear hierarchy of modes based on corridor characteristics, demand and strategic role

Task 7 Output: Network Development Approach Technical Note

Task 8 – Scoping of remainder of the Programme Strategic Business Case Recognising that it will not be possible to complete all components of the Programme SBC within this timeframe, we will scope out the remaining tasks and associated timescales required to complete the Programme SBC.

Output: Draft Scope for Programme Strategic Business Case

3 Programme

The following programme provides an indicative timeline for the completion of the tasks outlined above.

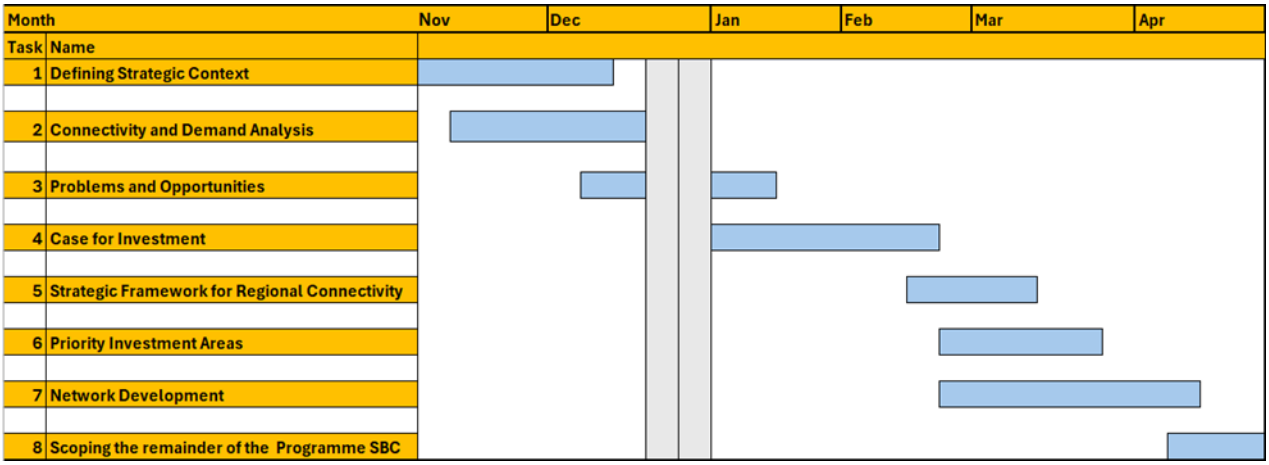


Figure 3-1 Indicative timeline for financial year 2025/26

TRANSPORT TO EMPLOYMENT

1 INTRODUCTION

1.1 This report provides an update on a new funding stream from Transport Scotland to RTPs for 2026/27, Transport to Employment.

1.2 The content of this report is based on the latest information at the time of writing, which is subject to change as the Scottish budget process continues, including internal Transport Scotland and wider Scottish Government sign off processes.

2 BACKGROUND

2.1 Towards the end of January, Transport Scotland approached the RTPs to support delivery of part of a new funding package to support the reduction of child poverty. Of this funding, £19million has been set aside for transport related actions, of which £9.5million will be delivered through the Local Employability Partnerships (LEPs, part of each Community Planning Partnership), and £9.5million will be allocated to the seven RTPs. Whereas the funding being given the LEPs is intended to be more focused on person-centred interventions for parents to access employability training and/or progressing to employment, funding for RTPs is expected to be used at a more systemic level.

2.2 The primary focus of the funding is improving transport to employment (both increasing transport options and reducing transport costs) as a means to reduce child poverty to support more parents into fair, well paid jobs. The wider scope however extends beyond this and recognises that access to further education and training is a vital aspect of reducing (future) child poverty, as is access to healthcare (as a service and as an employer).

2.3 Whilst RTPs where made aware of these proposals in late January, wider conversations were not possible until late February because the funding package had not been formally confirmed. This has limited the development of SEStran's proposals up until now, with engagement limited to a small group of external partners.

2.4 Transport Scotland requested an early draft delivery programme by mid-February, and a final proposal by end of February. Both of these deadlines were met. The feedback on the early draft was very positive, and this has formed the basis of the subsequent submission. As wider engagement is now possible, it is likely that elements of this proposal will change over the coming weeks.

2.5 At present, it is believed that this funding pot will be for a single year only, and planning assumes that there will be no funding to follow in 2027/28. Therefore proposals that have been developed have been carefully selected to minimise the risk of projects ending on 31st March 2027, disadvantaging those who have come to rely on them.

3 DRAFT 2026/27 DELIVERY PROGRAMME

3.1 SEStran will have around £2.5million of funding to support delivery in 2026/27, and the proposed programme is made up of 5 delivery areas as follows:

3.1.1 School to Skills Pathways

This programme will seek to address what happens after secondary school - while existing funding supports walking, wheeling and cycling behaviours to become established through school-based activity, young people and families from low-income households often struggle to sustain access to skills training, apprenticeships and employment once subsidised transport ends. Even with under-22 free bus travel, barriers remain around first- and last-mile access, journey complexity and confidence at key life transition points.

3.1.2 Rural Transport to Work and Further Education

Projects in this area will support the introduction of new services in line with the level of service set out in the new Regional Bus Strategy, focusing providing access to employment for those living in more rural parts of the region.

3.1.3 Targeted action to reduce ticket prices

The provision of subsidised bus tickets/passes through employability services or partner organisations for individuals actively engaging in employability related activity including training, job search, work placements, or upskilling would help mitigate some immediate transport barriers. It would enable access to opportunities that are currently unaffordable or inaccessible, especially those located outwith an individual's immediate community due to travel costs. While existing free or subsidised bus travel for young people provides important support, current eligibility is limited to those aged 22 and under. This creates a significant gap for individuals aged 23 and over, many of whom are supporting families or seeking to increase household income who continue to face expensive travel costs when accessing employment or training. Extending targeted travel support would help address this gap, reduce transport related barriers, and support households to move out of poverty through improved access to employment, increased earnings, and greater financial stability.

3.1.4 Transport to Healthcare Pilot Projects

Following on from the regional case for change report, this funding area will support a small number of high priority pilot projects that can be used to demonstrate the value of specific interventions. The exact project list will be defined over the next month but will focus both on access to healthcare for patients and employees. Funding will also cover the development of a Transport to Healthcare strategy which will be delivered from 27/28 onwards.

3.1.5 Future Development and Programme Management

This area of work will focus on the administration of this funding, as well as investigating how it can be used strategically to support future work beyond 26/27

3.2 In order to deliver the programme, we will draw on our extensive experience and success in delivering the People and Place programme over the past 2 years. From this experience, we know that to achieve successful delivery on this scale requires

adequate staff resource within SEStran, and so the proposed budget includes an allowance to recruit two additional Project Officers on fixed term contracts.

4 RISK ANALYSIS

4.1 The full risk register for this new programme is given in Appendix 1. After mitigation, there are no high risks. There are however 5 risks that remain which each score 12 and are classed as medium risks to which the Board's attention is drawn. More detail on each of these is given below.

4.1.1 Risk: Inability to put in place a suitable and compliant process to distribute funds within required timeframe means that either specific projects or wider areas of delivery cannot go ahead as funding cannot be passed on.

Response: This Board paper, if approved, will put in place a robust process to allocate some funds to third party organisations. This will follow the process which has been successfully put in place for People and Place for the past three years, which has been the subject of both Internal and External Audits. For grants to local authorise, these will be managed under the delegated authority of the partnership director in line with the Grant Standing Orders. Once these processes are both in place, this risk will be downgraded,

4.1.2 Risk: Funding allocation between Local Authorities is perceived to be inequitable leading to damage to SEStran's reputation and/or the proposals not being supported by the Partnership Board

Response: The nature and time limited nature of this funding means that it is highly likely that funding will be targeted at specific areas, which will not be geographically equitable but will be representative of regional need. Whilst it has not been possible to engage local authorities as early in the process as would have been liked given confidentiality constraints, this is now beginning and plans area flexible to allow some change where this is felt to be beneficial. Support will also be sought from the Workforce Mobility Project for data analysis to identify areas where projects can have the largest impact, as well as drawing on actions from the Regional Bus Strategy and Transport to Health case for change report.

4.1.3 Risk: Delay to TS funding award leads to shortened delivery year and inability to spend funds in full and/or achieve anticipated impact

Response: This is a common risk across this programme and People and Place, and so we have extensive experience in managing this. This will include early discussions with partners, provision of in principle awards where possible, and ongoing discussions with Transport Scotland to understand timescales.

4.1.4 Risk: Use of single year funding to support access to employment/education leads to services/cost reductions no being in place beyond 31st March 2027, with knock on impact on those relying on these services and reversal of any positive impact on child poverty.

Response: We will ensure projects funded are sustainable long term, for example where funding can be used now to support project set up costs and where there is a plan for longer term running costs. Where this is not possible, we will make sure a that a suitable process in place in advance to manage any future cancellation, including being clear with people engaged with that funding is only until 31st March 2027.

4.1.5 Risk: Transport to Employment is a new work area for SEStran and therefore knowledge of the best solutions may be lacking, which could lead to low quality proposals and/or lack of faith in SEStran's ability to deliver from those already working in this area

Response: We have already sought input into programme development from a small number of partners. Now that wider discussions are possible, we will begin reaching out to wider stakeholders to ensure they are fully engaged and we learn from their experience.

4.2 As this is a new delivery programme with significant funding, it inevitably comes with a higher risk profile than existing areas of work. However, the overall risk profile is felt to be manageable with the proposed mitigations, which have been assessed to be deliverable. Key to reducing the programme risk profile is the experience of running the People and Place programme – this means that a number of risks have mitigations that the Projects Team already has experience of implementing, [providing further confidence of the ability to successful manage the risks inherent within this programme.

5 PROPOSED GRANT PROGRAMME

5.1 Whilst it is envisioned that the majority of delivery work will be carried out by local authorities or SEStran, the school to skills delivery area identified above will rely on external providers to achieve successful outcomes. As such, a mechanism is needed to suitably distribute funds in line with the Standing Orders.

5.2 To do this, consideration has been given to procuring services, running closed grant funds, or running a fully open grant fund. In summary, the assessment of these options has found no discernible benefit from a procurement route (and the possibility of longer timescales), a closed grant route is the most time and resource efficient but lacks transparency and would require the utilisation of urgency provisions under the Standing Order, while an open grant fund is deliverable but has longer timescales and more resource required than a closed route. Based on an assessment of risks and benefits, an open grant round has been identified as the preferred route.

5.3 It is therefore proposed that an open grant round is run following the model established under People and Place. This will fall under sections 3 and 4 of the Grant Standing Orders, as grants are anticipated to be up to £1million:

- The overarching eligibility criteria and the overarching assessment criteria are to be developed by the Partnership Director and approved in advance by the Partnership Board.
- Applications shall be assessed and evaluated by at least 2 SEStran officers against the agreed assessment criteria. A panel will be formed, chaired by the

Partnership Director, to review the assessments in line with the agreed criteria and grant awards shall be delegated to the Partnership Director for approval (within the agreed annual budget) based on the advice of the panel and reported to the Board for noting at its next meeting.

5.4 The grant eligibility and assessment criteria for this fund are presented at Appendix 2 for approval. These set out:

- The types of projects that will be eligible for funding, in line with the outline plan set out above
- The types of organisations that can apply
- The assessment process to ensure best value

5.5 Given the timescales involved in getting to this stage, lack of wider engagement, and as no final feedback has been received from Transport Scotland, it is likely that the detailed scopes of the projects which we will seek to fund will change. The Board is therefore asked to delegate authority to the Partnership Director to approve, in consultation with the Chair, any changes as may be needed to these scopes. It is not anticipated that any other aspects of these criteria will change.

6 NEXT STEPS

6.1 There are two key next steps to support delivery of this programme in line with required timescales:

- Meet with each of the 8 LEPs in the SEStran region to understand their delivery plans, ensure there is no overlap, and gain feedback on our proposal, making changes if needed. It is hoped that this will have begun prior to the Board meeting.
- Run the grant fund programme for the 2 areas where external support is required for delivery.

6.2 The current proposals for the grant programme have the following key dates:

Action	**Date**
Board approval of grant programme	13th March 2026
Publish documents and open grant round	18th March 2026
Close grant round	3rd April 2026
Application assessments	w/c 13th April 2026
Panel funding decision	w/c 20th April 2026
Funding decisions issued	By 24th April 2026

This presents a condensed, but deliverable, grant round compared to that run for People and Place, which is required to maximise the delivery window.

6.3 The budget for this programme includes 2 additional Project Officer role on fixed term contracts. It is proposed that recruitment is begun for these role immediately, with the intention of having the roles filled at latest by end of May.

7 RECOMMENDATIONS

7.1 The Board is asked to:

- Note the contents of this report and the proposed delivery programme for 2026/27, including the intention to further engage on this with LEPs and wider local authority teams
- Approve the draft Transport to Employment Grant Eligibility and Assessment Criteria attached at Appendix 2, and delegate authority to update these to the Partnership Director in discussion with the Chair, in line with the urgency provisions of the Grant Standing Orders
- Note that a further detailed update will be provided to the Project and Strategy Delivery Oversight Subgroup at its next meeting

Michael Melton
Programme Manager
13th March 2026

Appendix 1: Transport to Employment Risk Register
Appendix 2: Draft Transport to Employment Grant Eligibility and Assessment Criteria

Policy Implications	Whilst tacking child poverty is not a specific action within the RTS, the programme will support the wider RTS vision. There is also clear alignment with national policy and local level strategies, especially work of Community Planning Partnerships.
Financial Implications	Project management costs for 2026/27 will be included in the overall programme budget, so there is no anticipated financial impact of this programme on the core SEStran budget.
Equalities Implications	In supporting people to access employment, training and healthcare, this programme should have a positive impact on equalities. A programme wide IIA will be produced and will be published, and all projects delivered with this funding will be expected to fulfil the public sector equality duty.
Climate Change Implications	As projects will generally support access to sustainable transport, this will support the transition to net zero.

Risk Number	Risk Detail	Gross Probability	Gross Impact	Gross Risk Score	Planned Response/Mitigation	Net Probability	Net Impact	Net Risk Score	NR Score	Actions (inc who and date due	Completed Actions	Status	Date Raised	Last Updated	Owner
T2E1	Timeline for completion of work and submission of proposal to TS is very short for amount of work required. Risk that work deadline is missed and/or work is of poor quality and rejected by TS	Probable	Major	High Risk	Ongoing engagement with TS to ensure alignment and answer any questions Iterative discussions with TS on progress post first draft submission	Unlikely	Major	Medium Risk	8	Submit final proposal to TS based on feedback on first draft - by 27/02/26	First draft submitted to TS on time - 06/02/26	New	02/02/26	23/02/26	MM
T2E2	Proposal produced is not approved by TS Authorised Officer process, leading to no funding being awarded	Possible	Catastrophic	High Risk	Ongoing engagement with TS to ensure alignment and answer any questions Iterative discussions with TS on progress post first draft submission	Unlikely	Catastrophic	Medium Risk	10	Submit final proposal to TS based on feedback on first draft - by 27/02/26	First draft submitted to TS on time - 06/02/26	New	02/02/26	23/02/26	MM
T2E3	Staff capacity to deliver initial proposals is limited and could be significantly impacted by unforeseen absence, leading to failure to delivery in time	Possible	Major	Medium Risk	Use People and Place as a basis to estimate staff resource required for programme and include this clearly within the submission	Unlikely	Major	Medium Risk	8	Advertise for additional project officer role on FTCs to support delivery - by 04/03/26 Review resourcing end Q1 2026 to determine if any changes need to be made - by 30/06/26	Discuss resourcing for programme with CEC finance - complete 13/02/26 Include resource costings in funding proposal to TS - complete 24/02/26	New	02/02/26	23/02/26	MM
T2E4	Inability to put in place a suitable and compliant process to distribute funds within required timeframe means that either specific projects or wider areas of delivery cannot go ahead as funding cannot be passed on.	Probable	Major	High Risk	Use People and Place funding mechanism as a starting point as this has secured Board approval and has been thoroughly audited, and make adjustments to fit the specific requirements of this funding programme.	Possible	Major	Medium Risk	12	Define proposal to distribute funds based on final proposals and gain internal sign off - by 04/03/26 Paper to be presented to March Board that will seek approval for a mechanism to distribute funds in line with Standing Orders - by 13/03/26		New	02/02/26	23/02/26	MM
T2E5	Perceived conflict for SEStran between being a distributor of funding but also a potential recipient for some projects	Possible	Minor	Low Risk	Careful engagement of LA partners in decisions which may lead to SEStran receiving some funding. Ensure all funding decisions are fully singed off in line with internal processes	Unlikely	Minor	Low Risk	4	No actions as at 23/02/26		New	02/02/26	23/02/26	MM
T2E6	The confusion of funding routes between the regional fund and funding to Local Employability Partnerships leading to uncertainties in process and project duplication	Probable	Moderate	Medium Risk	Engage LEPs as early in the process as possible given confidentiality constraints Consider ongoing communications with LEPs as part of the programme management	Possible	Moderate	Medium Risk	9	Meet with each LEP as soon as TS confirm these discussions can begin - by 13/03/26	Met with CPP partner to get a broad overview of existing work in this area - complete 02/02/26	New	02/02/26	23/02/26	MM

Risk Number	Risk Detail	Gross Probability	Gross Impact	Gross Risk Score	Planned Response/Mitigation	Net Probability	Net Impact	Net Risk Score	NR Score	Actions (inc who and date due	Completed Actions	Status	Date Raised	Last Updated	Owner
T2E7	Funding allocation between Local Authorities is perceived to be inequitable leading to damage to SEStran's reputation and/or the proposals not being supported by the Partnership Board	Highly Probable	Major	High Risk	The nature and time limited nature of this funding means that it is highly likely that funding will be targeted at specific areas, which will no be geographically equitable but will be representative of regional need. Engage local authorities as early in the process as possible given confidentiality constraints	Probable	Moderate	Medium Risk	12	Develop robust mechanism to support funding decisions and include this in March Board paper - by 04/03/26		New	02/02/26	23/02/26	MM

APPENDIX 2

Transport to Employment Grant Fund 26/27 – Eligibility and Assessment Criteria

Project Eligibility

As part of SEStran's work on Transport to Employment, a list of project scopes has been developed for which grant funding is available for applications that support delivery of these. There will be an assumed **minimum grant per organisation of £50,000** to ensure projects are of a sufficient scale to deliver regional impact.

In addition to the criteria outlined below, we expect all of the projects we fund to be fully inclusive and accessible to all. As such, all projects should conform with the Public Sector Equality Duty and give due regard to the need to:

- put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation
- advance equal opportunities between people who have a protected characteristic and those who do not
- foster good relations between people who have a protected characteristic and those who do not

What is eligible for funding

Eligible applications must fit within one of the project scopes identified below:

Project Scope Title	Scope of eligible projects	Expected Outcomes
Secondary school transitions	The core challenge that will be addressed by projects in this area is what happens after secondary school. While travel behaviours can be well established through school-based activity, young people and families from low-income households often struggle to sustain access to skills training, apprenticeships and employment once subsidised transport ends. Even with under-22 free bus travel, barriers remain around first- and last-mile access, journey complexity and confidence at key (life) transition points. Projects would test how different local contexts, partnerships and delivery environments affect that progression, and what conditions are required for success at regional scale. They could: • Map the core components of the school-to-skills model and identify which elements are transferable • Test the model across different SEStran contexts to understand variations in schools, transport networks and partnership arrangements • Identify the roles of key delivery partners and anchor organisations • Explore how future delivery could be funded, including alignment with RTP investment, local authority capital programmes, skills and employability funding, and climate funding • Produce clear recommendations and a scalable framework to inform future regional delivery and investment decisions	• Reduced public transport cost when travelling to further education and training • Improved access to further education and training for people without access to a private car • Evaluation of successful delivery to support future delivery programmes
Transport Career Pathways	Projects in this area will work in partnership with transport stakeholders to help young people understand the breadth of careers within the transport sector while also building the skills, knowledge and confidence required to use transport to access employment more broadly. Aligning employer engagement, career insight and practical support with Scotland's significant investment in transport infrastructure will help ensure that young people — particularly those at risk of poverty — are not only connected physically, but are empowered to participate in the economy and benefit from the opportunities that transport enables. Projects will be expected to: • Work with 10 schools across the SEStran area • Deliver of a themed schools programme for all pupils, focused on mobility, access and transport careers, enabling young people to explore how transport shapes communities and future opportunities • Deliver a challenge-based learning experience where young people work on real issues related to connectivity, inclusion and access to employment • Deliver a career exploration tool to help participants explore real pathways into transport and related sectors, including apprenticeships, training and entry-level roles • Demonstrate how transport can facilitate access to other jobs and opportunities outwith the sector taking account of rural and urban situations • Collaborate with transport employers (such as rail, bus, logistics and aviation organisations) to provide insight sessions, role models and engagement opportunities demonstrating the diversity of careers for all demographics • Deliver engagement with parents to raise awareness among parents and carers about opportunities within the transport sector and pathways available to young people • Collect participation and outcome data to understand who benefits and how transport interventions can support reduced barriers to opportunity	• Increased awareness among young people of transport related roles as a future career option • Increased local capacity and knowledge to deliver action on transports role in addressing child poverty • Evaluation of successful delivery to support future delivery programmes

What is not eligible for funding

- Any project that does not fit within the eligible project scopes listed above
- Any project that provides for the construction of active or sustainable travel infrastructure

Eligible expenditure

This is a project-based grant fund that will operate on the basis of full cost recovery, so all costs related to the delivery of the projects funded will be eligible to be claimed. This will include relevant staff costs as well as proportional overheads, premise costs etc. Costs that do not relate to the specific project being funded (for example, whole organisation overheads or entire premises costs) cannot be funded.

Organisation Eligibility

The fund will be open to any properly constituted organisation (note that local authorities are not eligible for this fund).

All applicants must be able to demonstrate a certain level of capability to deliver under the relevant project scope, and have a baseline level of understanding, organisation and team set-up, finances, and insurance. We may ask for evidence of this when you submit your application.

If part of your application involves passing on funding to other groups, they will also need to comply with all of the eligibility criteria within this section.

Fair Work First

All grants awarded with Scottish Government funds from 1 July 2023 (which includes this fund) must comply with the Fair Work First conditionality requiring grant recipients to pay at least the real Living Wage, and provide appropriate channels for effective workers' voice, such as trade union recognition.

All principal grant recipients (in the case of People and Place, this is SEStran) are required to meet the real Living Wage and effective voice conditions. Where the grant recipient issues funding to third-party organisations to support the delivery of the funded activity, the conditionality applies as follows:

- The real Living Wage condition applies to workers directly engaged in the delivery of the funded activity who are aged 16 and over, including apprentices and based anywhere in the UK.
- The effective voice condition does not apply.

Real Living Wage

- In general, a grant recipient must demonstrate it is paying the Real Living Wage (rLW) before it can access a grant.

- For the purposes of this grant fund, this condition only applies to workers directly engaged in the delivery of the funded activity who are aged 16 and over, including apprentices and based anywhere in the UK.

Evidence required will depend on the size of the grant as per Scottish Government guidance.

Work with vulnerable people

It is important we have assurances relating to the safeguarding of vulnerable groups. If your programme involves working with vulnerable groups, we will ask you to confirm that you have:

- Robust safeguarding policies and procedures in place to protect vulnerable adults and children (these may include things such as a specific safeguarding policy, training, support and supervision of staff, a Code of Conduct)
- Whistleblowing and monitoring and complaints processes.
- A clear procedure which must be followed if you become aware of any specific safeguarding incident

Assessment Process

Once submitted, in line with SEStran's Grant Standing Orders and to ensure best value, applications will be scored by 3 members of SEStran staff in line with the scoring criteria below. The average score under each criterion will then be taken and compiled into an overall score for each project.

A recommendation will then be made on a project-by-project basis based on the score and also taking due account of ensuring a geographical spread of projects and how the projects fit within the overall programme budget. This recommendation will then be reviewed by a funding panel, who will make a final recommendation on which projects are successful in line with the set criteria. The Panel will be made up of a minimum of 3 members of staff from SEStran (not including those who have marked the applications). Decisions of the Panel are final and are not subject to appeal.

Organisation Financial Assessment

Alongside the assessment, a financial sustainability assessment will be undertaken on organisations in line with City of Edinburgh Council's processes. If an organisation fails this assessment, they may be ineligible to receive grant funding and their application may be rejected.

Eligibility Assessment

Prior to the scoring being carried out, an eligibility assessment will be undertaken to ensure the applicant organisation and the project being applied for meet the eligibility criteria above. Where an application is found to be ineligible, it will not be scored and will be deemed to be unsuccessful.

Scoring Criteria

The scoring criteria that has been developed has been designed to assess projects on their overall quality, fit within project criteria, experience of the organisation delivering them, and value for money. A total score will be given out to 100 in line with the following criteria.

Project outcomes

This section will be assessed based on how the project will deliver against the relevant outcomes of the specific project scope(s) you have applied for. The following scores will be assigned:

0	Project is unclear or unrelated to any of the project scopes. No reference to how the project will deliver against relevant outcomes.
6	Project has some relevance to a project scope(s) but lacks detail and/or specificity. Project has some reference to relevant outcomes but does not demonstrate how it will deliver against these.
12	Project partly demonstrates how it will deliver on some or all outcomes, and has some alignment with the delivery of a project scope(s).
18	Project demonstrates how it will deliver on some relevant outcomes, and is specific to relevant project scope(s).
24	Project demonstrates how it will deliver on some or all relevant outcomes, and aligns with delivery of the relevant project scope(s).
30	Project clearly and comprehensively demonstrates how it will deliver on the outcomes of the relevant project scope. Project is specific and tailored to the relevant priority scope(s).

Value for Money

This section will be assessed based on the project budget provided within the Project Delivery Plan, along with the project delivery plan and outcomes. Consideration will also be taken of the overall People and Place budget, the affordability for specific projects within that, and the comparative costs of other proposals (including costs of projects delivered in 2024/25). The following scores will be assigned:

0	Project cost is disproportionately high or low respective to the submitted project delivery plan and outcomes and the overall programme budget
10	Project cost is disproportionately high or low respective to the submitted project delivery plan and outcomes, but fits within the overall programme budget. Project budget and/or submitted delivery plan and/or outcomes will need adjusted to demonstrate value for money.
20	Project cost is proportionate to the submitted project delivery plan and outcomes, but not the overall programme budget. Project budget will need adjusted to fit within the programme.
30	Project cost is proportionate to the submitted project delivery plan and outcomes and the overall programme budget

Delivery Programme

This section will be assessed based on the project delivery plan provided. Consideration will be taken on use of resources, project timescales, project milestones and risk management. The following scores will be assigned:

0	No evidence of delivery programme or planning in relation to the proposed project
4	Partial details are provided relating to a project delivery plan but these are very limited in detail or missing key information, or the delivery approach is unrealistic with insufficient capacity to successfully deliver the project.
8	Project delivery plan has been provided but lacks detail or specificity to the project and may be missing some information.
12	Project delivery plan demonstrates some understanding of how the project will be delivered. The timescales and/or resourcing are in part appropriate to the delivery of the project and a basic risk management plan is in place.
16	Project delivery plan demonstrates a good understanding of how the project will be delivered. Timescales and resourcing are appropriate to the delivery of the project and a good risk management plan is in place.
20	Detailed and comprehensive project delivery plan that demonstrates a well planned and appropriately resourced project. Project has a realistic timescale with clear milestones, demonstrating a comprehensive understanding of project delivery, along with a thorough risk management plan.

Organisation Experience

This section will score the evidence that has been provided on an organisations previous success at delivering similar projects. The following scores will be assigned:

0	No experience provided, or experience is not relevant to project applied for
3	Relevant experience of delivering projects similar to the project applied for, but little or no of evidence of successful delivery of relevant outcomes in previous projects provided
6	Relevant experience of delivering projects similar to the project applied for, with some evidence of successful delivery of relevant outcomes in previous projects provided
10	Relevant experience of delivering projects similar to the project applied for, with high quality evidence of successful delivery of relevant outcomes in previous projects provided

Partnership Work

This section will score the evidence that has been provided on an organisation's experience and ability to deliver successful projects in partnership with other organisations and its relevance for the project. The following scores will be assigned:

0	No evidence of partnership working is provided
2	Partnership working is referenced but no evidence is provided
4	Partnership working is referenced and some partial evidence is provided
6	Some evidence of partnership working is provided and there is some relation to how this will contribute to the delivery of the project.
8	Evidence of partnership working is provided, and a demonstration of how this will contribute to the effective delivery of the project.
10	Relevant and clear evidence of partnership working is provided. Evidence outlines the approach and effectiveness of past experiences of partnership working and how this will contribute to the effective delivery of the project.

TRANSPORT TO HEALTH CASE FOR CHANGE

1. INTRODUCTION

1.1 Since October 2025, SEStran has been working closely with its four NHS Boards and NHS Scotland Assure, as well as with consultancy support from Urban Foresight to produce a Case for Change on Transport to Health in South East Scotland; the draft report is attached as Appendix 1.

1.2 The purpose of this report is for the Board to note key findings from the Transport to Health Case for Change and to seek Board's approval to pursue this work into a Transport to Health regional Strategy in 26/27.

2. BACKGROUND

2.1 Transport to Health is an opportunity to reduce transport barriers to accessing healthcare services where and when people need them, reduce missed appointments and improve individual health outcomes. RTPs have a duty under the Transport (Scotland) Acts 2005 and 2019 to work with their Health Boards in considering Transport to Health.

2.2 At a national level in Scotland, Transport to Health has achieved more attention in recent years following a report from the Mobility and Access Committee for Scotland (MACS) in 2019, which found that little progress had been made following an Audit Scotland report in 2011 recommending major improvements to the way older and disabled people accessed healthcare.

2.3 In late 2024, the Scottish Government responded to the MACS report with its Transport to Health Delivery Plan. Among other things, the delivery plan strengthens calls on RTPs to meet with local NHS boards to discuss access to healthcare as well as developing regional plans for transport to healthcare. SEStran is well placed to deliver these commitments, having established an informal learning network with the region's four Health Boards in early 2024. We continue to liaise with Transport Scotland and the Primary Care Directorate to highlight RTPs' role in driving change in Transport to Health. Transport to Health is complex as it falls partially within the remit of many agencies and bodies, given the nature of health service delivery, not to mention the complexities of the transport sector. It is therefore often seen as 'someone else's duty', with no clear responsibility holder.

2.4 This low base of current provision but increasing political profile offers SEStran an opportune moment to develop a Transport to Health Strategy for the south east of Scotland. It is necessary to understand what's happening, and not happening in our region, what we can learn from further afield and engage our Health Boards and other key players in a shared vision. This led us to develop a Transport to Health Literature review in spring 2025, which outlined key challenges and opportunities as well as identified research and data gaps.

2.5 Main challenges included a lack of transport connectivity, costs associated with transport, additional barriers faced by disabled people and organisational and policy-related barriers. Main opportunities consisted of an increased political attention demonstrating potential for a better cooperation across the board, the use of digital technologies to improve transport and health services, and the provision of virtual services.

2.6 The Literature review was the stepping stone for our Case for Change and helped us identified where the focus should be based on the current data gaps. In October 2025, we commissioned Urban Foresight to support the delivery of our Case for Change; this saw the delivery of:

- A desktop review and spatial analysis
- A 6-week public consultation receiving over 1,500 individual responses
- In-person pop-up sessions to engage with patients and staff
- Stakeholder engagement initiatives with the Learning network and beyond

3. FINDINGS OF THE CASE FOR CHANGE

3.1 Key findings from the Transport to Health Case for Change are:

- Access to healthcare across the SEStran region is strongly shaped by transport availability, journey time and reliability
- Public transport journeys to hospital care are typically significantly longer and more complex than equivalent car journeys
- Centralisation of acute and specialist services has increased travel distances and cross-boundary journeys for many patients
- People without access to a car face disproportionate barriers to attending healthcare appointments
- Transport barriers are contributing to missed and delayed appointments, particularly for outpatient and repeat care
- Accessibility challenges continue to limit the suitability of public transport for some disabled people and those with long-term conditions
- Community and demand-responsive transport play a critical role but are unevenly available and not fully integrated
- There is a clear opportunity to better align healthcare planning, appointment scheduling and transport provision
- Improving Transport to Health supports wider objectives on health inequalities, public health and sustainable travel

4. CONCLUSIONS

4.1 There is a clear need to improve Transport to Health in our region. The issues identified in the Case for Change highlight the inequality of access and subsequent negative impacts.

4.2 To address the issues highlighted, it is necessary to develop a Transport to Health Strategy in partnership with our Health Boards, NHS Assure, Transport Scotland, the Primary Care Directorate, Local Authorities, our Partnership Board and expert stakeholders.

5. RECOMMENDATIONS

5.1 To note the findings of the Case for Change report.

5.2 To note that a Programme Initiation Document for the development of a full strategy and implementation plan will be presented to PaSDOS prior to the June meeting of the Partnership Board

Sandra Lavergne
Project Officer
13th March 2026

Appendix 1: Draft Transport to Health Case for Change report

Policy Implications	Progressing the Strategy will deliver policies for the region in Transport to Health.
Financial Implications	This work is budgeted for within the SEStran project budget.
Equalities Implications	Improved and joined up regional direction for Transport to Health would have a positive impact for all. With that said, particular consideration will be needed to make sure that the Strategy actions are appropriate for under-served groups like disabled people and those facing transport poverty. An EqIA has already been done as part of the Case for Change report.
Climate Change Implications	A more joined up Transport to Health approach, and a shift to sustainable modes will contribute to addressing climate change challenges.

Urban Foresight

SEStran Transport to Health – Case for Change

Draft Report

PREPARED FOR

SEStran

Executive summary

This Case for Change sets out the evidence base for developing a Regional Transport to Health Strategy across the South East of Scotland Partnership area, covering NHS Lothian, NHS Fife, NHS Borders and NHS Forth Valley. It responds to national policy expectations for closer collaboration between Regional Transport Partnerships and Health Boards and provides a shared understanding of how transport affects people's ability to access healthcare across the South East of Scotland.

Transport to Health focuses on non-emergency journeys to healthcare (i.e. not emergency ambulances). This ranges from journeys to acute tertiary and secondary care hospitals to local primary care services like GP surgeries, pharmacies and dentists.

The study draws together demographic and socio-economic analysis, travel-time modelling, public consultation evidence from over 1,500 respondents, and engagement with NHS partners, local authorities and community transport providers. Together, this evidence shows that while access to primary care is generally good across much of the region, transport barriers to hospital-based and specialist care are widespread, unevenly distributed, and fall disproportionately on people without access to a private car.

Why Transport to Health matters in the SEStran region

The SEStran region includes dense urban areas, expanding commuter towns, coastal settlements and extensive rural communities. While GP services are largely community-based, secondary and tertiary care is increasingly concentrated in a small number of hospital sites. As a result, many residents must travel long distances, often across local authority or Health Board boundaries, to access hospital care.

Travel-time modelling shows that public transport journeys to hospitals are typically two to four times longer than equivalent car journeys and frequently involve indirect routes, multiple interchanges and extended waiting times. These challenges are hardest felt by older people, disabled people, carers and those attending regular outpatient appointments.

Public consultation evidence demonstrates that these barriers affect access to care. Around one third of respondents across the region reported missing or delaying a healthcare appointment due to transport issues, rising to over 40% in NHS Fife. Unreliable or infrequent services, indirect routes, parking pressures and accessibility barriers were the most commonly cited factors.

These issues reinforce wider inequalities, particularly for people without access to a private car, disabled people and residents of rural and semi-rural areas.

What the evidence shows

Across all four Health Boards, a consistent set of challenges emerges:

- Travel to centralised acute hospital facilities by its nature presents greater challenges to patients than local primary care journeys, requiring careful planning to ensure complex and long journeys can be made with maximum convenience and efficiency.
- People without access to a private car face disproportionate barriers, reinforcing transport-related health inequalities.

- Transport barriers contribute to missed and delayed appointments, especially for outpatient and specialist care.
- Accessibility issues limit the suitability of public transport for some users, even where services exist.
- Parking pressures at major hospitals influence travel behaviour and increase stress, reinforcing reliance on private cars.
- Community and demand-responsive transport play a critical role, but capacity, funding and coordination constraints limit their effectiveness.

Problems, Opportunities, Issues and Constraints

Using a Problems, Opportunities, Issues and Constraints (POIC) framework in line with Scottish Transport Appraisal Guidance, the report identifies:

- Key problems, including long and indirect hospital journeys, car dependency, transport-related non-attendance and accessibility barriers.
- Opportunities to better align healthcare planning and transport provision, strengthen community and demand-responsive transport, improve information and booking, and reduce avoidable travel through more local or digital care delivery where appropriate.
- Issues requiring further consideration, such as misalignment between appointment scheduling and transport availability, fragmented transport information and under-integration of community transport.
- Constraints, including rural geography, service centralisation, funding limitations and institutional boundaries across transport and healthcare systems.

This structured assessment provides a clear bridge between the evidence base and the development of future interventions.

Transport Planning Objectives

Drawing directly from the POIC analysis, the report sets out a focused set of Transport Planning Objectives. These focus on reducing journey time and complexity for hospital care, improving access for people without a car, addressing accessibility barriers, reducing transport-related missed appointments, improving coordination and clarity of information, strengthening community and flexible transport, and supporting a more sustainable and efficient Transport to Health system.

These objectives provide a clear framework for the next stage of work and will guide option generation, sifting and appraisal.

Next Steps

This Case for Change establishes a shared evidence base and clear rationale for intervention. The next stage will focus on developing a Regional Transport to Health Strategy, including refining Transport Planning Objectives, identifying and appraising potential interventions in line with Scottish Transport Appraisal Guidance, and working with partners to develop a coordinated and deliverable approach.

Contents

Introduction

Purpose of the report

SEStran is the statutory Regional Transport Partnership for the South East of Scotland and is responsible for setting the strategic direction for transport across its eight constituent Local Authorities. National policy now sets clear expectations for Regional Transport Partnerships and Health Boards to collaborate on improving Transport to Health. In response, SEStran and the four Health Boards (NHS Lothian, NHS Fife, NHS Borders and NHS Forth Valley) in the region have agreed to develop a regional Transport to Health Strategy. This Case for Change represents the first stage in that process.

A transport system that enables people to reach healthcare when they need it is fundamental to individual wellbeing, social equity and the effective functioning of the health service. This report presents the evidence base for the Transport to Health Case for Change in the South East of Scotland. It brings together demographic, socio-economic, geographic and transport data, alongside public and stakeholder insight, to understand how people currently travel to primary, secondary and specialist care, and the barriers they encounter.

The report provides a comprehensive assessment of existing Transport to Health challenges across the SEStran region and establishes the foundation for developing a coordinated regional approach.

Scope of the study

The study covers all eight local authority areas within the SEStran region, encompassing the City of Edinburgh, East Lothian, Midlothian, West Lothian, Fife, Falkirk, Clackmannanshire and the Scottish Borders. Together, these areas reflect a wide range of urban, semi-urban and rural contexts in which Transport to Health challenges vary significantly.

The study examines transport access to a range of healthcare services, including:

- GP practices and primary care services
- Secondary care and hospital outpatient departments
- Tertiary and specialist care services
- Community-based and non-emergency services

For the purposes of this study, primary, secondary and tertiary healthcare services are defined in line with Scottish Government and NHS Scotland usage. Primary care refers to community-based services that are typically the first point of contact with the NHS, such as GP practices, community nursing, pharmacy and allied health professionals. Secondary care comprises specialist services, usually delivered in hospital settings and accessed by referral from primary care, while tertiary care refers to highly specialised services provided in regional or national specialist centres.

The study considers journeys undertaken by patients, carers and people attending appointments on behalf of others, but does not include staff travel. All modes of transport are within scope, including public transport, community transport, demand-responsive services, active travel, private car use and taxi travel.

Why this work matters

Transport shapes whether people can reach care in a timely way. The South East of Scotland contains a mix of dense urban neighbourhoods, expanding commuter towns, coastal settlements and remote rural communities. Across such varied places, people have very different experiences of travelling to healthcare.

Those who rely on public transport, who have mobility impairments or who live far from major hospitals face the greatest pressures. Appointment times that do not match available services, indirect routes, long journeys and reliance on informal lifts were all highlighted during this study.

These challenges feed into wider system impacts. Car parking at major hospitals often operates near capacity and contributes to delays, missed appointments and stress for patients and staff. Across the region, around 130,000 outpatient appointments[1] are missed each year. Although transport is not the only reason for non-attendance, it is recognised as a significant contributing factor.

There is no single Scotland-wide estimate of the financial cost of missed appointments, but commonly cited benchmarks provide an indication of scale. NHS England estimates that each missed outpatient appointment costs £30 to £40,[2] while NHS Greater Glasgow and Clyde reports average costs of £233 per missed appointment.[3] Applying these ranges to the SEStran region suggests that missed appointments may cost the NHS between £4.1 million and £31.3 million annually, noting that only a proportion of these missed appointments are transport related.

A literature review of existing Transport to Health research was undertaken by SEStran earlier in 2025 to inform the initial understanding of regional challenges. The review found that while there is substantial national commentary on transport barriers and missed appointments, evidence specific to the South East of Scotland is limited.

Much of the available work focuses on national averages or single care settings and provides little insight into local travel behaviour, cross boundary flows, the role of different transport modes or the lived experience of patients and carers. The review also highlighted gaps in data, including the cost of transport related missed appointments and the accessibility of non-emergency services. These gaps reinforced the need for a more detailed, region-specific evidence base, which this Case for Change sets out to achieve.

Better Transport to Health provision helps promote fairness, improves overall public health and reduces unnecessary strain on clinical services. It also supports broader regional and national goals related to climate change, air quality and social inclusion. Although the region already hosts a mix of public transport, community-based provision and demand responsive services, availability remains inconsistent. Service patterns are often poorly aligned with the location or scheduling of healthcare and innovative practices are not yet applied consistently.

A regional approach is needed to address these challenges. The findings presented in this report create a clear and shared understanding of where the most significant access challenges lie and

[1] SEStran (2025) Transport to Health: Literature Review
[2] NHS England: The Florence Road Surgery (2025) Understanding the Impact of Missed Appointments on the NHS
[3] NHS Greater Glasgow and Clyde (2024) Virtual consultations could reduce number of missed NHS appointments

where improvements could deliver the greatest benefit. This will support the development of a regional Transport to Health Strategy in the next phase of work.

How this report will be used

This Case for Change will be used to identify and organise the problems, opportunities, issues and constraints associated with Transport to Health across the region. It will also shape Transport Planning Objectives that are consistent with national appraisal requirements and guide the development of future options. The work will be taken forward in collaboration with NHS Boards, Local Authorities, transport operators, community organisations and other partners involved in supporting access to healthcare.

Policy context

Transport to Health is shaped by a wide range of national, regional and local policy commitments. Together, these set the strategic direction for improving accessibility, reducing inequalities and supporting the delivery of a more efficient and sustainable health and transport system. The policy context for this work is summarised below.

National policy

Transport (Scotland) Act 2005

The transport (Scotland) act 2005 established Regional Transport partnerships (RTPs) as statutory bodies with responsibility for preparing and delivering regional transport strategies. The act places duty on RTPs to develop transport strategies that contribute to sustainable development, improve social inclusion and promote equal opportunities.

While the act does not place direct transport delivery duties on Health Boards, it provides the statutory framework within which RTPs, and Health Boards are expected to cooperate. In practice, this creates a shared responsibility to ensure that regional transport planning supports access to key services, including healthcare. The Act therefore supports the collaborative working between RTPs, local authorities and NHS boards in improving access to health services across Scotland.[4]

Transport (Scotland) Act 2019

The 2019 Transport (Scotland) Act gives Health boards several responsibilities to consider non-emergency patient transport. One of the policies stated is as follows:

> 120. Health boards: duty to have regard to community benefit in non-emergency patient transport contracts

This requires Health Boards to consider, in addition to the contract's primary purpose, the economic, social, and environmental wellbeing impacts of non-emergency transport agreements.

The Transport Act also states the following policy:

> 121. Health boards: duty to work with community transport bodies

This requires Health Boards to work with community transport organisations in their jurisdiction when providing non-emergency patient transport services. The policy additionally requires Health Boards to publish an annual report which demonstrates the steps they have taken to comply with this policy. The report should also demonstrate how effective and cost-effective non-emergency transport services have been in the board area.

This report will engage will community transport organisations and Health Boards to assess the constraints and opportunities of improving coordination between community transport organisations and Health Boards. This includes the utilisation of regional forums through the Regional Transport Partnership.

[4] Transport (Scotland) Act 2005: https://www.legislation.gov.uk/asp/2005/12/contents

Scottish Government Transport to Health Delivery Plan (2024[5])

This plan sets out commitments to tackle the issue of Transport to Health including 16 commitments which describe how Health Boards should work alongside RTPs:

- → Commitment 11 states that NHS Delivery Plans should include consideration of how best to work with Regional Transport Partnerships and transport officers from Local Authorities
- → Commitment 12 states RTPs should convene stakeholder groups with a remit on Transport to Health and Regional Transport Strategies should include appropriate consideration of Transport to Health Issues
- → Commitment 19 states the Scottish Government will support RTPs to develop their own plans around Transport to Health.

Other actions to be taken by the Scottish Government include reviewing the Scottish Ambulance Service' (SAS) Equalities Impact Assessment of Patient Transport, and to review the Patient Needs Assessment which determines if patients are eligible for transport.

Working through the Re-mobilise, Recover, Re-design Framework and the Digital Health and Care Strategy the Scottish Government will seek to offer a greater number of accessibly designed digital services and care closer to home, reducing the need to travel.

The Scottish Government will stipulate in Health Boards' Annual Delivery Plans that patients must have access to all information on relevant transport, community transport and reimbursement entitlement. On top of this the potential for appointment transport information to be incorporated into the NHS inform app and Traveline will be considered.

Overall, the plan sets out a variety of commitments that seek to improve collaboration and coordination between different sectors and organisations to improve transport journeys to healthcare as well as overall public, patient and community transport accessibility.

National Transport Strategy 2 (NTS2)

The National Transport Strategy 2 maps the vision for Scotland's transport system to 2040. The four main priorities of the strategy are:

1. To reduce inequalities
2. To take climate action
3. To help deliver inclusive economic growth
4. To improve our health and wellbeing

The strategy mainly focuses in improving health and wellbeing through increasing activity levels through active travel and reducing air pollution. However, under the reducing inequalities by providing fair access to services remit the strategy does commit to:

> "Improve sustainable access to healthcare facilities for staff, patients and visitors" – NTS2

[5] https://www.gov.scot/publications/transport-health-delivery-plan/

The Scottish Government views the path to improving Transport to Health as a way of reducing inequalities. It places an emphasis on the challenges faced by older and disabled people:

"As a society, it is important that older and disabled people can plan and get to their GP or hospital without facing physical barriers and enduring distress, anxiety or additional transport costs."

The strategy states the Scottish Government will ensure that sustainable access is embedded in the planning process for hospitals and health services. A different approach to planning and delivering health services will also reduce the need to travel to healthcare.

Strategic Transport Projects Review 2 (STPR2)

The equality impact assessment (EqIA) for the STPR2 includes consideration of how projects will improve access to services, including healthcare. When accessing each strategic project one of the objectives is "Health and Health Inequality". Included in this is the guide question:

"Will the option/intervention/package improve access to healthcare, in particular for those with protected characteristics and demographic groups facing structural inequalities?"

This demonstrates that Transport to Health is a consideration when assessing major strategic transport projects.

National research and evidence

Mobility and Access Committee for Scotland (2019)

The issue of Transport to Health has risen in prominence again since the Mobility and Access Committee for Scotland (MACS) produce the Transport to Health and Social report in December 2019.[6] The report focused on barriers disabled and older people face when accessing health and social care facilities, it brought together a roundtable including Disabled People's Organisations, Community Transport Association, Transport Scotland, NHS Boards and surveyed over 1,000 disabled people.

Some selected findings of the report include:

- No progress had been made on this issue since the 2011 Audit Scotland[7] report on the same issue
- 98% of 849 older and disabled people surveyed said they faced transport barriers accessing health and social care appointments
- A lack of coordinated planning between the NHS, Local Authorities, the Scottish Ambulance Service, Regional Transport Partnerships and Community Transport Providers
- Poor signposting to alternative transport organisations
- Scottish Ambulance Service (SAS) overstretched and filling the gaps caused by poor public transport. SAS' changes to Patient Needs Assessment and the loss of the SAS voluntary car have reduced the number of bookings SAS can accept

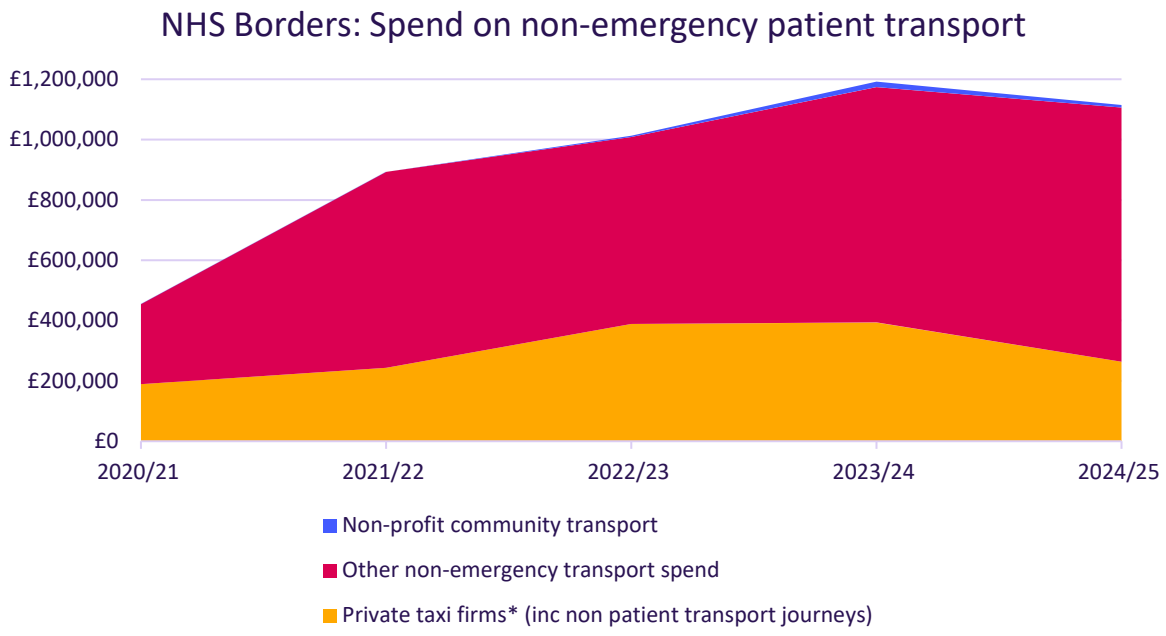
[6] Mobility and Access Committee, 2019, Transport to Health Report
[7] https://audit.scot/publications/transport-for-health-and-social-care

- Community Transport organisations are filling in some of the gaps, but their work goes unacknowledged. Some requests they received go unfulfilled and they have to charge passengers by the mile making the service unaffordable to many
- The overall public transport system and infrastructure is not designed towards disabled and older people accessing healthcare

Community Transport Association (CTA)

In 2025 the Community Transport Association published a report based on a series of Freedom of Information requests to NHS boards in Scotland.[8] It focused on the provision in the Transport (Scotland) Act 2019 which stated that Health Boards have a duty to work with community transport bodies. The report found that most NHS boards are either only partially compliant or non-compliant with the legislation.

The FOIs included some information on non-emergency transport spend. However, this information varies between Health Boards and spend on taxis for patient transport is not differentiated from taxi spending on other operational requirements. NHS Borders is one the Health Boards which had more complete data on non-emergency transport spending:



Regional policy and related schemes

SEStran Regional Transport Strategy (RTS)

The Regional Transport Strategy for SEStran provides the strategic framework for management and investment in the transport network to 2035. One key aspect for the next 10 years the strategy considers is the trend of increasing demand for travel to healthcare.

The RTS states that services should be located with connectivity to deprived areas in mind (e.g. health provision should be located with connectivity to health-deprived communities in mind).

[8] https://ctauk.org/healthy-communities-scotland

Analysis as part of the RTS found that areas with both poor connection to public transport and high health deprivation included areas postcodes around the periphery of Edinburgh, as well as in the Scottish Borders, Clackmannanshire and Levenmouth in Fife.

SEStran Regional Bus Strategy

The SEStran Regional Bus Strategy (SRBS) sets out the policy vision for all public bus services in the region. This has significant relevance for Transport to Health, since bus transport is the second most common method of travel to healthcare appointments.

The strategy aims for transport governance to have stronger integration with economic, planning, and health priorities. The vision is underpinned by three key areas of improvement:

- → Improve level of service
- → Improve affordability
- → Improve service quality

To improve the level of service the strategy commits to engage on the potential implementation of core equitable service stands for intra-SEStran, inter-urban, and cross boundary connectivity, including important movements outside of the RTP area. These service standards will be based on an audit of the connectivity of settlements in the region. Additionally, RTS Policy 9.2g states:

> "Bus improvements should support access to healthcare facilities where practical and appropriate."

SRBS policies aimed at improving the level of service, service affordability and service quality will help to make bus services which connect healthcare more accessible and convenient.

SEStran Transport to Health literature review

The Transport to Health literature review completed by SEStran previous to this report identified several research gaps. This report addresses some of the research gaps identified; the extent and nature of this coverage are outlined in Table 1 below:

Table 1: Research gaps and report coverage.

Research Gap	Description	Addressed by this report?
Transport mode share for different types of journeys to healthcare services in the SEStran region.	The last SHS Transport and Travel report to capture this information was in 2011 at a national scale, but even then, it does not appear to have been provided at the RTP or Local Authority level, potentially due to sample sizes.	The response to the survey by over 1,500 SEStran residents includes questions on: ↘ Transport mode share to reach healthcare appointments (primary and secondary modes) ↘ Self-reported journey times to different types of health care appointments (GP, pharmacy etc.) ↘ Frequency of travel to different types of healthcare appointments

Research Gap	Description	Addressed by this report?
Car and public transport distances to other types of primary care.	Analysis carried out using SIMD data has focused on access to GP services and hospitals in the SEStran region. While important, other types of healthcare are not captured by this analysis, such as pharmacies and dental practices.	The self-reported journey times to each type of healthcare (pharmacies, dentists etc.). 1,340 of the responses contain postcode district data which can be confidently assigned to Local Authorities and on the postcode district level to gain a spatial understanding of journey times. This data can be further split into those who primarily use car or public transport.
Alternative modes of transport to healthcare sites	While the 2023 SHS asks how people get to the GP and asks people who always drive to the GP if they can use any other modes of transport, it does not ask about other types of healthcare service. It also does not provide a breakdown of the data for the SEStran region. Another insight missing from the data is how many people own a car but choose to take another mode of transport to healthcare.	The survey doesn't provide data on mode share by type of appointment. However, the survey contains car ownership data and primary and secondary mode choice preference for healthcare journeys, so the proportion of car owners who choose to use public transport can be calculated.
Quantifying the scale of the parking problem at hospital sites.	At the moment there is plenty of anecdotal evidence around parking issues at NHS sites. Further research could attempt to quantify on a more rigorous basis how long patients spend trying to find parking and what implications this has.	This report does not include automatic number plate recognition (ANPR) data. However, the proportion of respondents who cite parking as a barrier to accessing healthcare has been provided through the survey.
Transport cost barriers to accessing healthcare services	There is little research examining the cost of transport specifically, as opposed to transport more generally, as a barrier to accessing healthcare in a Scotland or UK context.	Our survey asks respondents to say if transport costs affect their ability or decision at attend healthcare. Responses to this question can be filtered by a number of characteristics including car access and bus pass recipients.
Quantifying the cost to the NHS of transport-related missed appointments in the SEStran region.	While the reasons for missing appointments are complex, if transport can be pinpointed as a reason for particular missed appointments, this could provide motivation for the NHS to fund transport services.	Our survey asks respondents, "Have you ever missed or delayed a healthcare appointment due to transport issues?". As well as the reason for missed / delayed appointments has been given. The cost to the NHS of these missed appointments could be extrapolated but the proportion of all missed/delayed appointments that are due to transport issues cannot.
People who avoid booking healthcare appointments altogether.	Inherently a difficult phenomenon to capture, understanding how many people are put off by poor transport	The survey doesn't ask about those who avoid booking healthcare appointments altogether. However, an analysis of qualitive

Research Gap	Description	Addressed by this report?
	from booking appointments could provide further basis for a Transport to Health strategy.	responses could provide some information as to the extent of this phenomenon.

SEStran People and Place Programme

The SEStran People and Place Programme provides an important complementary context for Transport to Health across the region. In 2024/25, SEStran received £5.3 million to deliver a wide range of projects aimed at increasing walking, wheeling and cycling and improving local accessibility.

Over 100 projects were supported, including cycle training, access to bikes, community-led walks, street audits and public realm improvements. Many of these initiatives directly support Transport to Health objectives by improving confidence, safety and physical accessibility for short everyday journeys, including travel to GP practices, pharmacies and community health facilities.

Several projects also focused on improving the accessibility of streets and walking environments near health and social care sites, helping to reduce physical barriers for older people, disabled people and those with long-term health conditions. By strengthening local connections and enabling more people to travel actively where appropriate, the programme contributes to reducing car dependency for shorter healthcare trips and supports wider public health outcomes.

The People and Place Programme therefore provides a practical delivery mechanism that aligns closely with the objectives of this Case for Change and demonstrates how place-based transport interventions can support improved access to healthcare, particularly at a local and community level. The programme is ongoing and will continue to deliver benefits into 2026/27 and beyond.

Approach and methodology

This Case for Change has been developed through a structured, evidence-driven and iterative process that brings together quantitative analysis, spatial modelling, public insight and engagement with organisations involved in Transport to Health.

The approach reflects Scottish Transport Appraisal Guidance (STAG) principles and builds on the findings of the Literature Review undertaken earlier in 2025.

The methodology used for this study is summarised below:

Evidence review

A wide range of existing datasets and published material was reviewed to develop a consistent baseline for the SEStran region. This included demographic and socio-economic indicators, health activity data, transport network information and relevant national and regional policy documents.

The Literature Review identified several gaps in available research, particularly around local travel behaviour, missed appointments and the lived experience of users, which helped inform the design of the remaining stages of the study.

Geographic and accessibility analysis

Geographic Information Systems (GIS) were used to analyse how people across the SEStran region currently access healthcare services. Spatial analysis combined healthcare site locations, population and demographic data, and details of the region's public transport and road networks. Travel time modelling was undertaken to compare access by different modes, including public transport, private car and active travel.

This analysis provided a detailed understanding of how accessibility varies between urban, semi-rural and rural areas, and where transport related barriers are most likely to occur. It also highlighted cross boundary travel patterns between Local Authorities and Health Boards. The outputs of this work provide the geographic foundation for the Problems, Opportunities, Issues and Constraints (POIC) assessment and help explain how transport barriers vary between places and population groups.

Public consultation and stakeholder insight

A region wide public consultation was carried out between October and November 2025. More than 1,500 responses were received, providing a substantial evidence base of lived experience across all eight Local Authority areas.

The consultation explored how people travel to healthcare, what challenges they face, how these differ by type of appointment and the impact of cost, journey duration and transport reliability. Both quantitative and qualitative responses were analysed, with postcode data used to generate insights at local authority and Health Board level and to test geographic patterns identified through the spatial analysis.

Stakeholder engagement

Engagement was carried out with a range of organisations involved in Transport to Health across the region. This included NHS Boards, Local Authority transport teams, community transport operators, public transport providers and members of the SEStran Transport to Health Learning Network, which brings together representatives from NHS Scotland Assure, the Scottish Ambulance Service and partner Health Boards.

Stakeholder input was used to sense-check emerging findings, provide operational context, and identify practical opportunities and constraints affecting delivery. Their perspectives were used to complement and contextualise the findings from the geographic analysis and public consultation.

Equality considerations

An initial Equality Impact Assessment (EqIA) has been undertaken to inform this Case for Change, reflecting its early appraisal stage.

Equality and socio-economic considerations have been embedded throughout the evidence review, analysis and engagement activities. This has supported the identification of potential inequalities in access to healthcare and transport across the SEStran region, with particular regard to groups more likely to experience transport disadvantages.

The EqIA has informed the identification of problems, opportunities and issues within the Case for Change and highlights where further evidence, mitigation and engagement will be required at subsequent option development and appraisal stages. The assessment has been undertaken in line with STAG, the Equality Act 2010 and the Fairer Scotland Duty.

Analytical framing

All findings were synthesised using a Problems, Opportunities, Issues and Constraints framework, in line with STAG guidance. This ensures that the challenges identified in the evidence base are considered alongside future opportunities and practical constraints. The POIC framework also provides a clear structure for developing Transport Planning Objectives in the next phase of work.

Regional context

Transport to Health in the South East of Scotland is influenced by the region's geography, demography, socio-economic conditions, transport infrastructure and the configuration of healthcare services.

Understanding these factors is essential to explaining why transport barriers emerge in some areas and why experiences vary across the region. This section provides an overview of the wider context that influences access to healthcare for people living in the SEStran area.

Transport system overview

The SEStran region is served by an extensive road network and a varied but uneven public transport system. The left-hand map in Figure 1 illustrates the strategic road hierarchy, including motorways, A roads and B roads that form the backbone of regional and cross-boundary travel. These corridors provide generally good connectivity to major towns and to the region's acute hospitals although reliance on the road network is significantly higher in rural areas where alternatives are limited.

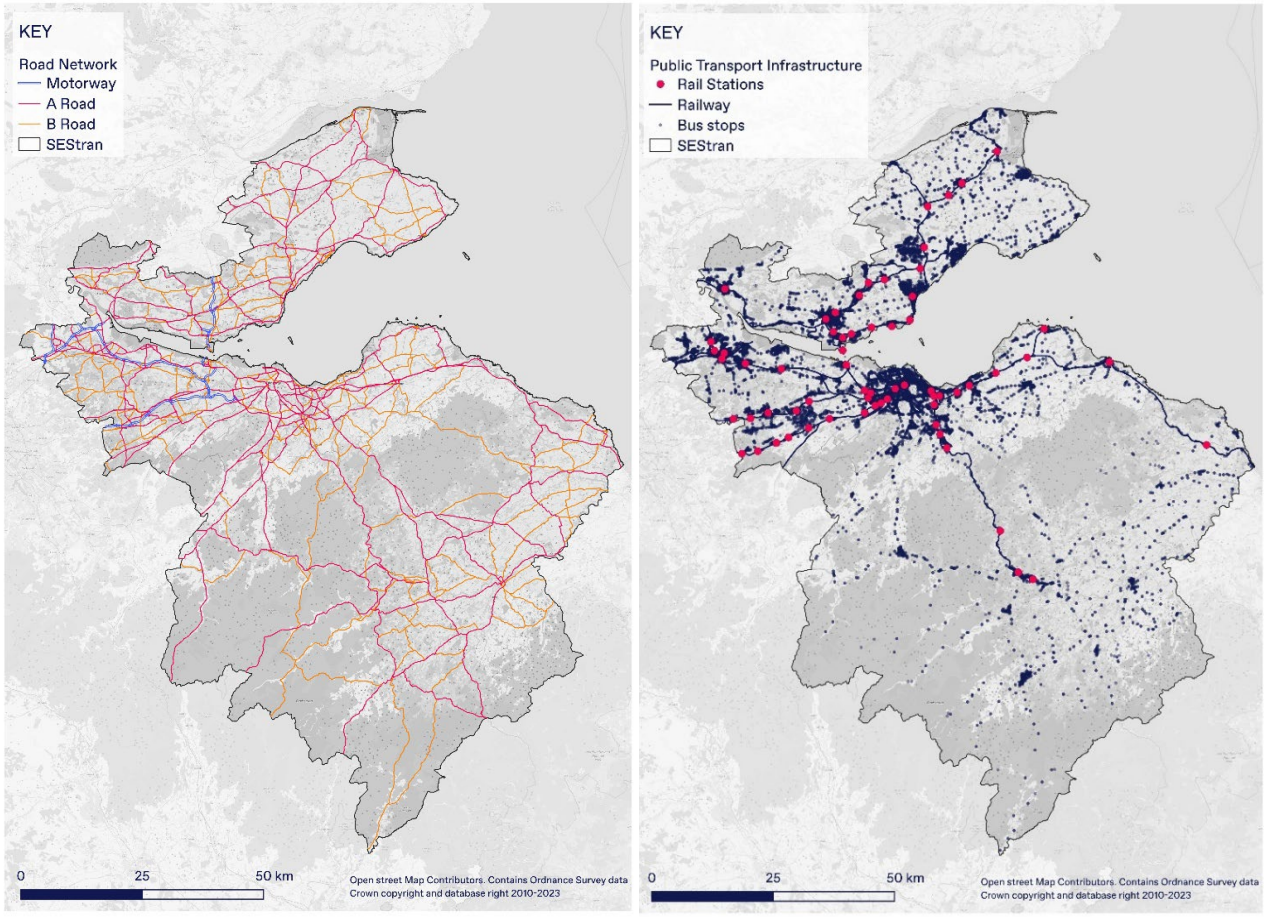


Figure 1: SEStran Road Network (Left) and Public Transport Infrastructure (Right)

The right-hand map shows the distribution of public transport infrastructure. Rail stations are rail corridors are concentrated around Edinburgh, Fife, Falkirk and the Borders railway corridor, providing

strong links into the capital and between major settlements. In contrast, much of rural Fife, Clackmannanshire and the Scottish Borders sit at considerable distance from the rail network.

Bus stop density is highest in Edinburgh, West Lothian, Midlothian and the larger towns in Fife and Falkirk. However, the map also highlights large areas with sparse bus coverage, especially in rural parts of the Borders and north-eastern Fife. These patterns illustrate the structural challenges faced by residents who depend on public transport, particularly when travelling to hospital sites located outside their immediate communities.

Healthcare system overview

Healthcare provision across the SEStran region comprises a network of GP surgeries, community hospitals and health centres, supported by several major acute hospitals located in each of the four NHS Board areas. Figure 2 illustrates the distribution of these facilities and shows the geographic footprints of NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders, highlighting the spatial relationship between population centres and the healthcare estate.

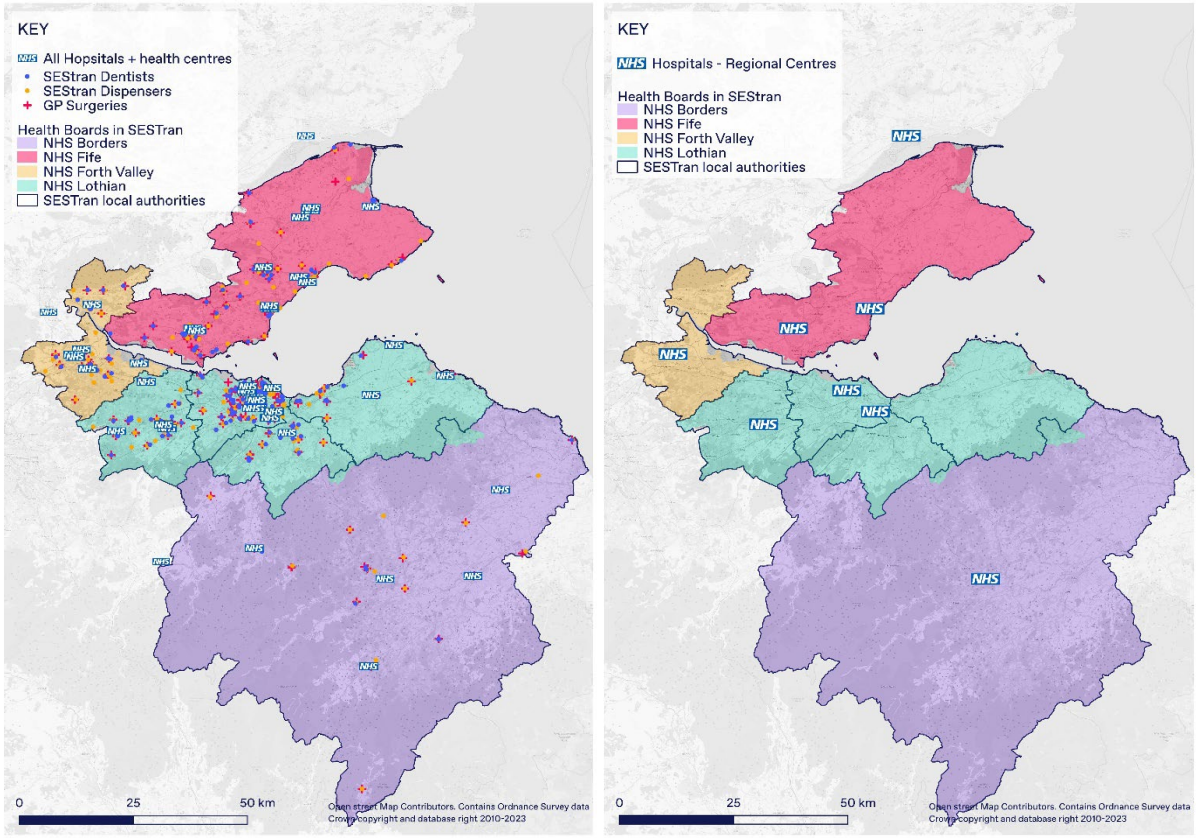


Figure 2: Primary Healthcare (Left), Regional healthcare centres providing Secondary and Tertiary Care (Right)

GP surgeries are generally widespread and closely aligned with where people live, providing relatively local access for routine primary care. However, smaller settlements in rural areas, particularly in parts of the Scottish Borders, Clackmannanshire and eastern Fife, sit at greater distances from their nearest GP practice. For residents without access to a car, this can increase reliance on public, community or family transportation to attend healthcare appointments. Major hospitals, shown in Figure 2 as NHS hospital markers, are more spatially concentrated.

Acute and specialist care is delivered from key sites including the Royal Infirmary of Edinburgh and Western General Hospital in Edinburgh, Victoria Hospital in Kirkcaldy, Forth Valley Royal Hospital in Larbert and Borders General Hospital in Melrose. This degree of centralisation is necessary for clinical quality and efficiency, but it also means that many residents must travel beyond their local authority area, and in some cases beyond their Health Board boundary, to access hospital-based or specialist services.

Community hospitals and healthcare centres supplement this network by offering local outpatient clinics and minor procedures, but the availability and scope of services vary between sites. As a result, patients often still travel to acute hospitals for diagnostics, specialist appointments and higher-level care.

Regional geography and settlement patterns

The SEStran region spans eight local authority areas with diverse settlement patterns, ranging from dense urban neighbourhoods in Edinburgh and Falkirk to dispersed rural communities in the Scottish Borders, Clackmannanshire and eastern Fife. These spatial differences strongly influence the types of transport options available to residents and the practicality of accessing healthcare without a private car.[9]

Figure 3 illustrates this variation, showing the Scottish Government's Urban-Rural Classification (left) alongside population density (right) across the region. The maps highlight the concentration of larger settlements along key transport corridors and the extensive areas where population is dispersed across small towns, villages and remote rural settings.

Urban areas typically benefit from more frequent and comprehensive bus services, while rural areas experience lower service density and reduced availability, particularly outside peak times.[9][10] However, journeys to major hospitals can still be indirect, often requiring interchange or travel through congested corridors.[11]

Semi-rural and commuter towns in West Lothian, Midlothian and coastal East Lothian typically have reasonable daytime bus provision during core hours, but service frequency often reduces significantly in the early morning, evening and at weekends.[12] Residents in these areas may therefore rely more heavily on private cars for hospital appointments located outside their immediate communities.

[9] Scottish Government (2020) Scottish Household Survey – Travel and Transport in Scotland
[10] Transport Scotland (2025) Scottish Transport Statistics 2024: Chapter 2 – Bus and Coach Travel
[11] SEStran (2025) Regional Bus Strategy – Case for Change
[12] SEStran (2025) Transport to Health Literature Review

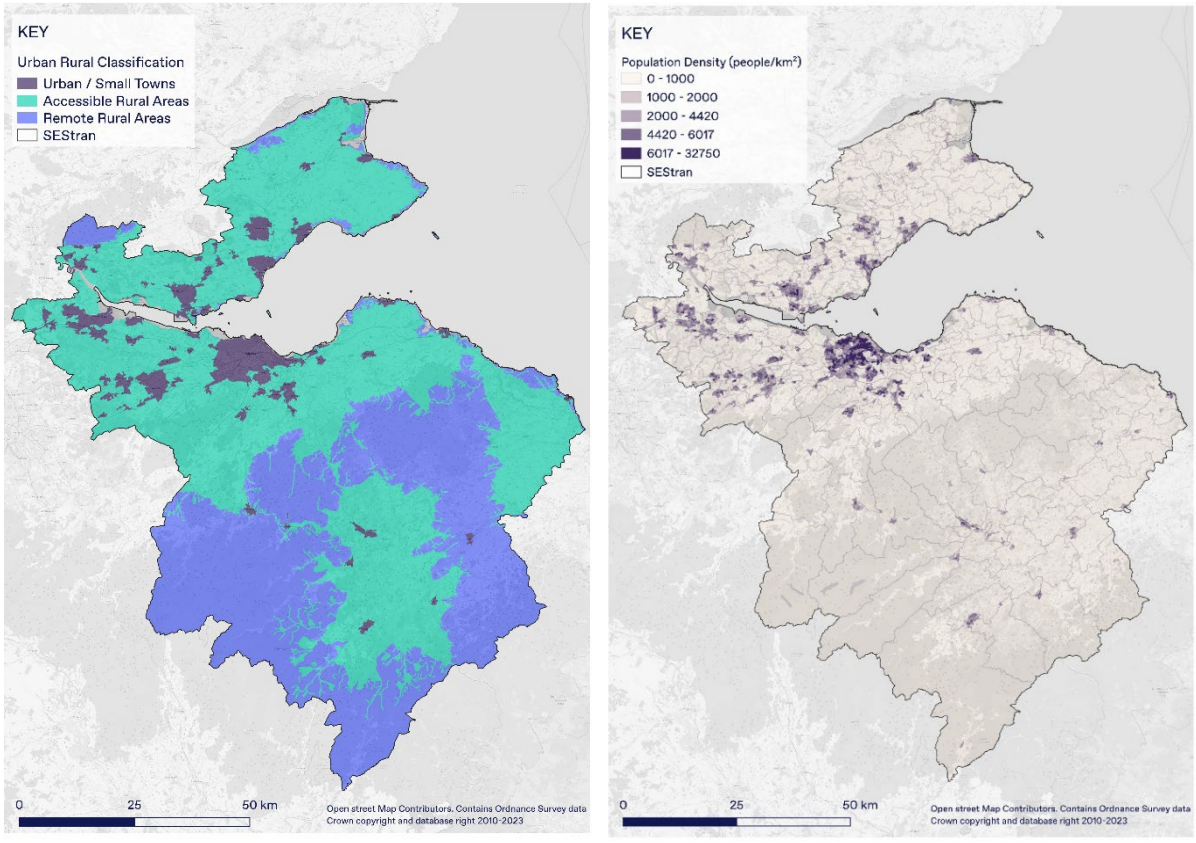


Figure 3 Urban–Rural Classification (left) and Population density (right) across the SEStran region

These constraints mean that many rural residents depend on private, community or informal transport to reach healthcare. In this context, informal transport refers to privately arranged, unpaid or non-commercial travel outside statutory services. This reliance can exacerbate disadvantage for people without access to a car, those with mobility impairments, and those who require frequent appointments.[13]

Demographics and population change

The SEStran region is home to over 1.6 million people. but demographic trends vary significantly between local authority areas. These differences directly influence travel demand, patterns of healthcare use and the types of Transport to Health support required.

Figure 4 shows the proportion of residents aged over 75, highlighting large areas in the Scottish Borders, Clackmannanshire and eastern Fife where older populations are most concentrated and which coincide with more rural settings. Typically, public transport frequency declines and distances to services increase in these settings. This age group is particularly relevant, as older adults tend to require more regular healthcare appointments and are less likely to continue driving long distances as they age, increasing dependence on public, community or informal transport networks.[14]

[13] https://publichealthscotland.scot/population-health/environmental-health-impacts/transport-and-health/why-is-transport-important-for-health/
[14] https://www.transport.gov.scot/publication/health-inequalities-impact-assessment-hiia-nts-delivery-plan/key-issues-and-evidence

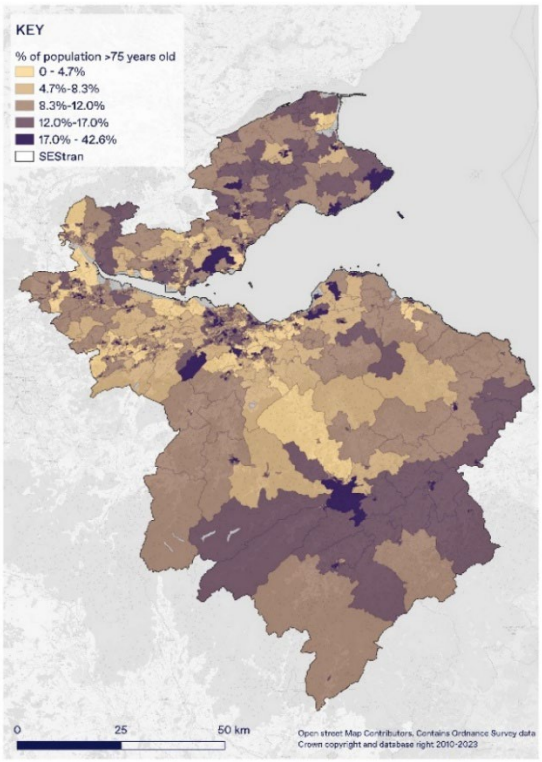


Figure 4: Proportion of residents aged 75 and over by area

Figure 5 presents the wider age structure by local authority. Edinburgh has the youngest profile, with a high proportion of working-age adults and comparatively fewer residents aged over 65 and over. West Lothian, Falkirk and Midlothian also show younger age distributions, reflecting continued residential expansion. In contrast, the Scottish Borders and Clackmannanshire have some of the highest proportions of older adults in the region, contributing to elevated transport need for primary and secondary care.

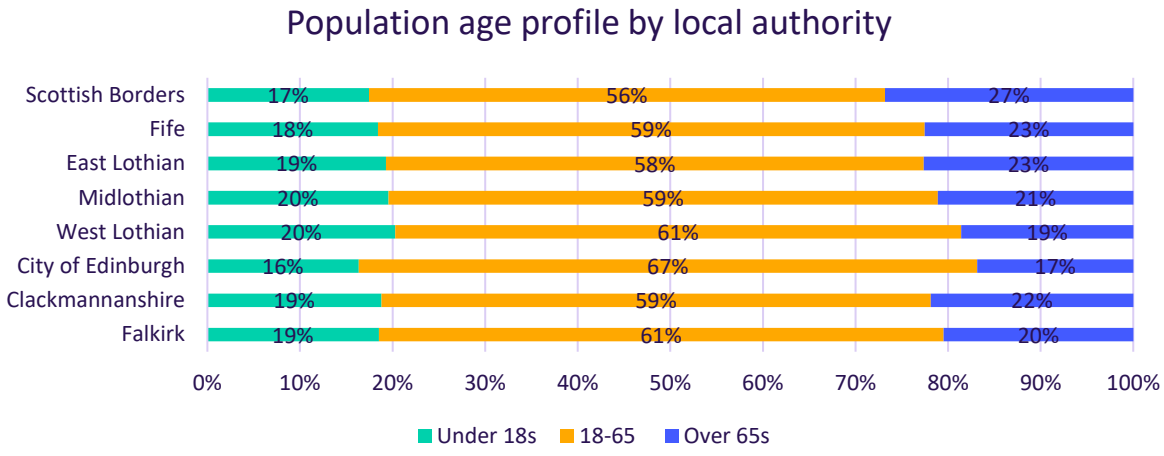


Figure 5: Population age profile by local authority

Population change across the region is uneven. National Records of Scotland projections indicate sustained growth in Edinburgh, Midlothian and East Lothian to 2032, driven by continued housing

development and inward migration.[15] Many rural areas, however, show stagnation or decline, which can exacerbate vulnerability where transport services are already limited.[16]

Midlothian is currently one of the fastest-growing areas in Scotland. The emerging Midlothian Local Development Plan 2 identifies land for approximately 8,851 new homes across the 2027–2037 plan period, reflecting a sustained period of residential expansion.[17] This scale of planned growth is expected to generate additional travel demand. Without corresponding improvements in public transport, active travel infrastructure and Transport to Health provision, increased car use may exacerbate congestion on key corridors, including those linking Midlothian to major hospitals in Edinburgh.

Socio-economic inequalities and transport poverty

Socio-economic inequalities play a significant role in shaping how people access healthcare across the SEStran region. Levels of deprivation vary widely, with concentrations in parts of Edinburgh, coastal towns, and areas of rural Fife, West Lothian and Clackmannanshire. These patterns have a direct bearing on transport needs and the options available to residents.

People living in more deprived areas are:

- More likely to have complex health needs
- Less likely to own a private car, and
- More likely to live in communities with weaker, less frequent or less reliable public transport links.

Public Health Scotland defines Transport poverty as:

> "The lack of transport options that are available, reliable, affordable, accessible or safe that allow people to meet their daily needs and achieve a reasonable quality of life."[18]

[15] National Records of Scotland (2025) Subnational Population Projections: 2022-based
[16] National Records of Scotland (2025) Council area profiles
[17] Midlothian Council (2025) Midlothian Local Development Plan 2
[18] Public Health Scotland, 2024, Transport Poverty Briefing

A key driver of transport poverty is the dominance of the private car within the transport system. Where household car access is low, residents have fewer alternatives when public transport is limited, indirect or expensive. Deprivation and transport poverty therefore tend to reinforce one another.

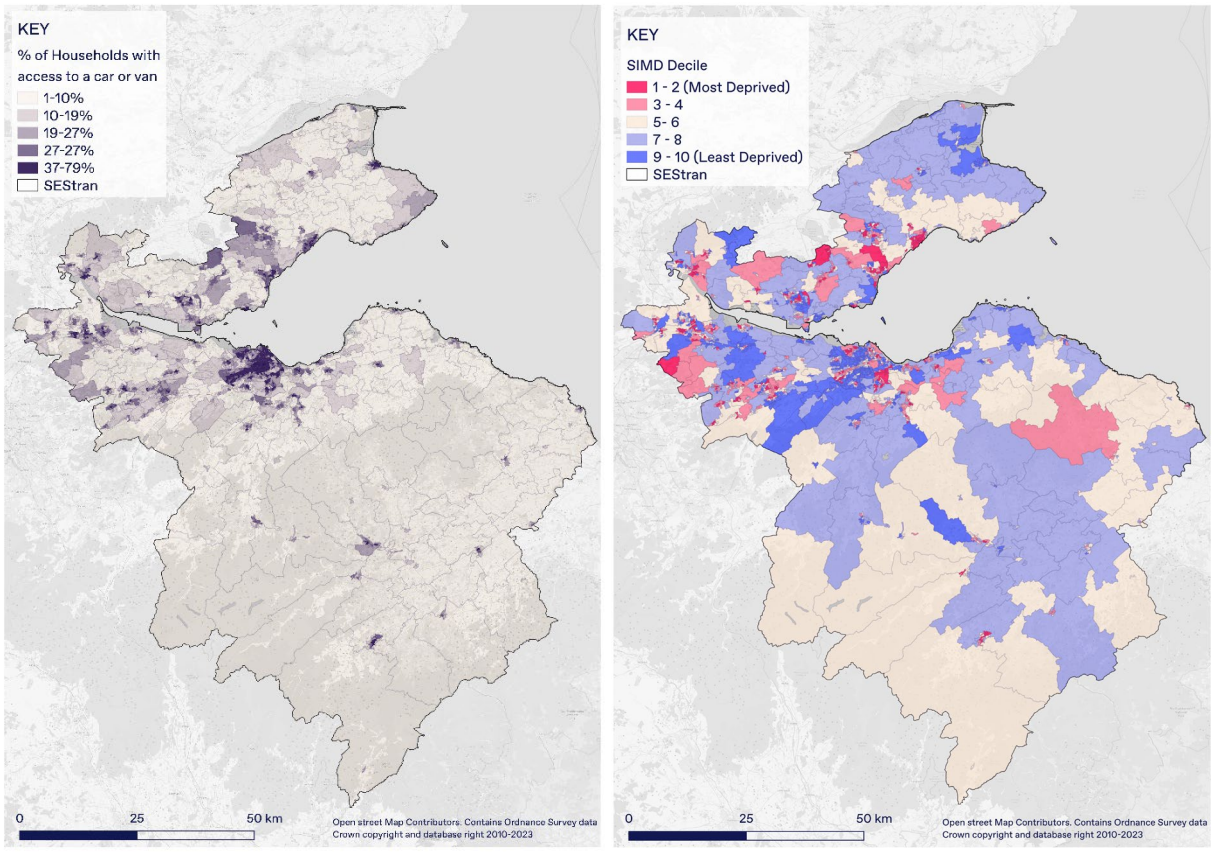


Figure 6: Deprivation and car access across the SEStran region

Figure 6 illustrates these relationships. Areas with higher deprivation also show the highest proportions of households without access to a private car. This overlap identifies communities where reliance on public or community transport is greatest and where long or complex journeys to healthcare are most likely to be experienced as a barrier.

Figure 7 strengthens the disparity by showing that households in the most deprived deciles are significantly more likely to have no access to a car than those in more affluent areas.

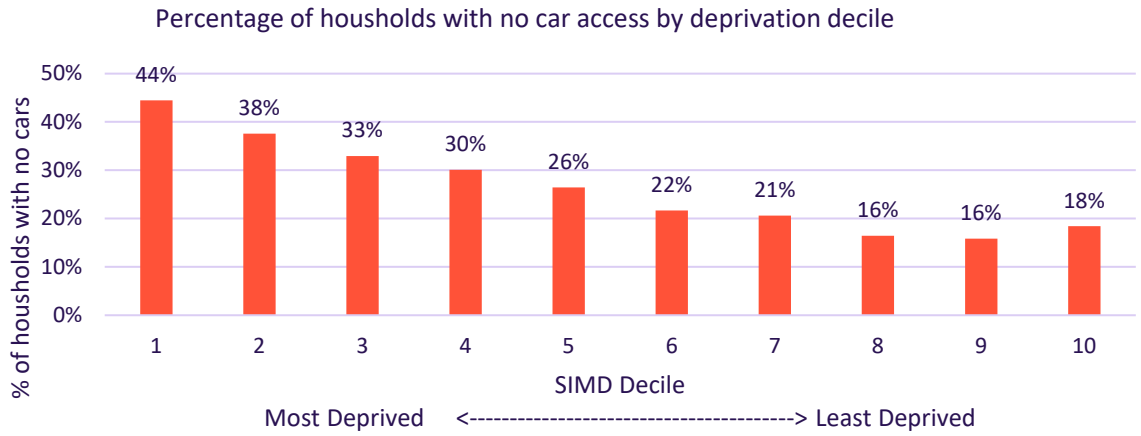


Figure 7: Car access by deprivation decile

As a result, residents in the most deprived communities are disproportionately reliant on public transport and therefore more exposed to long travel times, limited-service availability and indirect routes to both primary and hospital-based care. For those with chronic conditions, mobility impairments or frequent appointments, these barriers can lead to missed or delayed care and increased pressure on informal support networks.

Taken together, these findings highlight where transport-related disadvantage is most concentrated and provide a strong foundation for identifying the communities where improvements in Transport to Health provision will have the greatest impact.

Transport network characteristics and access to primary care

Public transport and driving travel times

Access to primary care (community-based, first-contact NHS services) across the SEStran region is shaped by the structure of the transport network and the significant differences in journey times between travel modes. Travel-time modelling shows clear and consistent disparities between public transport and driving when accessing GP surgeries.

Across most of the region, travelling to a GP by public transport takes between two and three times longer than travelling by car. This pattern is evident in urban, semi-rural and rural settings, reflecting the indirect nature of many bus routes, interchange requirements and variable service frequencies. The maps in figure 8 illustrate the distribution of public transport journey times to GP surgeries, compared with the equivalent driving times.

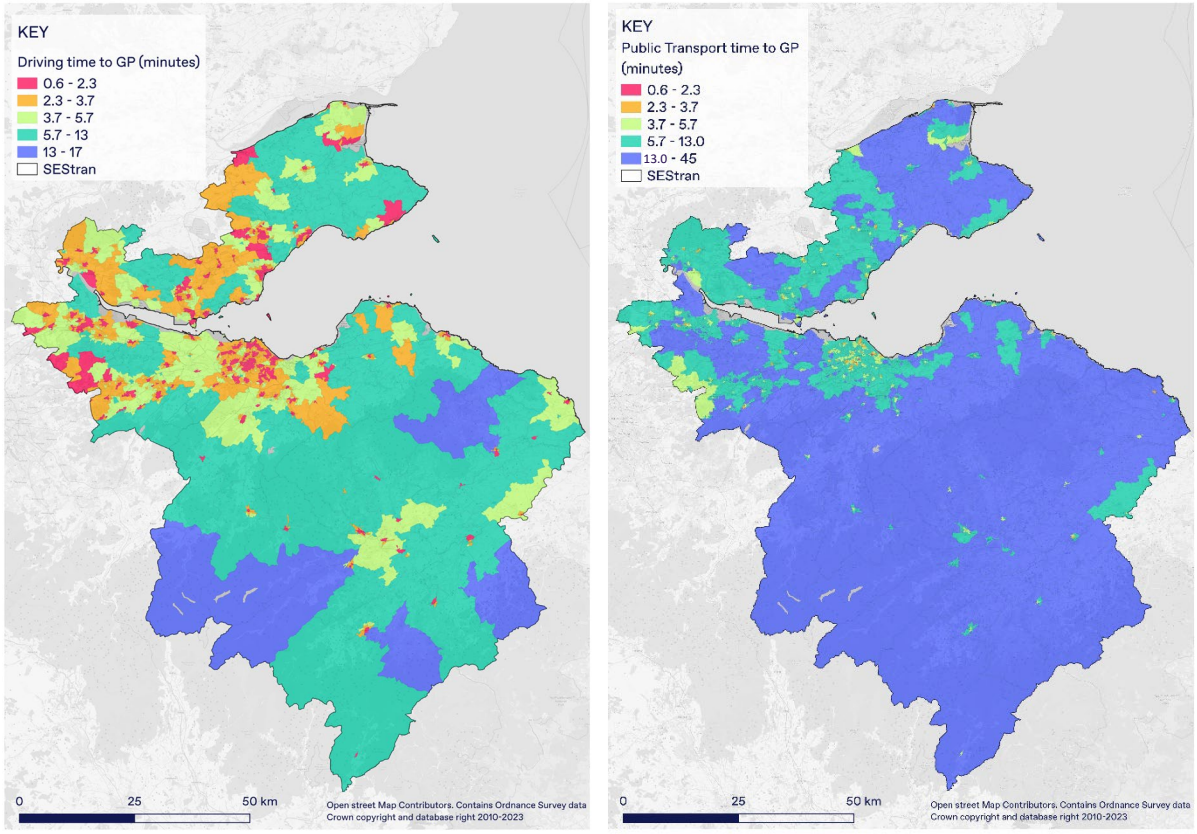


Figure 8: Public transport and driving travel times to GP surgeries across the SEStran region

Figure 9 reinforces this pattern, showing average travel times to GP surgeries by local authority and highlighting substantial differences between car and public transport journey times.

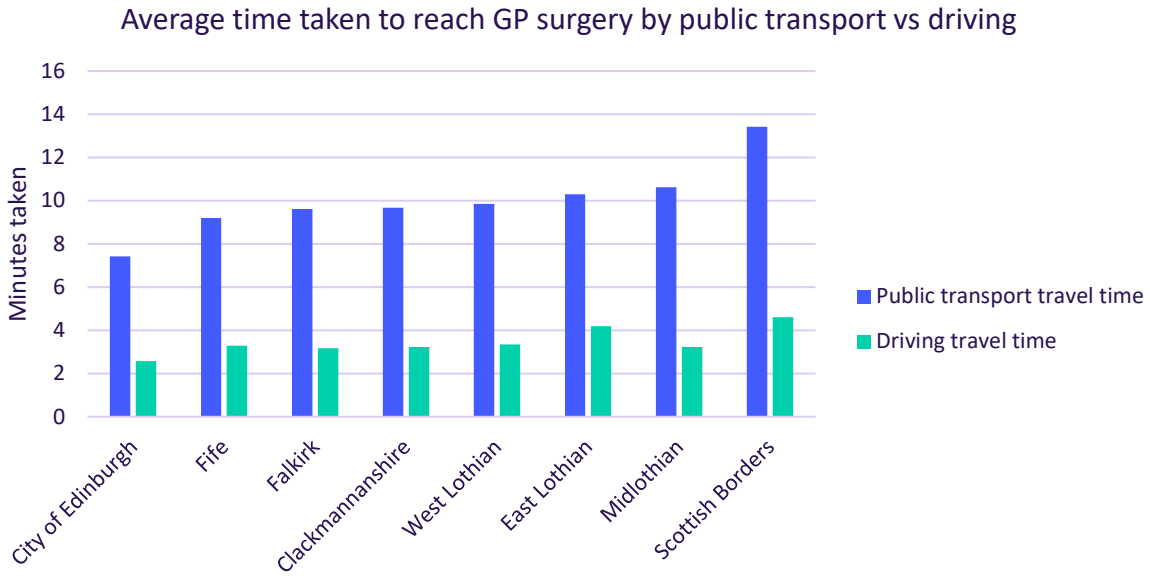


Figure 9: Average journey time to GP surgery by mode and local authority

Deprivation and travel times

The relationship between travel times and deprivation is shown in Figure 10. Modelled public transport journey times do not vary substantially across deprivation deciles, yet residents in the most deprived areas are significantly less likely to own a car. As a result, they cannot avoid relying on longer and often indirect public transport journeys to reach healthcare appointments.

For people with long-term conditions or regular outpatient needs, these extended journey times can present a material barrier to consistent healthcare access.

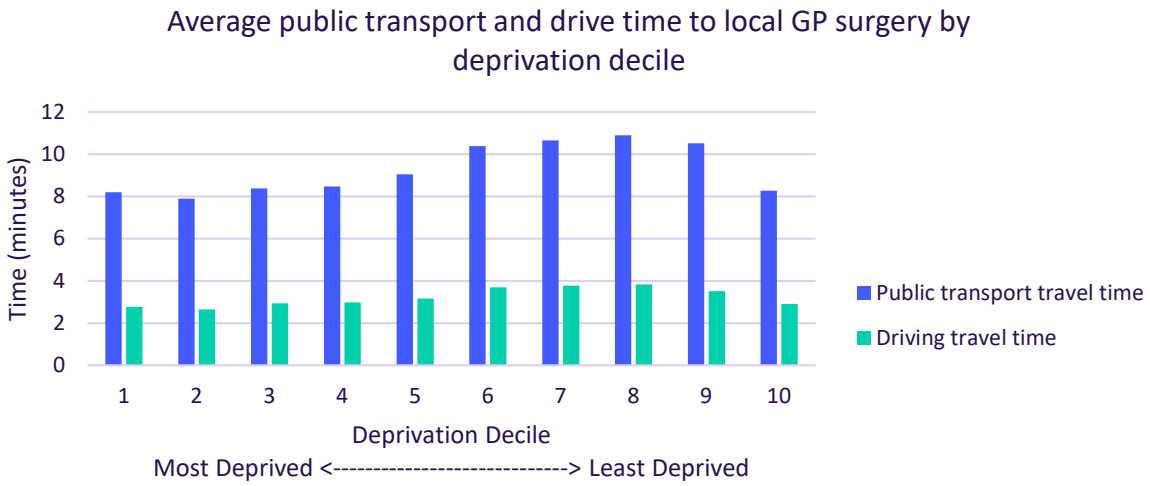


Figure 10: Average public transport and driving time to GP surgery by deprivation decile

Rurality and travel times

Rurality is one of the strongest determinants of long or complex journeys to primary care. Figure 11 shows that remote rural areas experience the highest average public transport journey times to GP surgeries, averaging around 24 minutes. By contrast, large urban areas have average travel times of 7.5 minutes, illustrating the substantial difference in accessibility between settlement types.

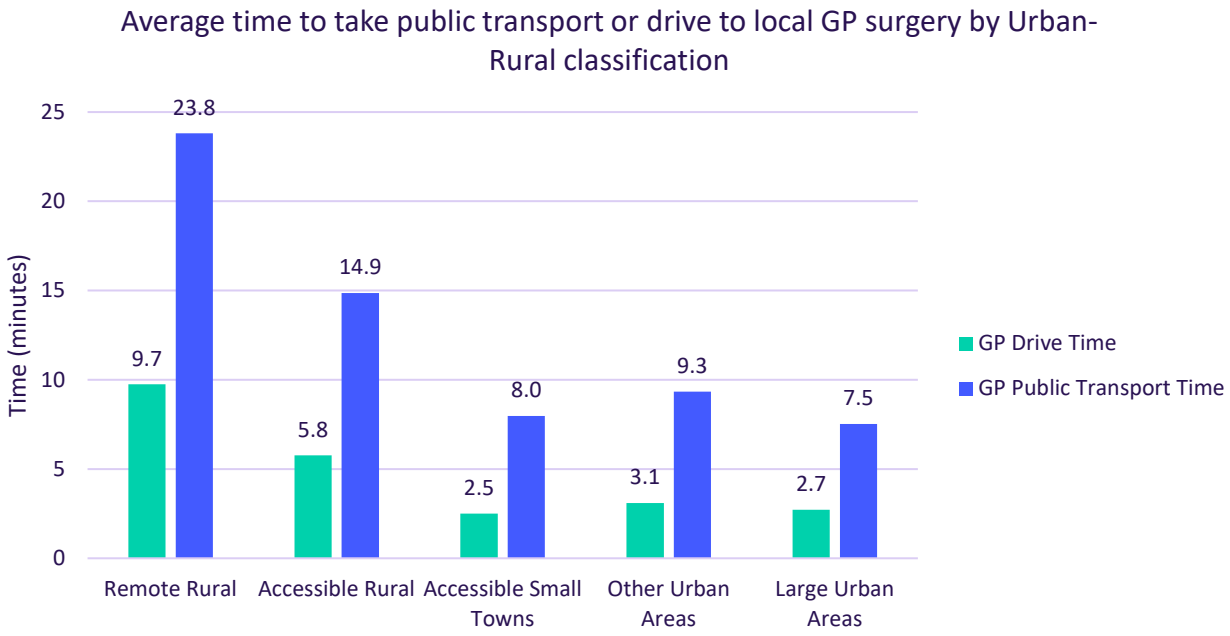


Figure 11: Average journey time to GP surgery by urban–rural classification

Accessible rural areas and small-town settings also experience longer average journey times than urban centres, reflecting more dispersed settlements, reduced service frequencies and longer distances to healthcare sites.

The infographic below highlights this disparity clearly: a typical public transport journey to a GP in remote rural areas takes more than three times longer than in large urban areas.

Access to secondary and tertiary care

Secondary and tertiary healthcare services (specialist hospital services and highly specialised care, respectively) are more centralised across the SEStran region and typically require longer travel distances than primary care. These services are located in a smaller number of acute hospitals, meaning that many residents - particularly those in Clackmannanshire, the Scottish Borders, rural Fife and East Lothian - must travel outside their immediate community to reach treatment.

Figure 12 shows the distribution of data zones by Local Authority which fit into various journey time brackets. The list of hospitals including in modelling were those considered as key NHS Scotland Accident and Emergency Sites, with sites comprised of Emergency Departments and Minor Injuries Units (MIU). Transport Scotland has used TRACC modelling software to estimate the journey times to key hospitals. This model demonstrates longer journey times to hospitals than primary care services like GPs.

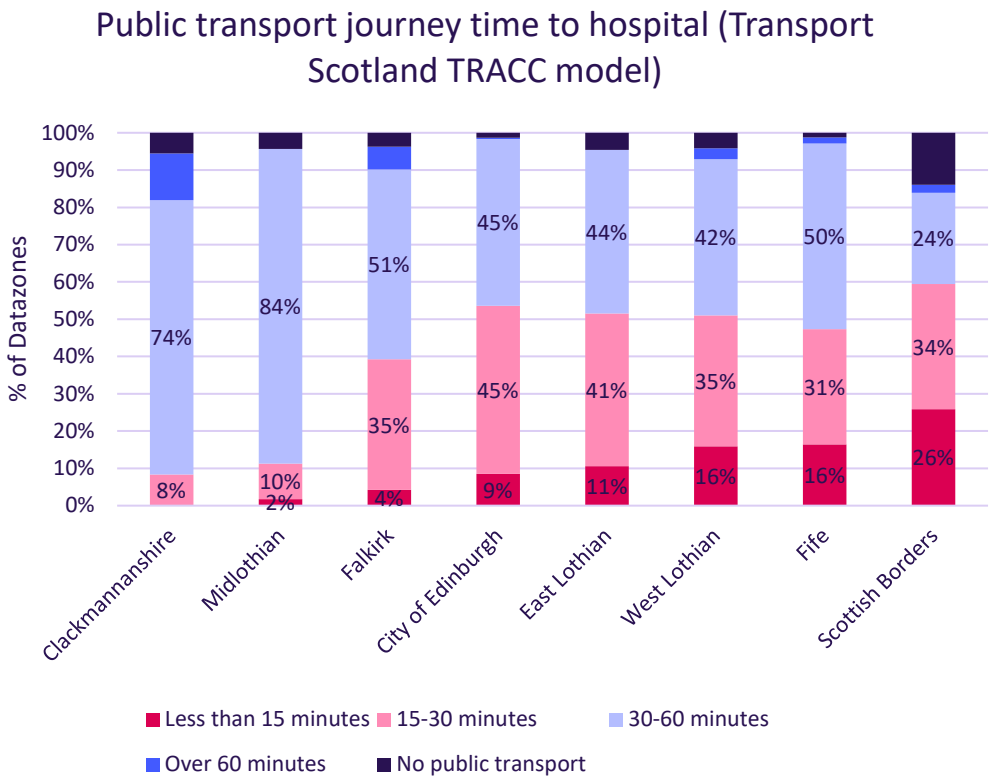


Figure 12: Public transport journey time to hospital (Transport Scotland TRACC model)[19]

[19] Transport Scotland, 2022, Journey Time Estimates Monitoring And Evaluation 2019 Baseline Report May 2022 National Transport Strategy NTS2

Public transport journey times to hospital are substantially longer than those to GP surgeries due to the nature of the spatial distribution of healthcare services. Across the region, journeys to hospital by public transport take more than three times as long on average as those to GP surgeries.

9 minutes Average journey time to GP surgery

31 minutes Average journey time to major hospital

In Clackmannanshire, this disparity is particularly pronounced: modelled travel times indicate that public transport journeys to hospital are 4.6 times longer than equivalent journeys to a GP. This reflects the absence of a major acute hospital within the local authority boundary, with residents travelling to Forth Valley Royal Hospital or Stirling Community Hospital for secondary care.

These differences highlight the value of shifting some routine outpatient activity into more local settings, where appropriate, and improving coordination between transport provision and hospital scheduling.

Origin-destination patterns for hospital access

Origin–destination modelling provides further insight into how residents across the SEStran region travel to major hospitals. Figure 13 shows modelled routes and travel times between local communities and hospital sites, illustrating the wide catchment areas served by hospitals in Edinburgh, Larbert, Kirkcaldy and Melrose.

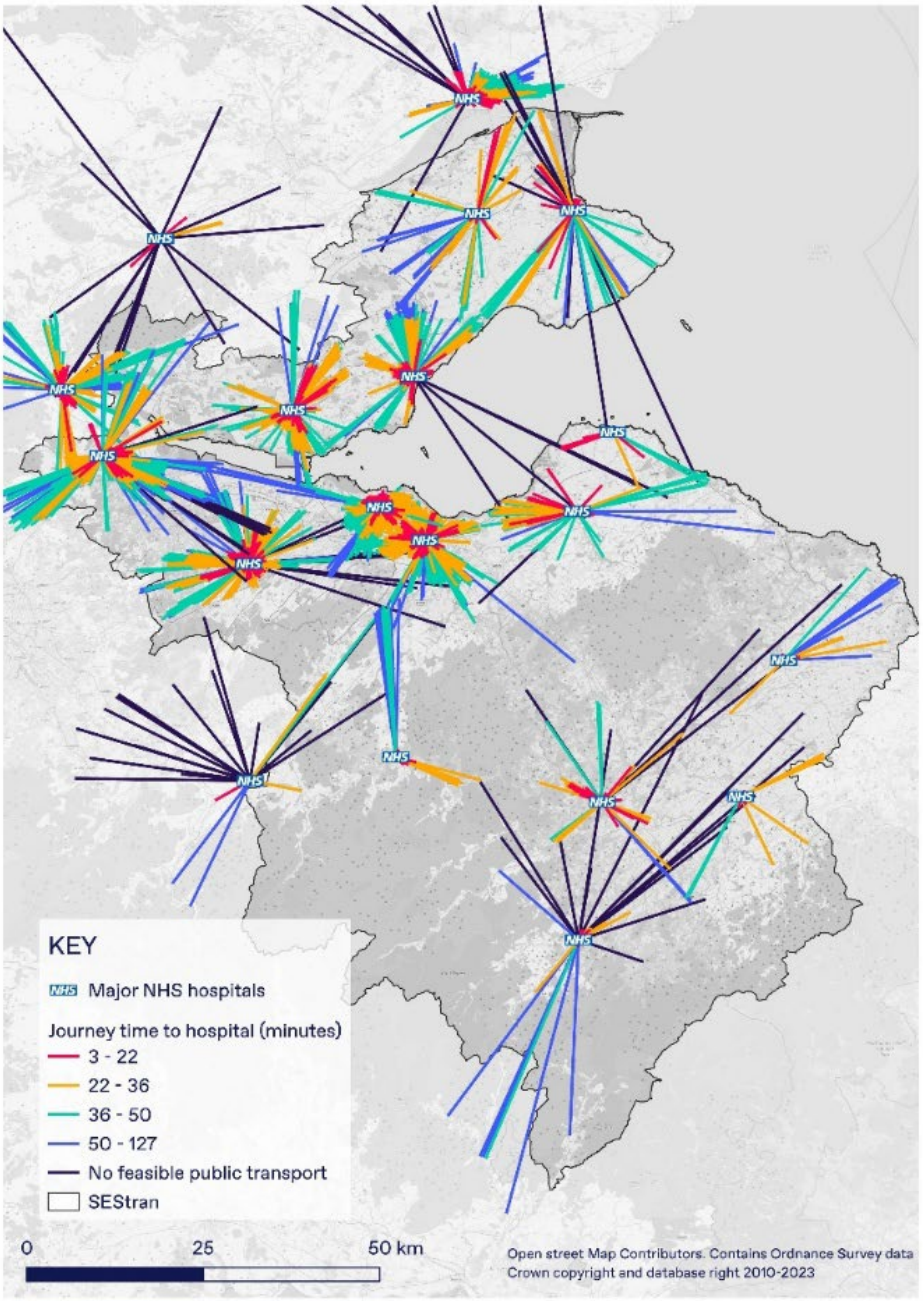


Figure 13: Origin–destination patterns for public transport travel to major hospitals

Figure 14 presents an aggregated view of public transport travel times to the nearest major hospital.

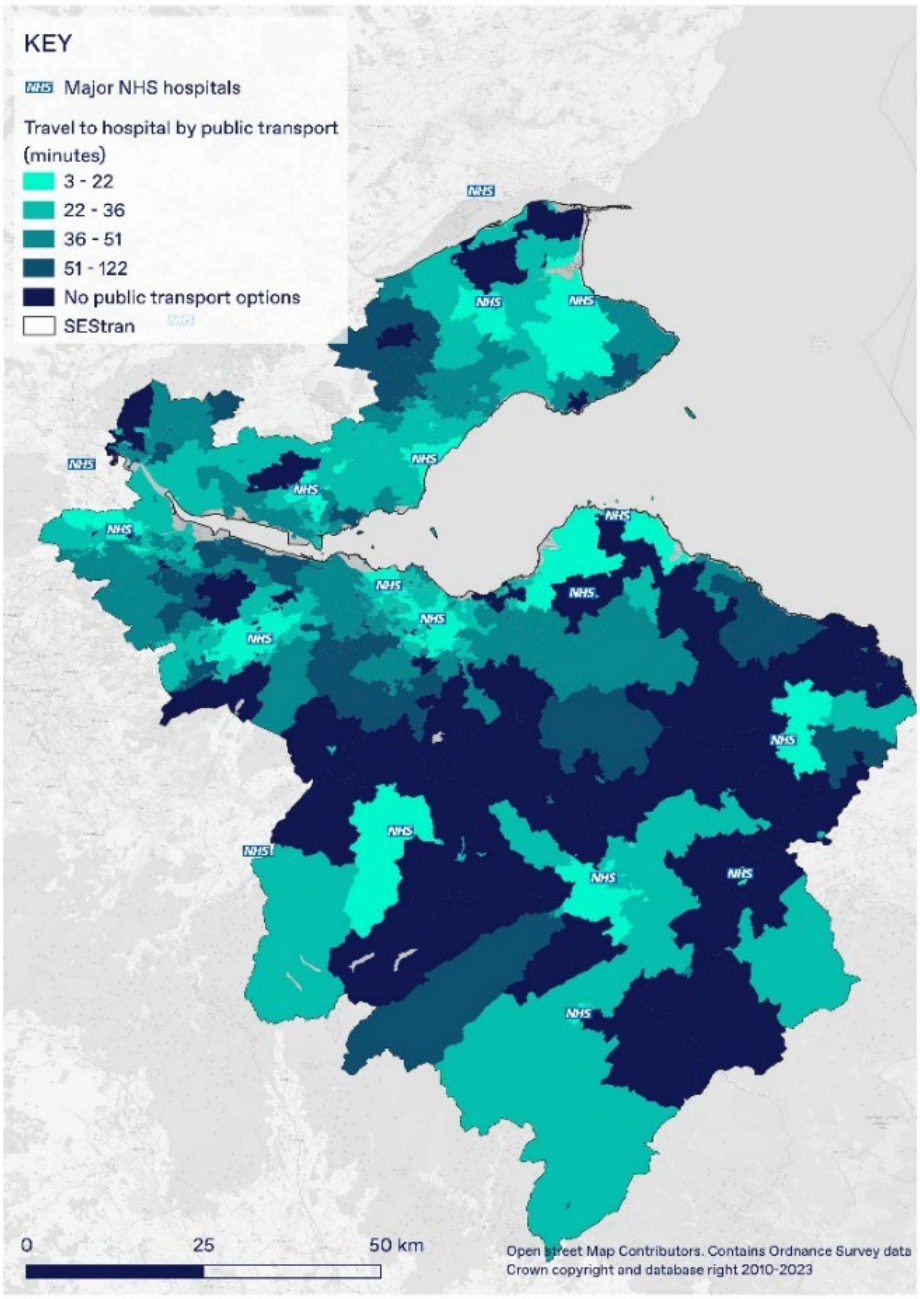


Figure 14: Public transport travel time to nearest major hospital

Two key findings emerge:

- Large parts of Clackmannanshire, the Scottish Borders and rural Fife experience hospital travel times exceeding 50 minutes by public transport.
- Several areas have no feasible public transport connection to a major hospital within a reasonable travel time.

These spatial patterns underline the need for targeted interventions to reduce travel burdens for communities with the longest and most complex hospital journeys.

Public consultation summary

An online public consultation survey was undertaken between 15th October 2025 and 16th November 2025 to gather insight into how people across the SEStran region travel to healthcare appointments, the challenges they face, and how these vary by geography, type of care and personal circumstances.

The survey provides essential lived-experience evidence that complements the desk-based analysis in the previous section and directly informs the Problems, Opportunities, Issues and Constraints (POIC) assessment.

This section summarises who responded to the survey, how they travel, and the barriers they reported, where they live, how they currently travel to healthcare, and the main challenges they reported. This section builds on this by examining the results in more depth at Health Board level.

A full response data set has been provided in Appendix A.

Survey participation

Survey reach

A total of 1,512 people completed the survey, providing rich qualitative and quantitative insights across all eight Local Authority areas in the SEStran region.

Postcode completeness

Respondents were asked to provide a sector-level (four–five digit) postcode to support geographic assignment. Of the 1,512 responses:

- 1,340 respondents (88%) provided a district-level postcode (e.g. TD2)
- 866 respondents (59%) provided a sector-level postcode (e.g. TD2 1)
- Only a small proportion of respondents did not provide sufficient information for geographic mapping.

This high level of completeness enables accurate grouping by Local Authority and Health Board and supports reliable spatial analysis. Figure 15 illustrates how respondents are distributed across the region. The left-hand map shows response density at postcode district level, while the right-hand map presents finer-grained patterns by postcode sector.

Together, these maps demonstrate broad geographic coverage, including strong participation across East Lothian, Fife, the Scottish Borders and Midlothian, and meaningful representation in both rural and urban areas.

This provides a robust basis for interpreting the geographic patterns discussed later in this section.

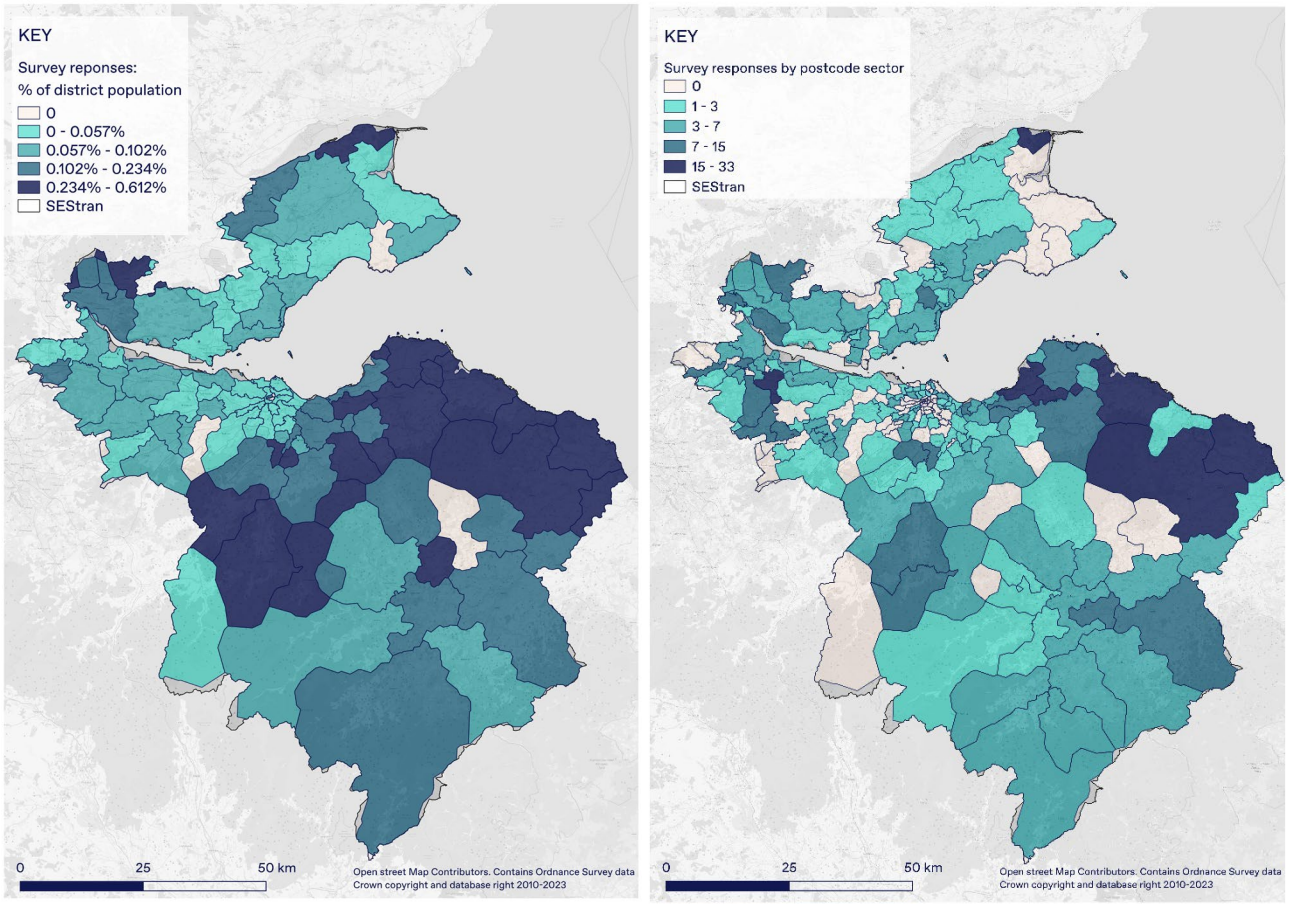


Figure 15 Density of survey responses by postcode district (left) and total responses by postcode sector (right)

Geographic distribution of responses

Responses by Local Authority

A broad spread of responses was received across the region. As illustrated in Figure 16, the highest numbers of responses came from East Lothian, Fife, and the Scottish Borders, reflecting strong participation in areas where Transport to Health is a significant local concern. Only nine responses originated from outside the SEStran region. Although Clackmannanshire has a smaller population base, it contributed a meaningful volume of responses, enabling locally relevant insight.

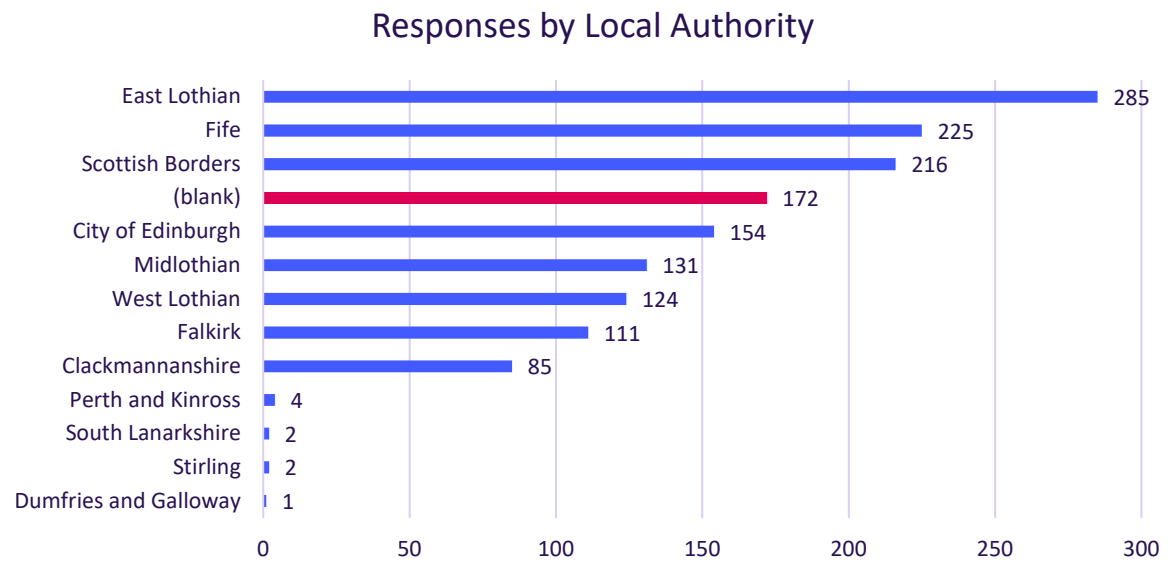


Figure 16: Responses by Local Authority

Responses by Health Board

When mapped to Health Board areas (Figure 17), the distribution broadly mirrors population patterns. NHS Lothian accounts for the largest share of responses, consistent with its significantly higher population density. Substantial numbers were also received from NHS Fife, NHS Borders and NHS Forth Valley, supporting Health Board–level analysis in the next section.

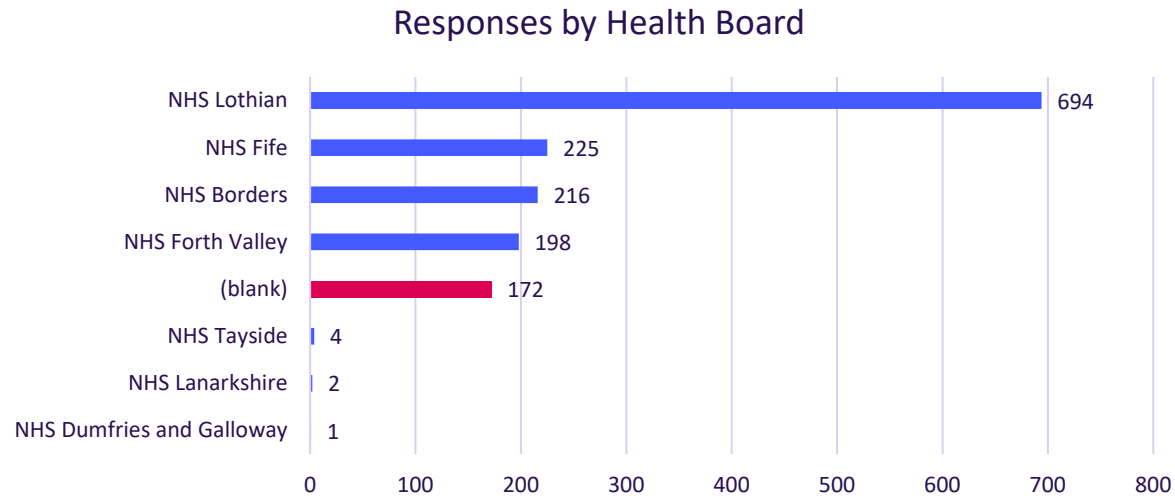


Figure 17: Responses by Health Board

Respondent characteristics

Respondents represented a wide range of travel needs and circumstances. Figure 18 summarises relevant characteristics of survey respondents, it demonstrates that respondents to our survey were marginally more likely to have access to a car or van and significantly more likely to be a woman, over 60 years old, have a long-term health condition/disability or provide unpaid care. This mixture of characteristics shows that respondents to our survey belong to groups more concerned with being able to easily travel to healthcare services than the average SEStran resident.

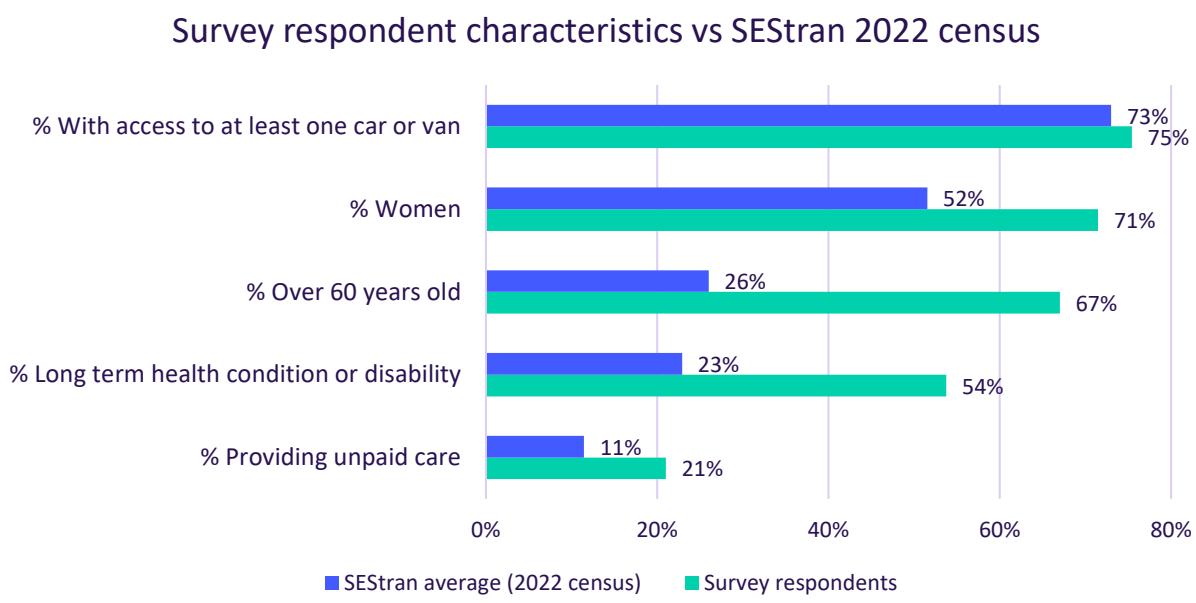


Figure 18: Survey respondent characteristics vs SEStran average via 2022 Census[20] [21] [22]

An additional characteristic to note is that our survey found 73% of those acting as a carer to someone when travelling to appointments are women. This coheres with the Carers Census 2023/24 which also found that 73% of unpaid carers in the SEStran area are women.[23]

Figure 19 demonstrates how survey respondents are heavily weighted to be older and are predominantly women.

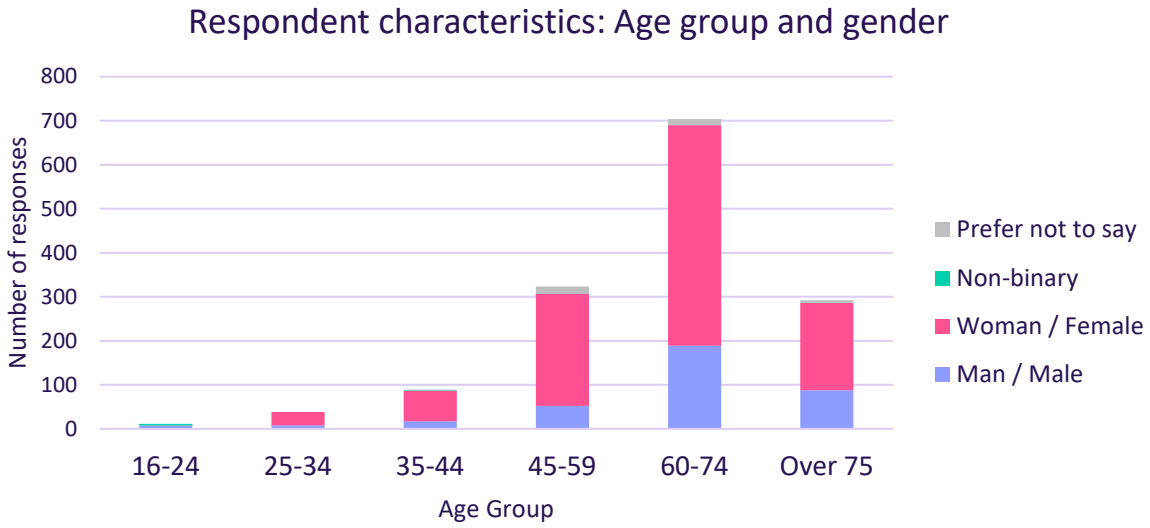


Figure 19: Age and gender distribution of survey respondents

Figure 20 displays the 55% of respondents who provided income data. The 45% who did not provide data makes this data an incomplete view of our respondents but gives an indication that the median income of respondents may be between £20,000 - £30,000.

[20] Scottish Government, 2024, Scotland's Census 2022 - Health, disability and unpaid care
[21] National Records of Scotland, 2025, Scotland's Census 2022 - UV102a - Age by sex
[22] National Records of Scotland, 2025, Census 2022 estimates for Car or van availability
[23] Scottish Government, 2024, Carers Census, Scotland, 2023-24

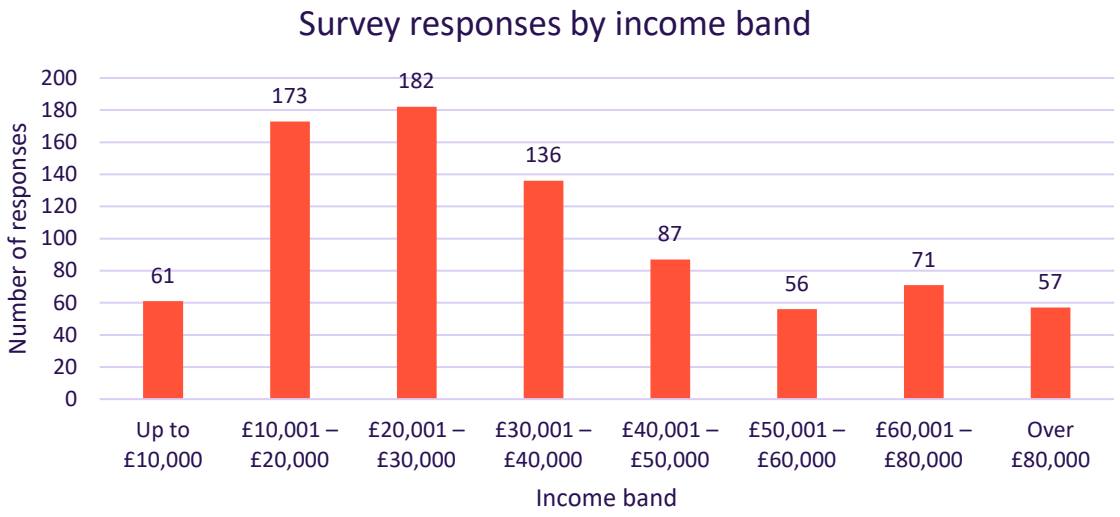


Figure 20: Number of survey responses by income band

From the survey, 90% of respondents provided data on ethnicity. The majority of the responses from white Scottish (80%), other white British (17%) other whites (2%). Less than 1% of responses came from other groups. This demonstrates that this survey is missing the perspectives of the 4% of SEStran population who are Asian, Asian Scottish or Asian British, the 2% who are African, and the 2% who are from other ethnic groups.

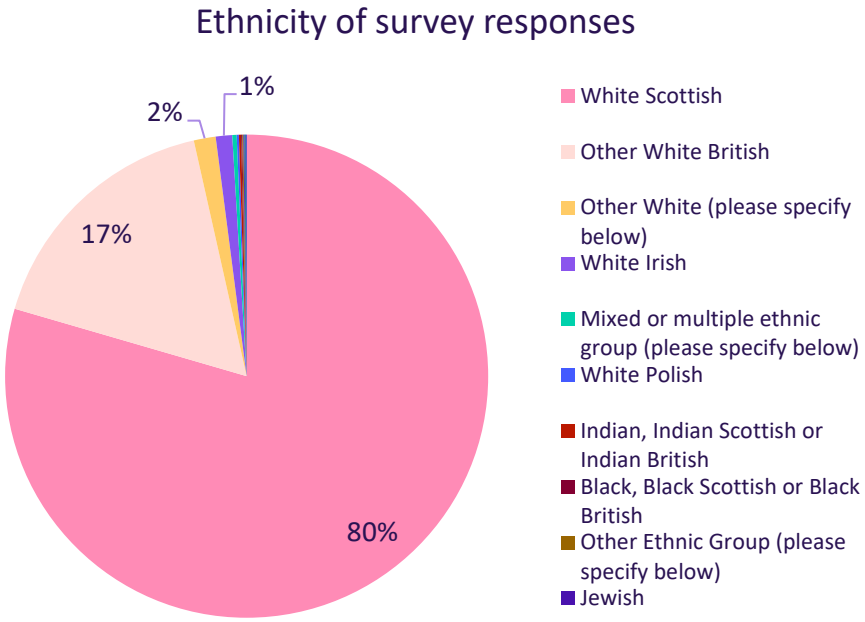


Figure 21: Ethnicity of survey responses

These characteristics help explain variations in the types of transport challenges described across the region.

How respondents travel to healthcare

Respondents used a range of modes to reach healthcare, with mode choice strongly shaped by geography, car access and type of care.

- Car travel (driving or as a passenger) was the most commonly used mode across the region.
- Bus was the dominant public transport mode across the geography types.
- Walking and cycling were most common for nearby GP and pharmacy visits.
- Taxis and community transport were essential for some, particularly those with mobility impairments or living in rural areas.
- Rail was used mainly for longer-distance journeys to specialist care.

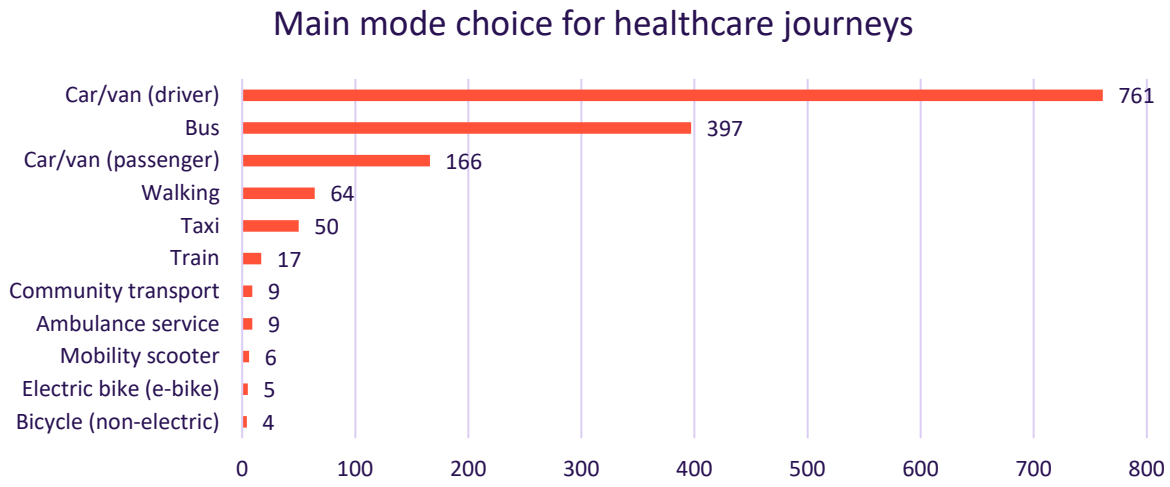


Figure 22: Main mode choice for healthcare journeys

Figure 22 displays the main mode choice for healthcare journeys found by our survey compared to general main mode choice in the SEStran area as reported by the Scottish Household Survey. Healthcare journeys are three times more likely to be by bus and six times less likely to be by walking.

Healthcare journeys often involve multiple stages, including walking, which are not captured by main mode choice alone. The older age profile of survey respondents also partly explains lower levels of active travel. Even allowing for these factors, active travel remains far less common for healthcare journeys than for everyday trips, reflecting longer travel distances and the limited walkable accessibility of many secondary healthcare sites.

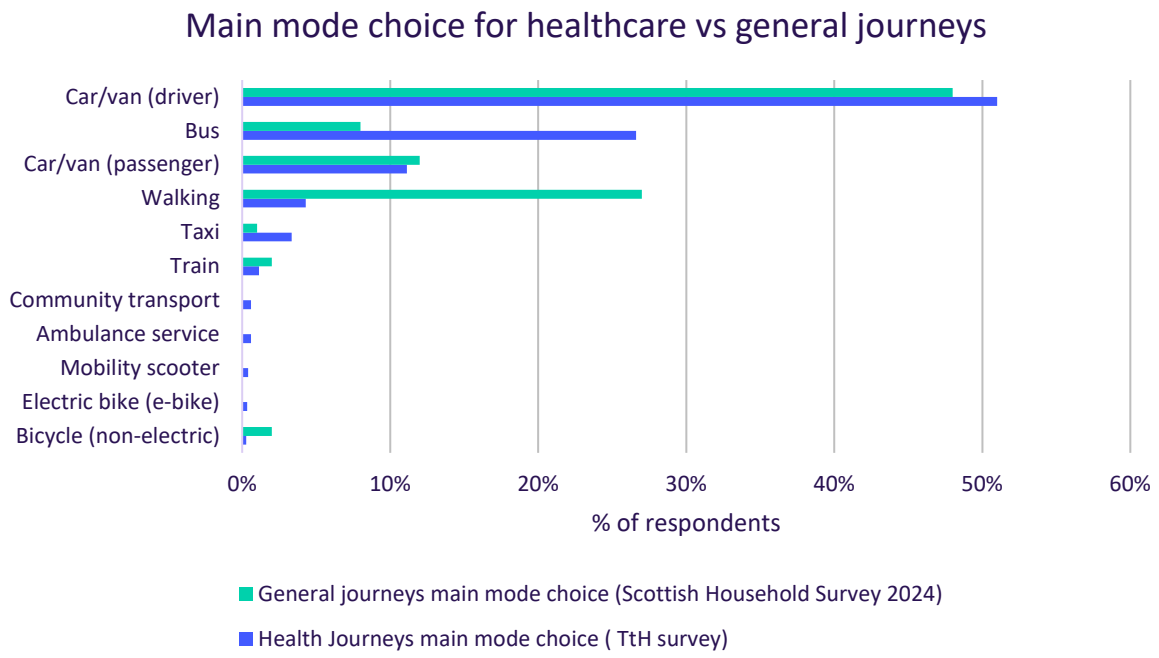


Figure 23: Main mode choice for healthcare journeys versus general journey choice via the Scottish Household Survey [24]

Respondents without access to a car often described long or complex journeys involving multiple interchanges.

Missed or delayed healthcare appointments due to transport

Across the SEStran region, a substantial proportion of respondents reported missing or delaying healthcare appointments due to transport-related issues. Around one third of respondents in each Health Board area indicated that transport had prevented them from attending appointments as planned, rising to over 40% in NHS Fife.

While transport is not the sole cause of non-attendance, respondents consistently linked missed or delayed appointments (Figure 24) to unreliable or infrequent public transport, traffic congestion, accessibility and mobility challenges, and difficulties aligning appointment times with available services. These impacts were most pronounced for hospital outpatient and specialist appointments, where journeys are longer, more complex and more sensitive to delays.

[24] Transport Scotland, 2025, Transport and Travel in Scotland 2024 - SHS

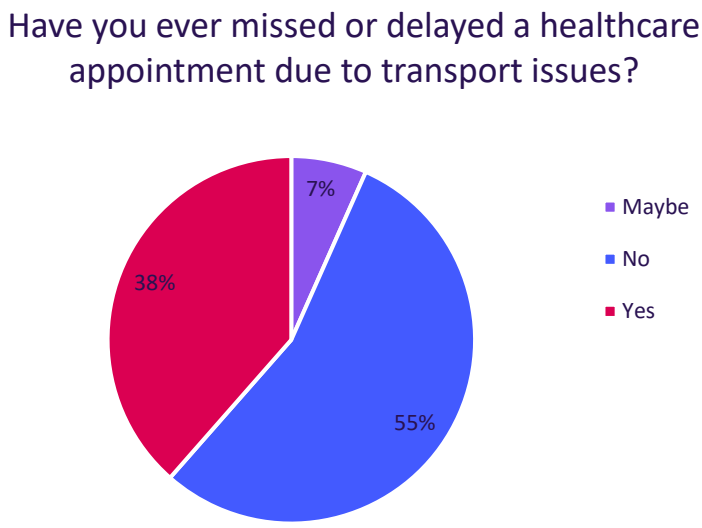


Figure 24: Proportion of respondents who have missed or delayed a healthcare appointment due to transport issues

Main challenges reported by respondents

Respondents highlighted several recurring challenges that affected their ability to attend healthcare appointments reliably, affordably and comfortably.

Long, indirect and complex journeys

Many respondents described journeys involving multiple buses, long walking distances or indirect routes, particularly for hospital appointments.

> "I have to take two buses and then walk for 15 minutes."

Infrequent or poorly timed services

Early-morning, late-afternoon and evening appointments were difficult to reach using public transport. Weekend services were limited in several areas.

> "There's no Sunday service, so I have to miss weekend appointments."

Cost barriers

For those without a car, especially people attending regular treatment (such as oncology, dialysis or physiotherapy), the cumulative cost of transport was a significant burden.

Accessibility barriers

Those with limited mobility reported challenges such as:

- Long walking distances to stops
- Poorly maintained or inaccessible bus stops
- Difficulty boarding or alighting buses

- Steep gradients or uneven pavements

Parking pressures

Even those travelling by car reported difficulties finding parking at major hospitals, contributing to stress and late arrivals.

> "The bus doesn't line up with my clinic time - I always arrive far too early or late."

Differences by type of healthcare appointment

Transport challenges varied depending on the purpose of the appointment:

Primary care

- Generally easier to reach due to community-based location of GP practices.
- Shorter journey times across all Health Board areas, particularly for those living in urban and semi-urban settings.
- Challenges increased where GP practices had merged or relocated more typically seen in rural and semi-rural areas.
- Shorter journey times across Health Board areas compared to secondary care (does not exceed 60 minutes).

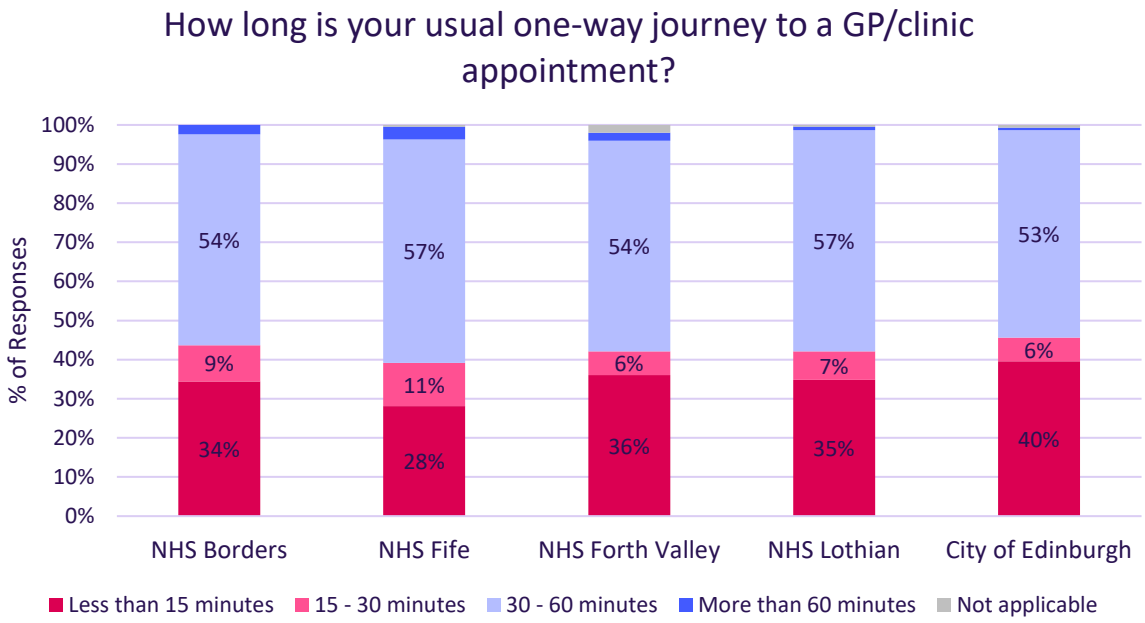


Figure 25: Survey response by Health Board - Length of journey time to GP/clinic appointment

Secondary care

- Frequently the most challenging journeys across all four Health Boards.
- Longer distances, fewer direct routes and greater reliance on interchange, particularly for public transport users.

- Longer journey times across Health Board areas (typically over 30 minutes, often over 60 minutes).
- Regular outpatient and specialist appointments compound the impact of long and complex journeys, increasing fatigue, stress and risk of non-attendance.

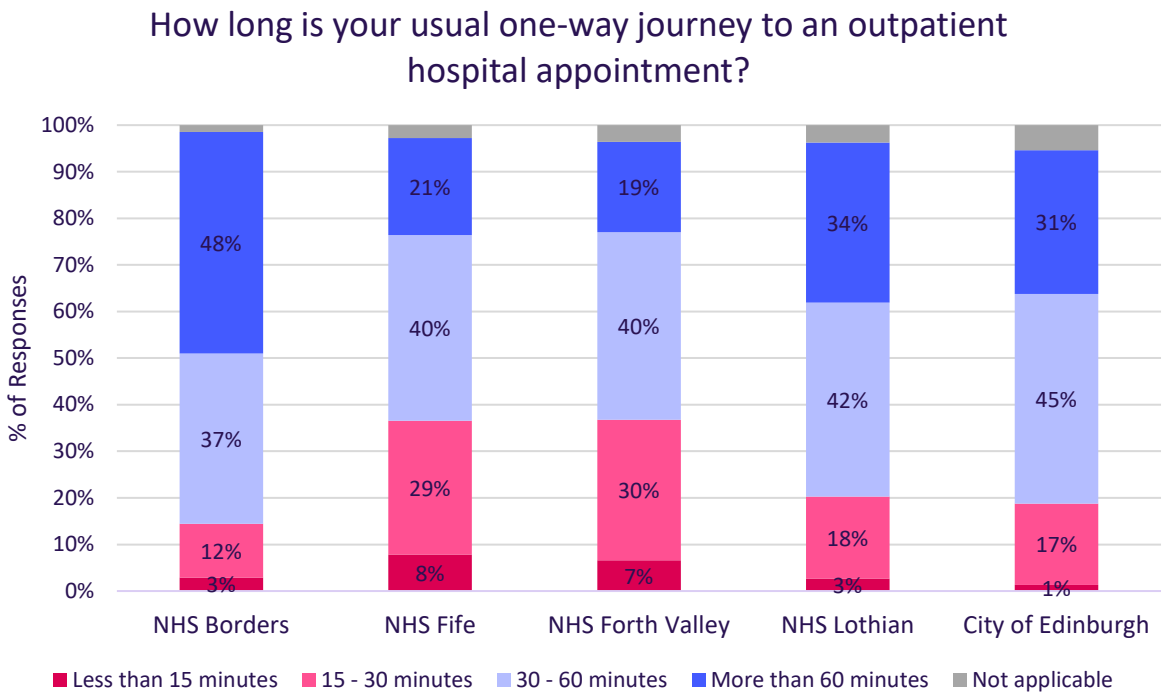


Figure 26: Survey response by Health Board - Journey time to Hospital Outpatient appointment

Tertiary care / specialist services

- Regular travel for cancer care, renal appointments or diagnostics was described as tiring, stressful and expensive

Mental health services

- Some respondents cited anxiety linked to long or uncertain journeys, unreliable services or unfamiliar environments

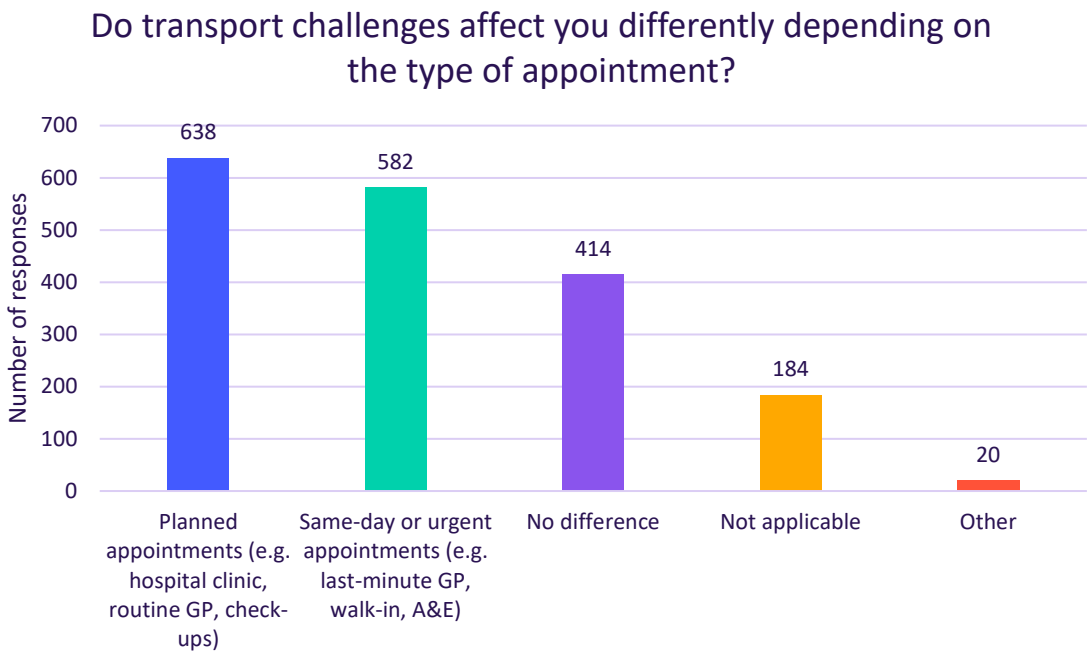


Figure 27: Responses Survey question: Do transport challenges affect you differently depending on the type of appointment?

"Very difficult to get to hospital appointments in Edinburgh from North Berwick. No direct transport"

Key themes emerging from the survey

Across geographies and demographic groups, several strong and consistent themes emerged:

- People without access to a car face the greatest barriers and the longest, most complex journeys.
- Transport disadvantage aligns strongly with rurality and deprivation.
- Many journeys require multiple modes or long interchanges, which increase time, cost and uncertainty.
- Disabled people and those with long-term conditions face disproportionate accessibility challenges.
- Appointment timing is a major barrier, particularly when slots fall outside regular public transport timetables and frequencies.
- Carers have distinct needs related to accompanying patients.
- Centralisation of services at the likes of hospitals instead of GPs practices makes attending more difficult. These themes align closely with the desk-based evidence and help pinpoint the most affected communities.

Health Board insights

NHS Lothian – evidence summary

Area overview

NHS Lothian covers the City of Edinburgh, East Lothian, Midlothian and West Lothian. It is the most populous Health Board in the SEStran region and contains a mix of distinct settlement types and healthcare facilities, including:

- Dense urban centres (Edinburgh)
- Rapidly growing commuter towns (Midlothian, West Lothian, East Lothian)
- Coastal communities and rural settlements
- Major regional hospitals including the Royal Infirmary of Edinburgh (RIE), Western General Hospital (WGH), St John's Hospital (Livingston), and East Lothian Community Hospital

These contrasting geographies shape the transport needs of the population. Edinburgh benefits from extensive public transport coverage, whereas many residents of Midlothian, West Lothian and East Lothian rely on longer or multi-stage public transport journeys to reach major hospitals, particularly those located in the capital.

Figure 28 illustrates this geography, including the distribution of settlements, key A-roads and motorways, and rail corridors such as the A1 corridor, Borders Railway, Edinburgh–Glasgow line and North Berwick line. Connectivity is strongest along these corridors, while parts of Midlothian, East Lothian and western West Lothian experience weaker public transport provision.

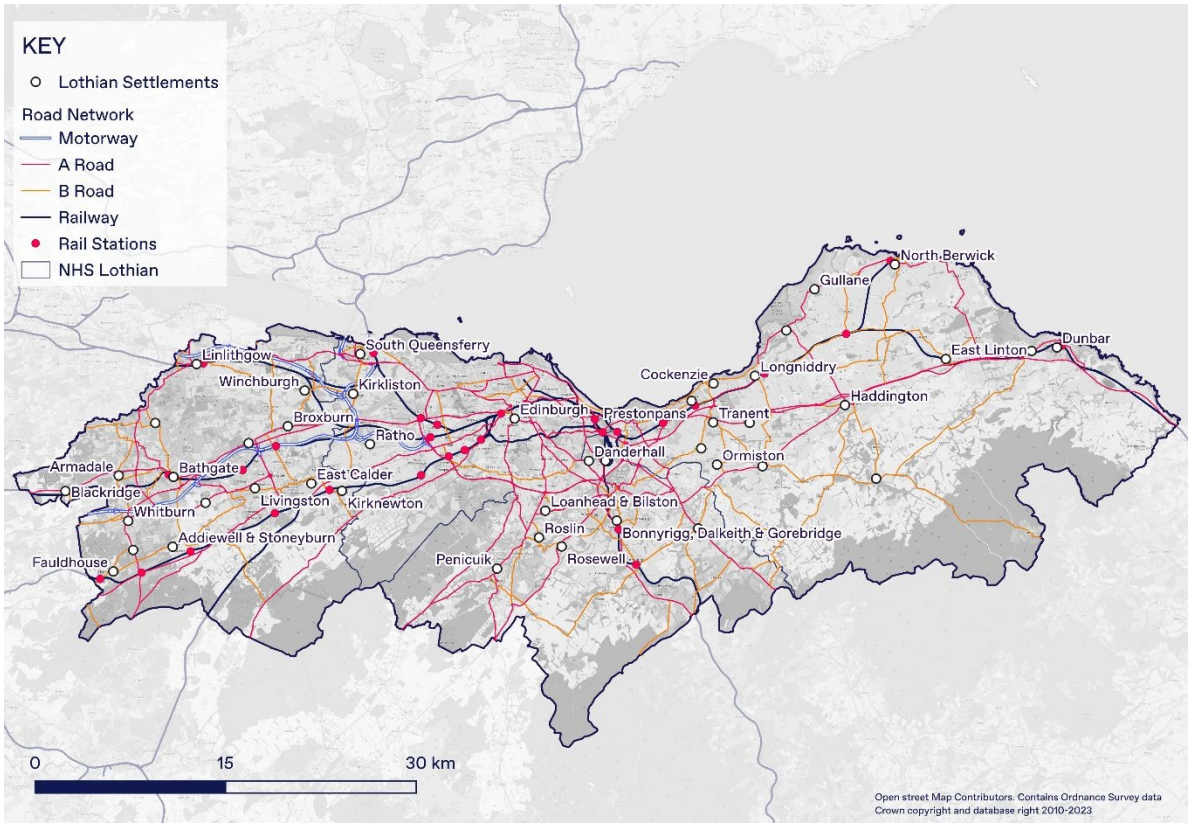


Figure 28: NHS Lothian Settlements and Transport Network

Primary healthcare services are broadly aligned with settlement centres, but Figure 29 shows that secondary and specialist services are much more centralised. The concentration of acute hospitals in Edinburgh means that significant cross-boundary travel occurs, including travel from Livingston, Haddington, Penicuik, Tranent and coastal East Lothian into the city for diagnostics, outpatient care and specialist treatment.

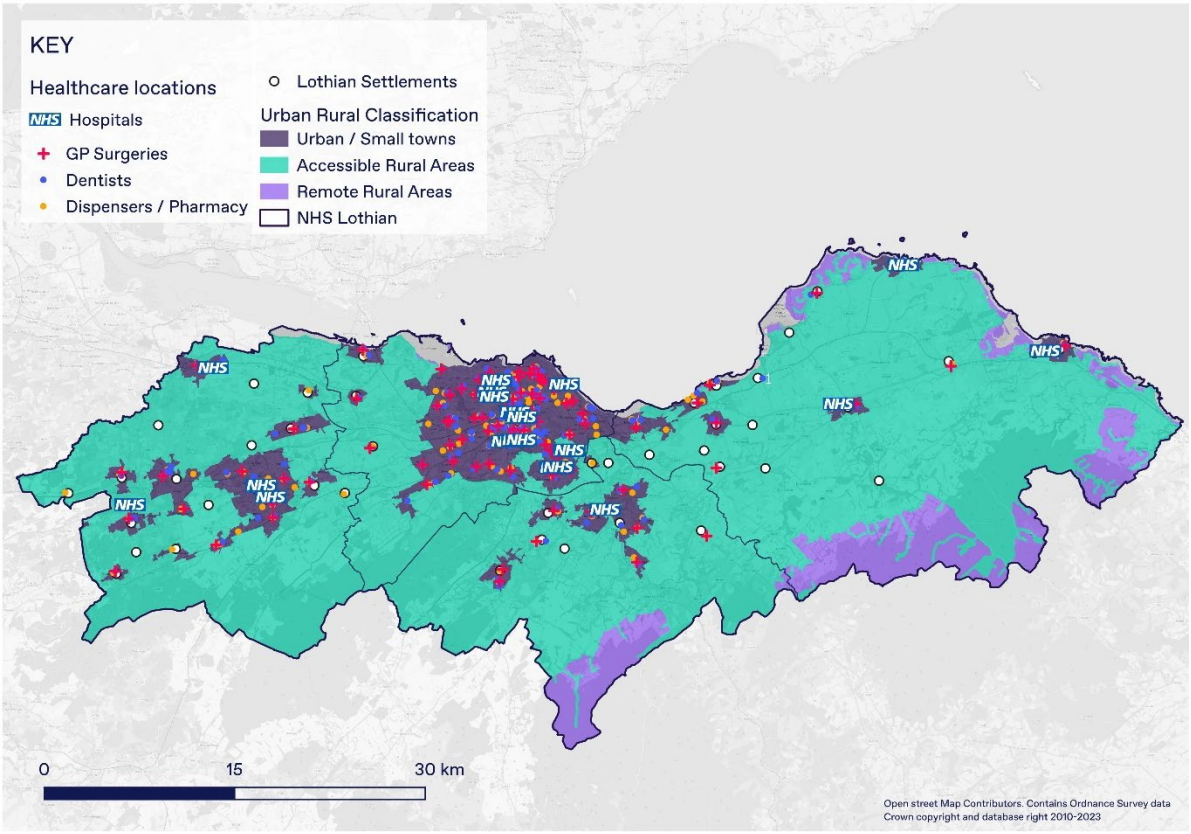


Figure 29: All healthcare locations in NHS Lothian against Settlements and Urban-Rural Classification

Travel times to major hospitals vary substantially. Figure 30 shows modelled public transport travel times and interchange requirements to the Royal Infirmary of Edinburgh from key towns across the Lothian area. Many residents face journeys of 60–90 minutes or more by public transport, often requiring two buses or a bus-rail combination. These patterns align closely with public consultation findings, which frequently highlighted indirect routes, limited direct services and long travel times.

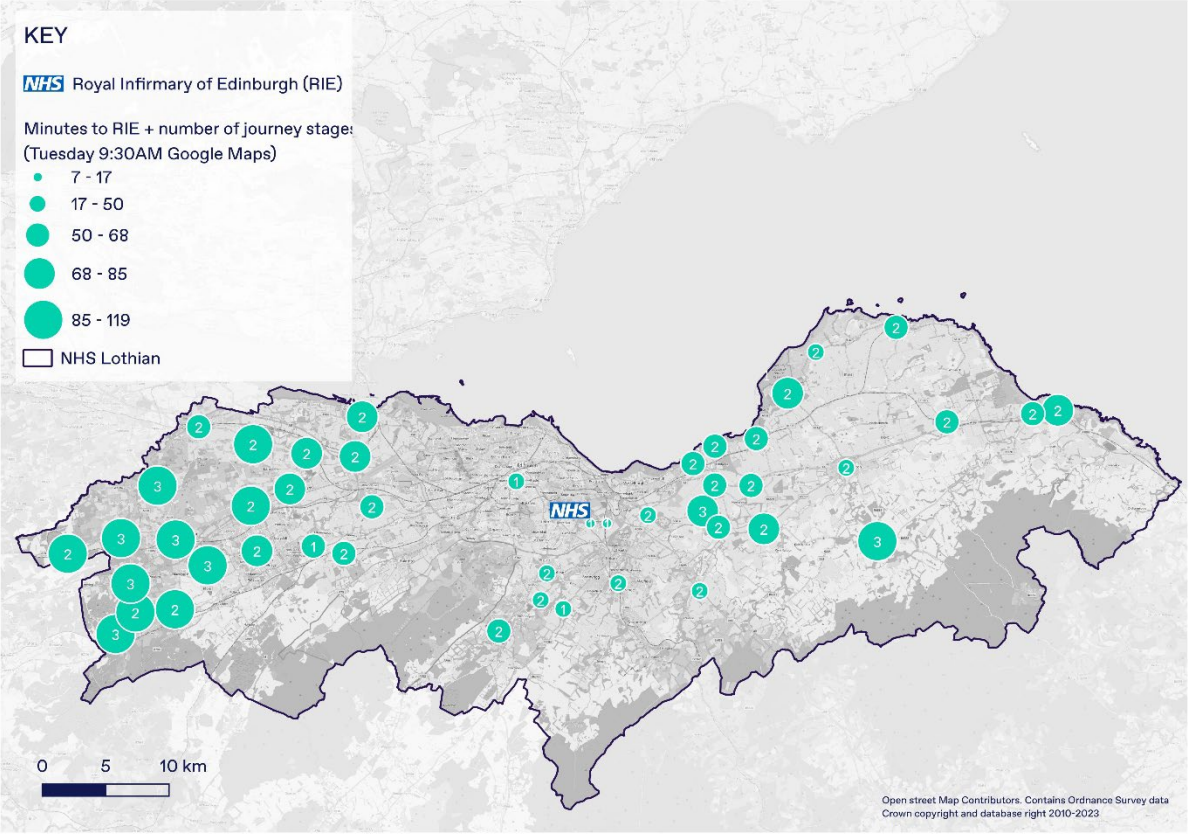


Figure 30: Minutes to RIE and number of journey stages.

Figure 31 shows the proportion of the population which lives in each of the 5 SIMD quintiles. The index of deprivation quintiles represent 5 equal segments of the Scottish population from 1 (most deprived) to 5 (least deprived). All four council areas within the Health Board have a lower than national average proportion of the population in the 20% most deprived areas. The City of Edinburgh has the highest proportion of people in the most deprived quintile, alignining with a lower car ownership rate.

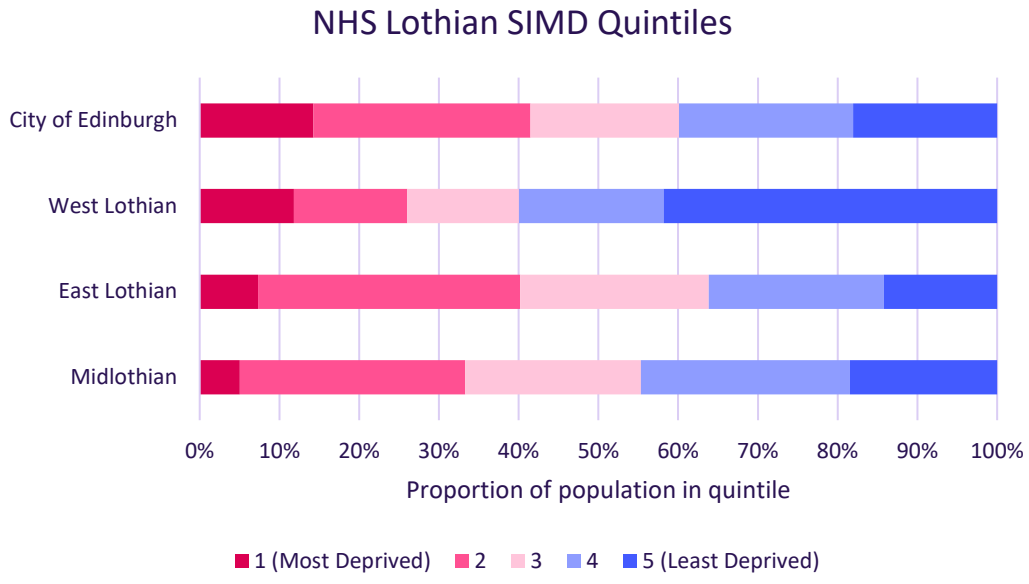


Figure 31: Proportion of NHS Lothian population in each SIMD quintile by local authority

A total of 694 survey respondents live within the NHS Lothian area, providing a strong base of evidence on how residents across Edinburgh, Midlothian, East Lothian and West Lothian currently experience Transport to Health.

Lothian survey respondent characteristics

Survey respondents from NHS Lothian were more likely than the average Lothian resident to have access to a car. When Edinburgh is taken on its own 66% of survey respondents report having access to at least one car, this compares to 62% of Edinburgh's population having access to at least one car via census statistics.

Despite our survey skewing slightly towards car owners, people living in Edinburgh are less likely to have access to a car than SEStran residents overall with 75% of overall respondents reporting access to a car compared to 66% of Edinburgh respondents.

Figure 32 provides a summary of key characteristics of NHS Lothian respondents. Respondents were also much more likely to be women, over 60 years old, providing unpaid care or have a long-term health condition or disability than general population.

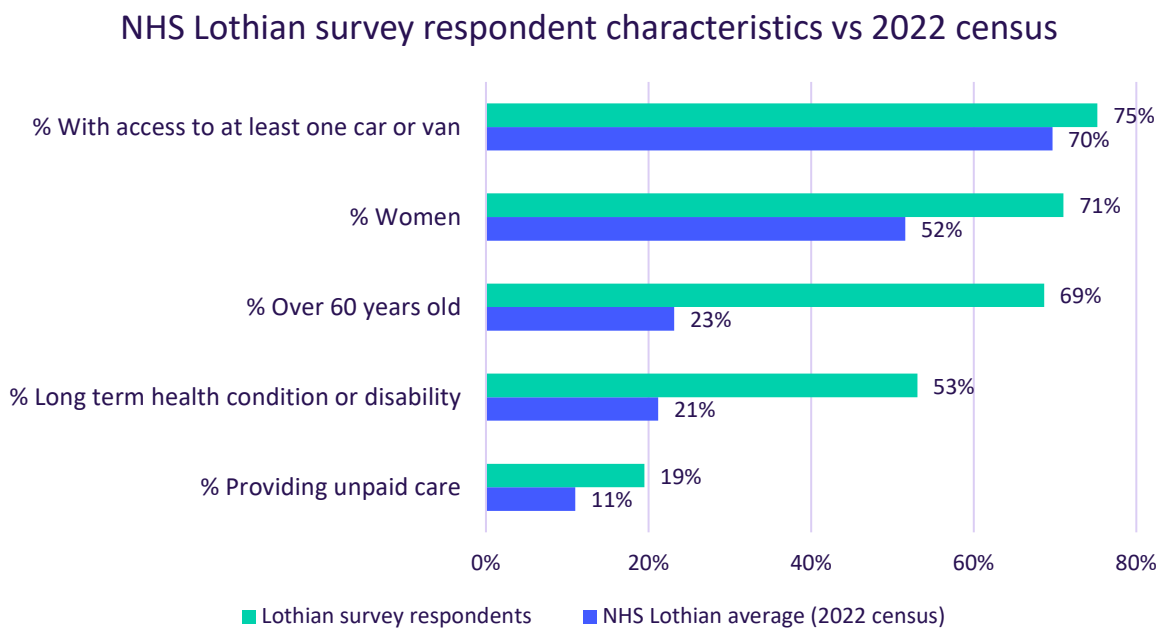


Figure 32: NHS Lothian survey respondents vs Lothian general population (2022 census)

Patterns of healthcare use

Most respondents reported travelling for healthcare infrequently, with the majority of journeys across all appointment types occurring either once a year or less or every few months. GP or local clinic and outpatient appointments were attended more regularly than other services, reflecting their role in ongoing care.

Dental and optician visits were largely infrequent, most commonly reported as once a year or less. Pharmacy visits showed a higher frequency than other services, with a greater proportion of respondents attending every few weeks or monthly. Inpatient travel was least frequent overall and most commonly recorded as not applicable or once a year or less.

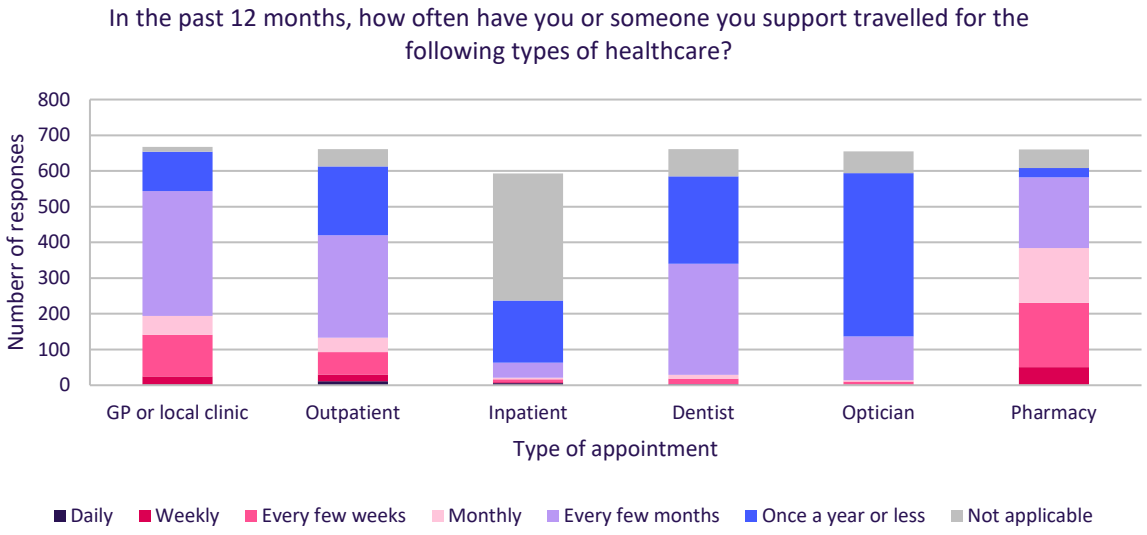


Figure 33: Frequency of visits

The frequency of travel to different healthcare appointment types was consistent between NHS Lothian as a whole and the City of Edinburgh.

How long journeys take

Journey times vary by type of appointment. GP or local clinic and pharmacy appointments were most commonly reached within 15 minutes. Outpatient, dental and optometry trips fall mainly within the 15–30-minute range, while hospital-based or inpatient journeys are more likely to exceed 30 minutes. Inpatient appointments were associated with the longest travel times, with a higher proportion of respondents reporting journeys of over 60 minutes, suggesting greater travel burdens when accessing hospital-based care.

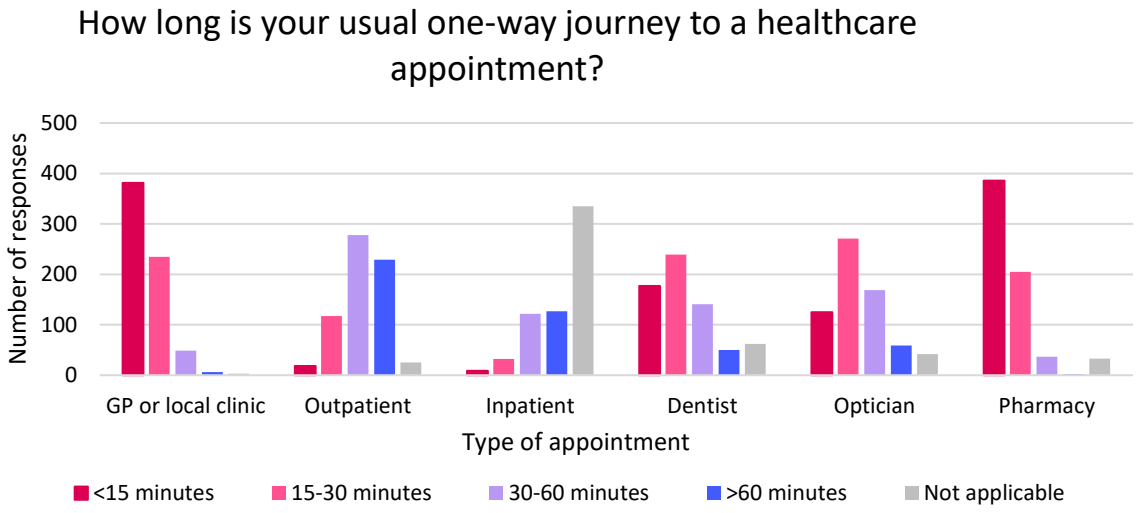


Figure 34: Journey time

The difference in reported journey times between those living in the City of Edinburgh and wider NHS Lothian responses was negligible. A similar pattern of longer journey times for secondary care appointments was evident from respondents in Edinburgh, despite a denser public transport network and closer proximity to large acute hospitals. This may be due to traffic congestion which

affects both car drivers and bus passengers. Some appointments being located at St John's Hospital in Livingston may also contribute to slightly longer journey times.

How people travel to healthcare

Car travel (as a driver or passenger) is the predominant main mode for respondents across the Lothian area. Bus travel represents the most common public transport mode, and is particularly significant in Edinburgh, where respondents report higher levels of bus use. Walking is commonly used for nearby GP or pharmacy appointments.

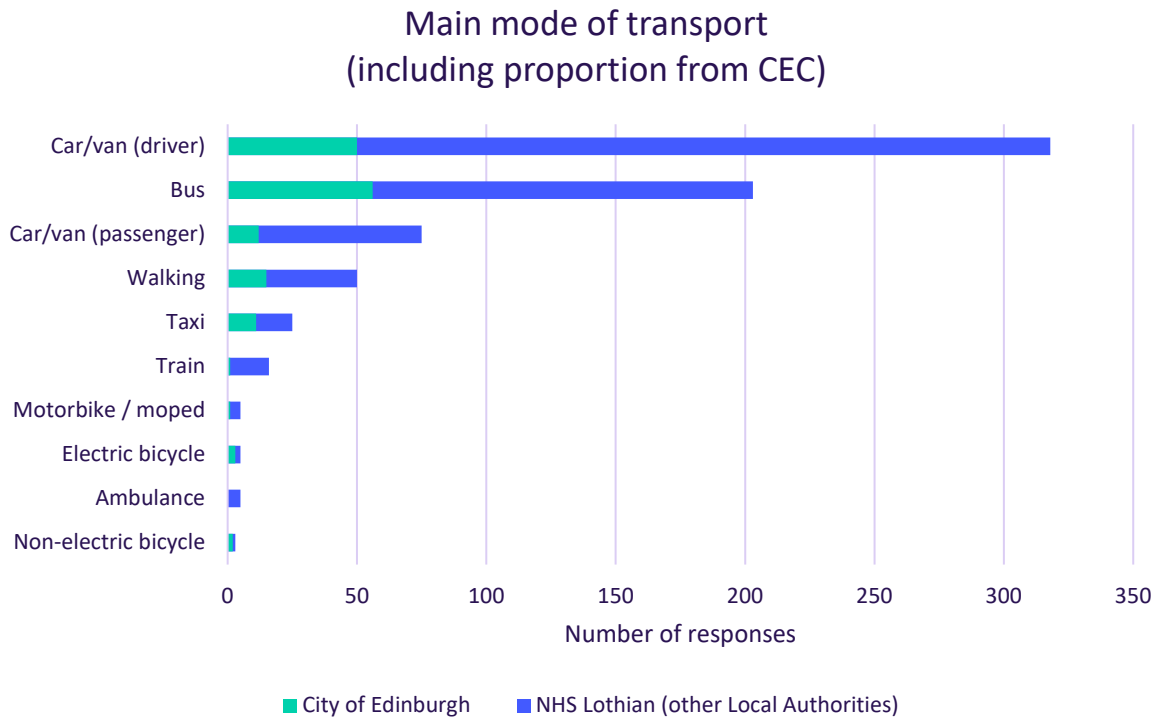


Figure 35: Main mode of transport (including highlight of those from CEC)

In terms of backup options, many respondents indicated that they would switch from their usual mode to public transport or rely on lifts from family or friends if their main option was unavailable. Taxis were also used as a fallback by a smaller proportion of respondents. Many reported having no backup transport mode, highlighting potential vulnerability if their usual travel option is disrupted.

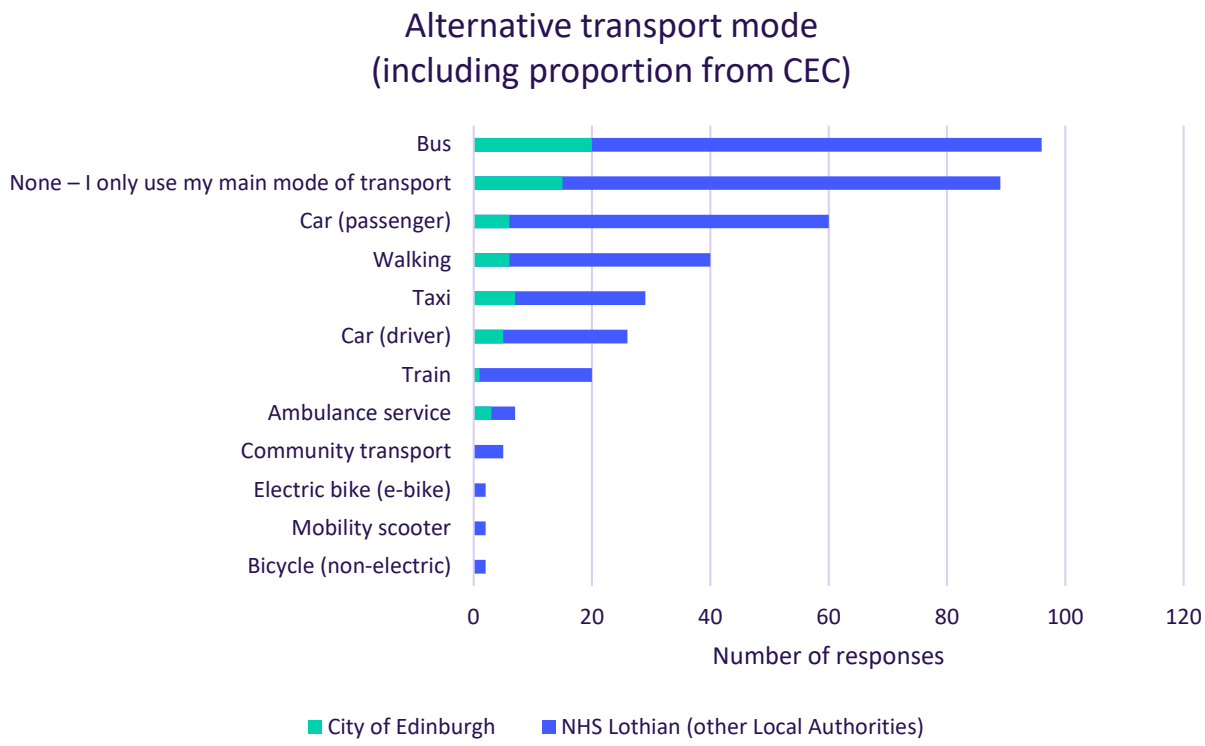


Figure 36: Alternative transport mode (including highlight of those from CEC)

Reliability of available transport

Most respondents reported that their usual transport to healthcare is reliable. Around 44% stated it is usually reliable and a further 30% described it as always reliable. 18% reported that transport is "sometimes unreliable" and 8% "often unreliable", indicating that while overall reliability is generally good, there are pockets of inconsistency that affect a minority of users.

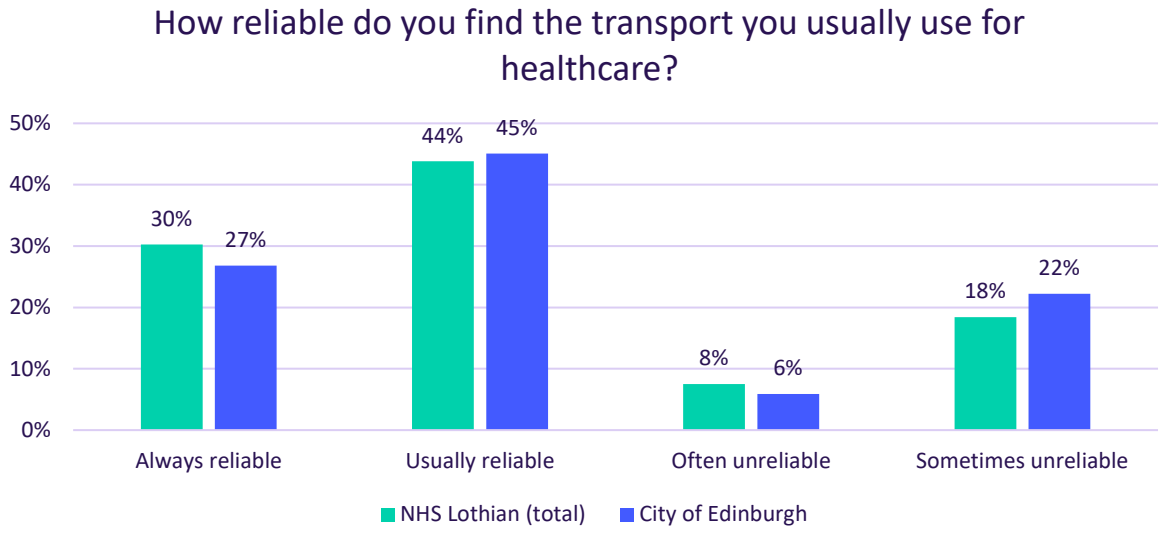


Figure 37: Transport reliability

Missed or delayed healthcare due to transport

Over one third of respondents (36%) reported that they have missed or delayed a healthcare appointment due to transport issues, while 58% said they had not. A small proportion (6%) were unsure. Among those affected, the most common reasons were traffic delays and delayed transport services. Accessibility and mobility issues were also a significant factor. Other contributing reasons included reliance on family for transport and parking difficulties, while costs, poor connections, distance, lack of information and personal car issues were cited less frequently.

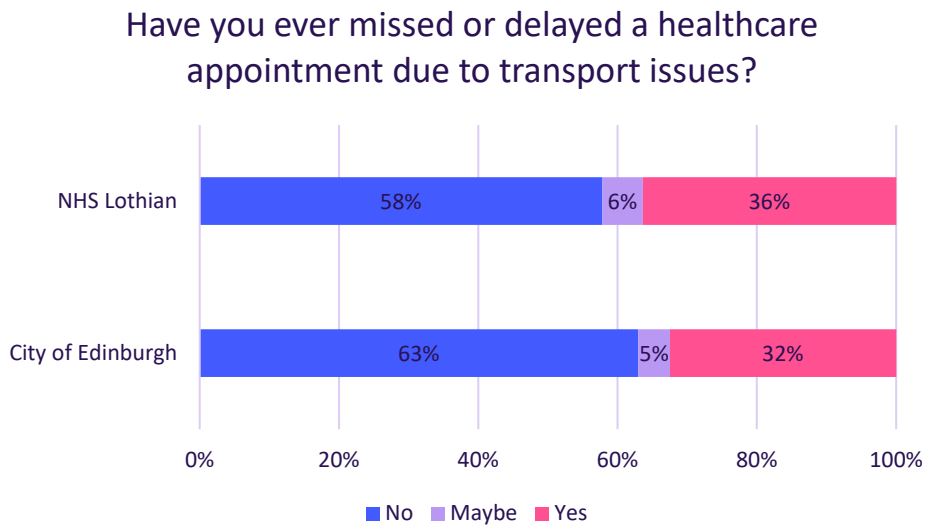


Figure 38: Missed appointments

For those that had missed appointments due to transport issues, the leading reasons were traffic congestion and delayed services. Accessibility and mobility issues were also commonly cited barriers. A smaller number of respondents highlighted over-reliance on family members for lifts and difficulties with parking. Other factors, including poor transport connections, personal care issues, lack of information, cost and distance, were mentioned less frequently.

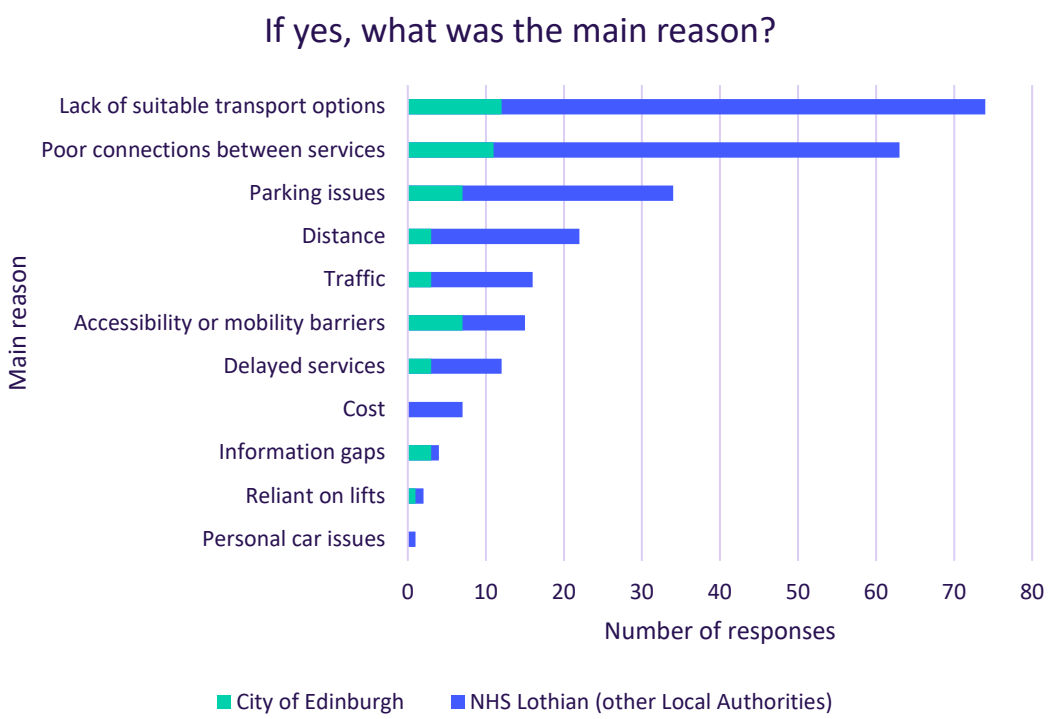


Figure 39: Main reason for missed appointments (including highlight of CEC responses)

Effect of transport costs on attendance

Most respondents (76%) stated that transport costs do not affect their decision or ability to attend healthcare. However, 11% reported that costs do affect their attendance, and a further 13% said that costs sometimes have an impact. This indicates that while cost is not a barrier for most, it remains a significant issue for a minority of patients.

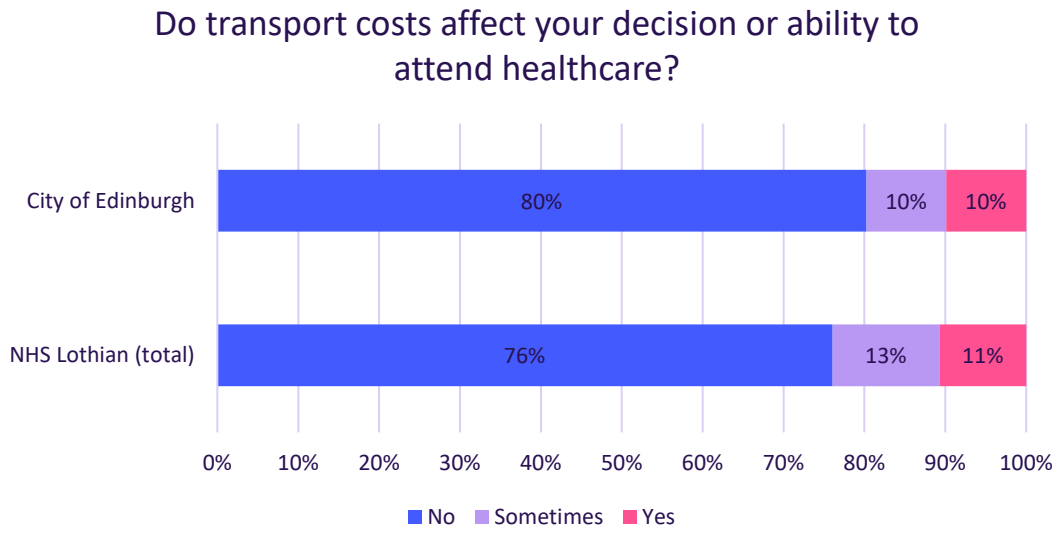


Figure 40: Transport affects healthcare

Cost of the most recent healthcare journey

Most respondents reported that their most recent return journey to a healthcare appointment did not cost anything. Among those who did incur a cost, the majority spent under £10, with the largest proportion paying under £5. Smaller numbers reported spending between £11 and £20, and only a limited number incurred costs above £20.

A small proportion were unsure or unable to remember the cost. Overall, this suggests that while most journeys are low cost or free, a minority of patients face higher travel expenses.

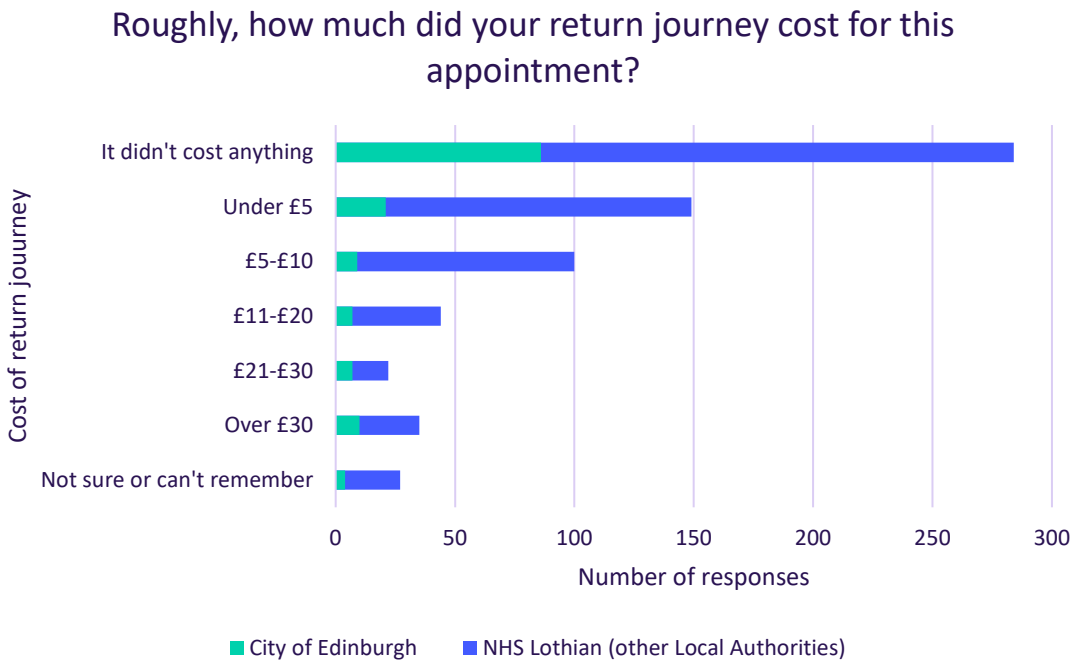


Figure 41: Cost of journey

How people find travel information

Respondents most commonly relied on digital mapping tools such as Google or Bing Maps to find travel information, followed closely by online resources such as Traveline and NHS websites. Information included in patient letters was also an important source. Word of mouth and personal knowledge played a moderate role, while community transport providers, NHS staff advice and local bus apps were used by fewer respondents.

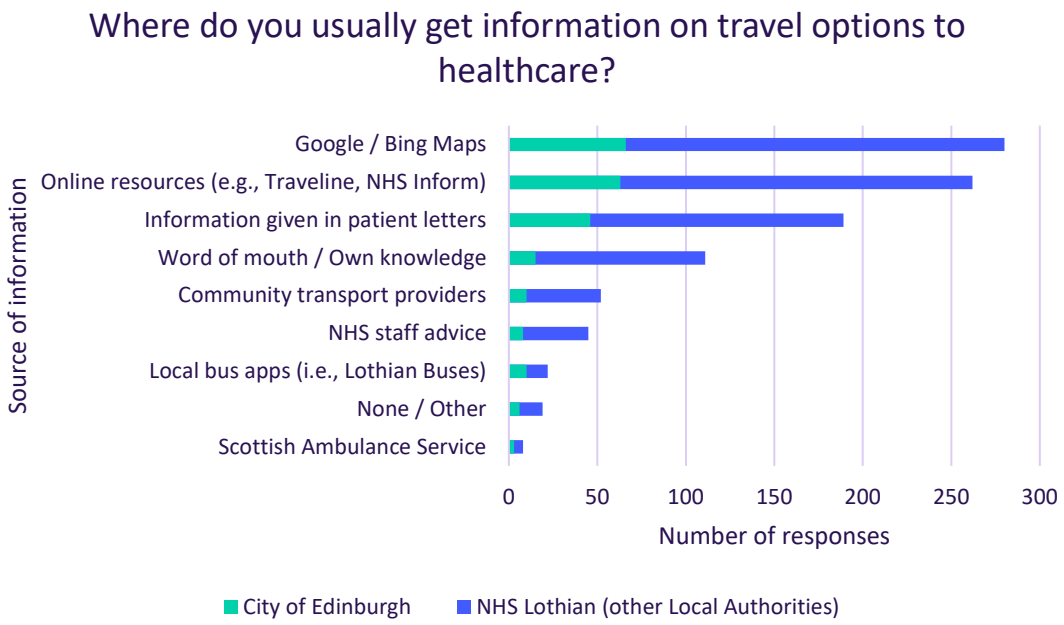


Figure 42: Where do you get your information?

In terms of ease of finding and understanding travel information, most respondents said this is possible "most of the time". A sizeable proportion reported that it is only "sometimes" easy, while fewer stated that it is "always" easy. A notable minority reported that they rarely or never find the information easy to access or understand.

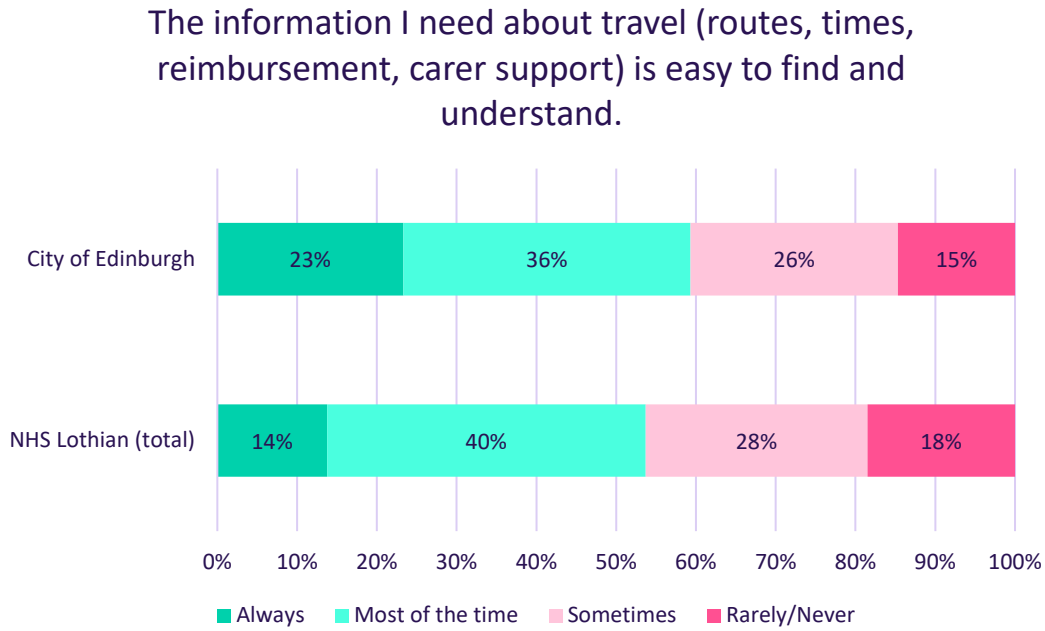


Figure 43: Digestible information

Many respondents reported not needing additional help to find or book transport. However, 'Easier to use digital tools or websites' was the most popular intervention selected. This is followed by paper timetables or leaflets and in-person support. This demonstrates that to improve information about transport options to healthcare appointments a variety of methods need to be employed to reach as

many people as possible.

Figure 44: what would make it easier to book?

Digital confidence in planning healthcare travel

Digital confidence is generally high among respondents in NHS Lothian. Most report being “very” or “fairly” confident using online tools for planning or booking transport. A minority indicate limited confidence, highlighting the need for accessible non-digital options.

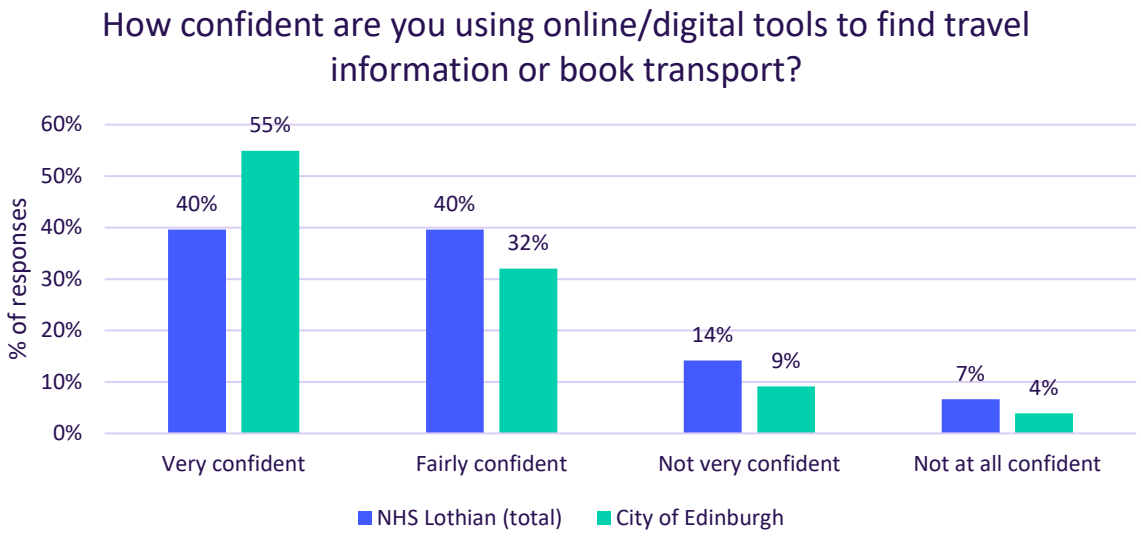


Figure 45: Confidence online

In practice, most respondents usually use digital tools for travel information or booking. A substantial proportion use them sometimes, while fewer reported that they rarely or never use digital tools for

this purpose.

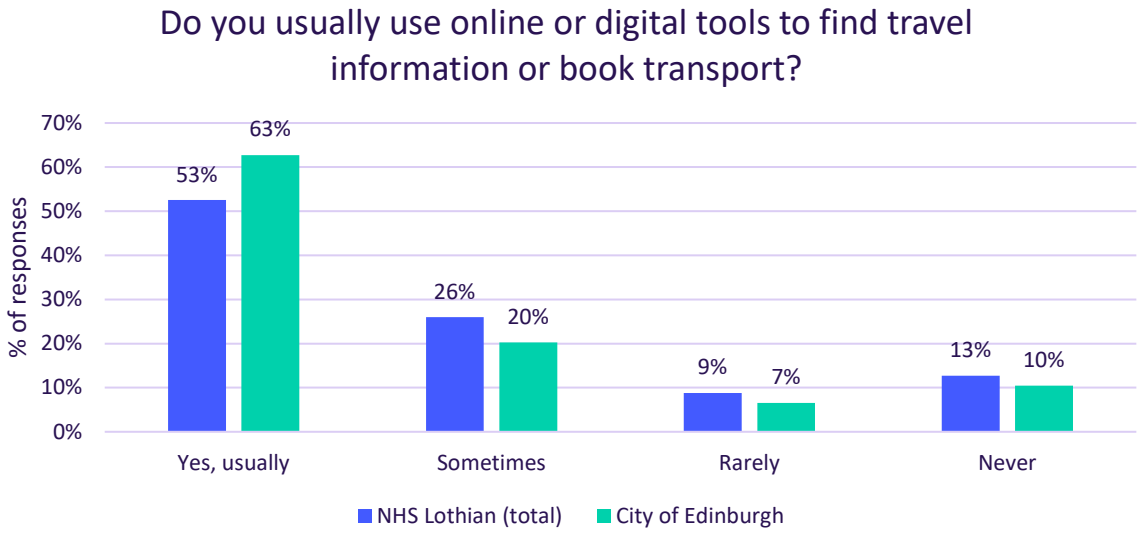


Figure 46: How do you use online tools

Severity of transport barriers

Respondents identified several significant transport barriers affecting access to healthcare. The most severe and commonly reported issue was the lack of direct public transport routes to healthcare facilities. Parking difficulties were also a major concern, particularly for hospital-based appointments. Poor connections between different transport services, such as bus, rail, taxi and community transport, were highlighted as a further barrier. A moderate number of respondents also reported challenges linked to limited service availability and difficulties with coordination and information across agencies. Cost and access to appropriate support for disabled people and carers were identified as additional, though less widely reported, barriers.

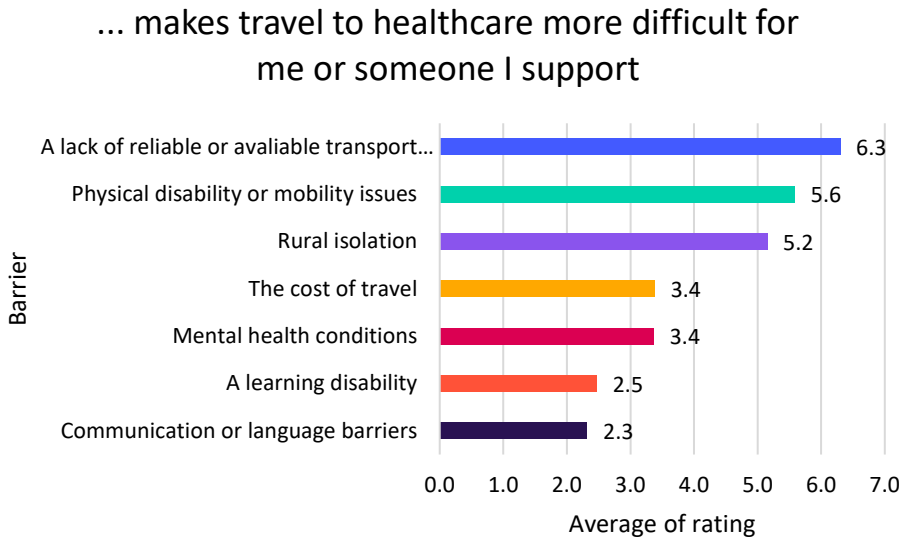


Figure 47: Difficulties with travel

Responses from the City of Edinburgh followed a similar pattern to those of NHS Lothian overall. However, the salience of 'Rural isolation' as a barrier to healthcare travel was much reduced for Edinburgh residents.

Which groups experience the greatest barriers

People with disabilities and long-term health conditions were more likely to experience accessibility and mobility-related barriers, including difficulties using public transport and reliance on others for lifts. Older people were more affected by digital barriers, limited service availability and reduced confidence in using online tools.

Carers frequently reported time pressures, reliance on others, and the complexity of coordinating transport around caring responsibilities.

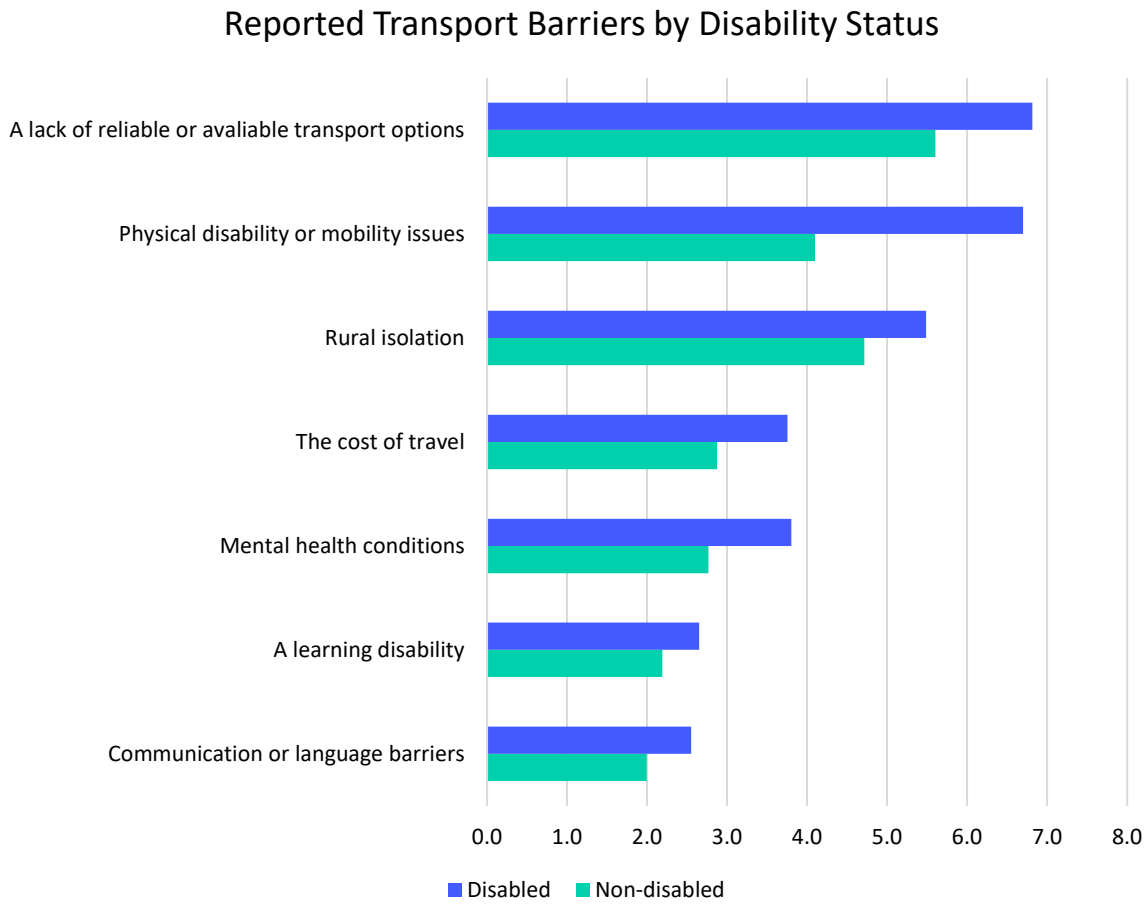


Figure 48: Transport barriers

What solutions people will consider

The most likely solution respondents were to consider to help access healthcare was remote consultations. This shows there is a willingness among patients to receive more care without travelling to appointments in person, this could help reduce journeys to healthcare for some suitable use cases. Hospital or clinic transport was the second most popular option, demonstrating a strong demand for purpose use transport especially for healthcare. The third most popular option and the most popular option for Edinburgh residents was 'I would not consider using any of these'. This demonstrates that a large proportion of people are looking for alternatives solutions to improve

transport to health such as more direct, frequent transport to healthcare sites and better availability of parking at hospitals.

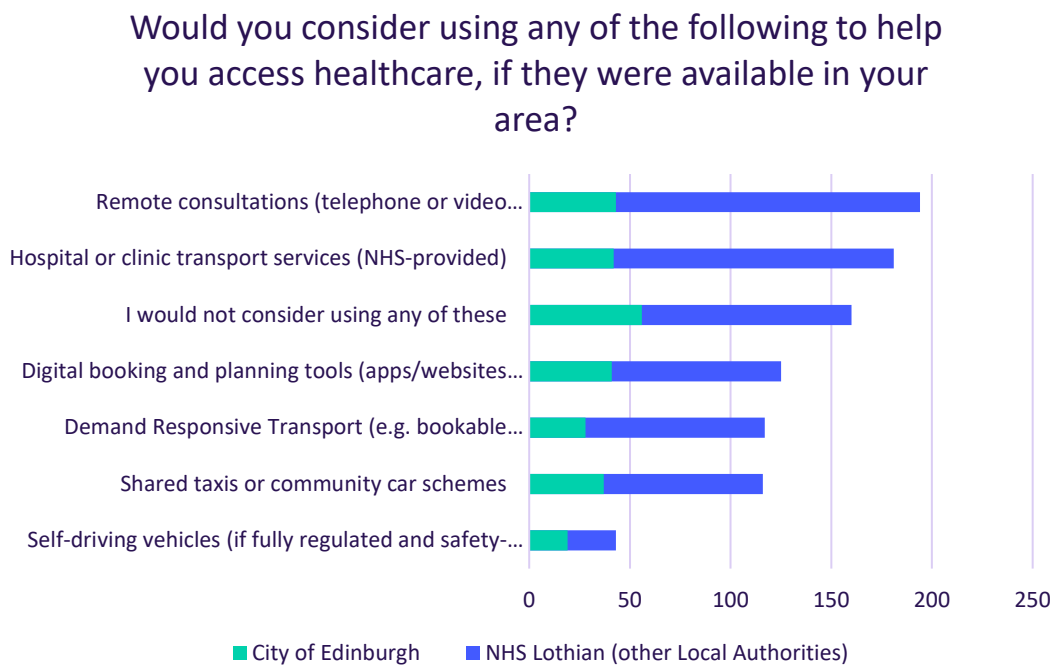


Figure 49: What would help access healthcare

Qualitative insights: Lived experience of travelling to healthcare

Open-text responses from NHS Lothian residents provide important context to the survey findings. Several consistent themes emerged across Edinburgh, East Lothian, Midlothian and West Lothian, reflecting a combination of long journeys, indirect routes, accessibility issues and reliance on private or informal transport.

Indirect, lengthy or multi-stage public transport journeys

Across NHS Lothian, respondents consistently described significant challenges related to the availability of accessible transport, long journey times and the distance to healthcare services. For many, accessing hospital care requires multiple bus journeys, long travel times and complex planning, particularly where there is no direct bus route to major hospital sites.

Several respondents reported that travelling to hospitals such as the Royal Infirmary of Edinburgh, Western General and St John's Hospital often requires two buses or a combination of bus, train and taxi, with journeys taking up to 90 minutes each way or longer. One participant explained:

> "If my husband is not available to drive us it's two buses to get to RIE... which can take anything from 35 minutes to 1 hour 15 minutes each way."

Long journeys were particularly difficult for those who do not drive:

"I don't drive so rely on public transport and living at the opposite side of the city to the hospital takes almost 1.5 hours each way."

Distance to services was also linked to the centralisation of care, with people frequently being referred outwith their local area for treatment. This resulted in journeys that were described as time-consuming, stressful and costly, especially for older people:

"We are elderly… we need to drive to the railway station, catch the train and take a taxi. This can be expensive and takes up a lot of time."

In some cases, people were required to travel over 28 miles for day surgery, which was viewed as unreasonable and avoidable where local facilities exist:

"Don't send people 28 miles away for day surgery."

Lack of direct routes and reduced bus frequencies

A recurring theme was the lack of direct public transport routes to NHS facilities, even from densely populated areas. Respondents described routes being indirect, poorly connected or having reduced frequency over time.

One respondent from Leith highlighted the impact of this on someone with limited mobility:

"There is no direct bus from Leith to the Western General… my partner is not up to walking between bus stops or sitting waiting for the connecting bus."

The absence of direct services was particularly problematic for regular outpatient and secondary care appointments:

"The difficulty for me is there is no direct bus to ERI which I have to attend every 6 months."

Indirect routes often added significant additional travel time and resulted in time off work:

"Indirect bus services approx. 2 hours one way (time off if workday)."

Parking pressures and continued reliance on the car

Parking availability at hospitals was another commonly reported barrier. Even where respondents had access to a car and a Blue Badge, parking close to hospital entrances was not guaranteed:

"My husband has a blue badge, but you can't guarantee a parking place that is close enough to hospital."

As a result, some respondents felt forced to use cars despite preferring public transport, particularly when connecting bus services were unreliable or physically demanding. Park and Ride was used as a compromise by some, although this still increased journey length:

> "I am more likely to drive to the Park & Ride and then get a bus… which makes it a much longer journey."

Accessibility barriers for disabled people and those with long-term conditions

For people with limited mobility, transport challenges were compounded by limited accessible options. Respondents highlighted a shortage of wheelchair-accessible taxis, with many tied into school transport contracts:

> "Only a few taxis in our area take wheelchairs and a lot of these are tied into school contracts."

> "My partner can't manage the walk between connecting buses."

Health conditions also influence travel planning:

> "We have to consider times if she needs to access toilets which could mean getting off a bus to find a toilet."

These factors made public transport unpredictable, physically demanding and unsuitable for some patients.

Cost, stress and reliance on informal support

For those without access to a car, arranging transport often depended on family, friends or lifts, creating stress and uncertainty, especially following procedures:

> "If we can't get a lift, I don't know what we'll do as we can't afford a taxi, and he can't get a bus when he's had a painful surgical procedure."

Transport costs were also a concern for longer journeys involving trains and taxis. This created an additional burden for older people and those on fixed incomes:

> "We are elderly… train plus taxi is expensive and takes a lot of time."

Summary of insights for NHS Lothian

Evidence for NHS Lothian highlights a series of transport pressures shaped by the centralisation of acute care in Edinburgh and the diverse settlement patterns across the Health Board.

Key themes emerging from the data and lived experience

↘ Hospital journeys are significantly longer and more complex than primary care travel

Many residents across East Lothian, Midlothian and West Lothian report hospital journeys of 60–90 minutes involving two buses or multimodal trips, reflecting indirect connections to major sites such as RIE, WGH and St John's.

↘ Lack of direct public transport routes is the most consistently reported barrier

Indirect services, limited frequency and poorly aligned timetables particularly affect regular outpatient users and those travelling for specialist care.

↘ Continued dependence on private cars despite parking pressures

Although Edinburgh has good public transport coverage, many respondents rely on driving due to journey complexity and accessibility issues.

↘ Disabled people and those with long-term conditions face disproportionate barriers

Limited availability of accessible taxis, long walking distances between interchanges and the physical demands of multi-stage travel make public transport unsuitable for many.

↘ Cost is not a universal barrier but can be significant for those without car access

Rail–taxi combinations and long bus trips impose financial strain, especially on older and low-income residents.

↘ Spatial disparities are clear across the Board area.

Edinburgh respondents experience shorter, more reliable journeys, whereas outer authorities report the longest travel times, higher reliance on informal support and the fewest direct hospital connections.

Overall NHS Lothian performs relatively well for primary care access but less effectively for hospital and specialist appointments, creating a pattern of disadvantage for disabled people, older adults and residents living further from Edinburgh's main hospital sites.

NHS Fife – evidence summary

Area overview

NHS Fife covers a geographically diverse area that includes coastal towns, mid-sized urban centres and extensive rural communities. Settlement patterns are shaped by the Firth of Forth coastline, former mining towns across central Fife, and rural hinterlands in the north and east of the region. Major towns include Dunfermline, Kirkcaldy, Glenrothes and St Andrews, alongside smaller communities such as Cupar, Leven, Anstruther and Cowdenbeath.

Two acute hospitals serve the area:

- Victoria Hospital, Kirkcaldy (VHK) – the main district general hospital providing most acute and specialist services
- Queen Margaret Hospital, Dunfermline (QMH) – providing a range of outpatient and elective services

These hospitals sit within dense or semi-urban areas in central and west Fife, meaning that residents in rural northern and eastern parts of the region often face longer and more complex journeys to reach secondary care. Several community hospitals and primary care centres supplement this network, but many specialised services require travel to VHK or to hospitals in neighbouring NHS Lothian.

Fife's transport network is shaped by major road corridors including the A92, A915 and A985, and a rail network serving the Fife Circle, Edinburgh, Dundee and Aberdeen routes. However, rail coverage is uneven, with large parts of East Neuk, North Fife and rural inland areas located far from train services. Bus provision is dense in larger towns yet significantly thinner in rural areas, contributing to pronounced differences in healthcare accessibility.

These structural patterns are illustrated in the following GIS maps:

Figure 50 shows distribution of major settlements, road connectivity and rail availability.

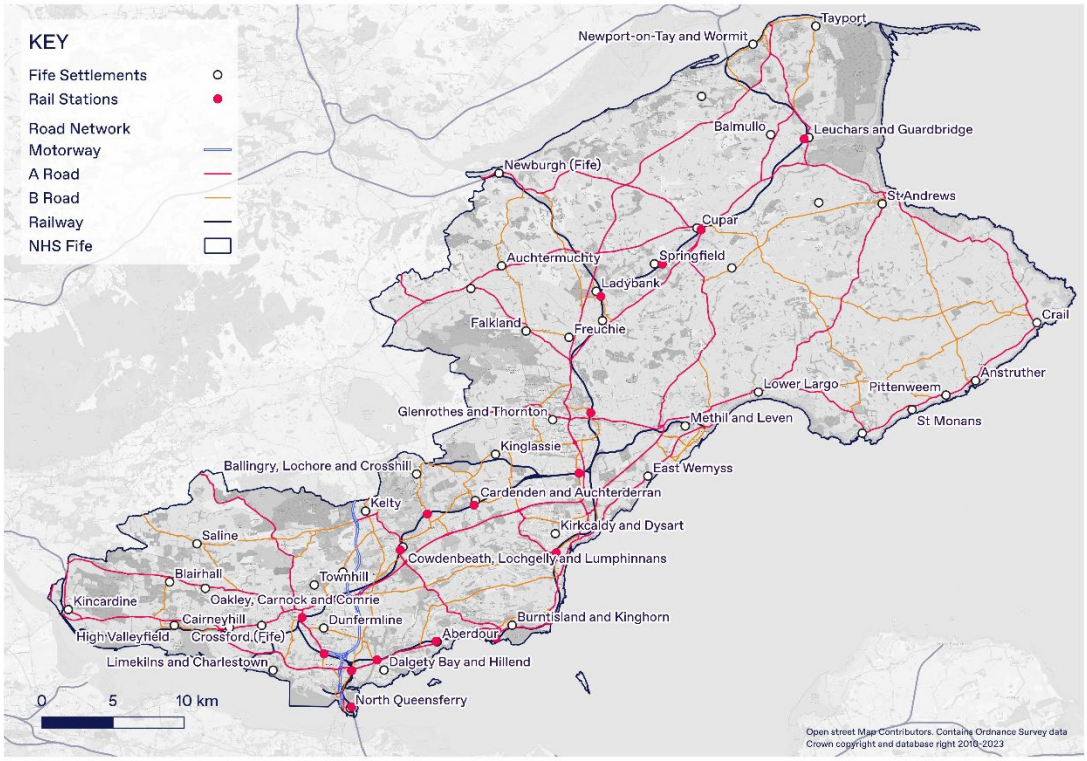


Figure 50: Distribution of major settlements, road connectivity and rail availability

Figure 51 shows GP surgeries, community hospitals and the two acute hospitals, highlighting rural areas with greater travel distances.

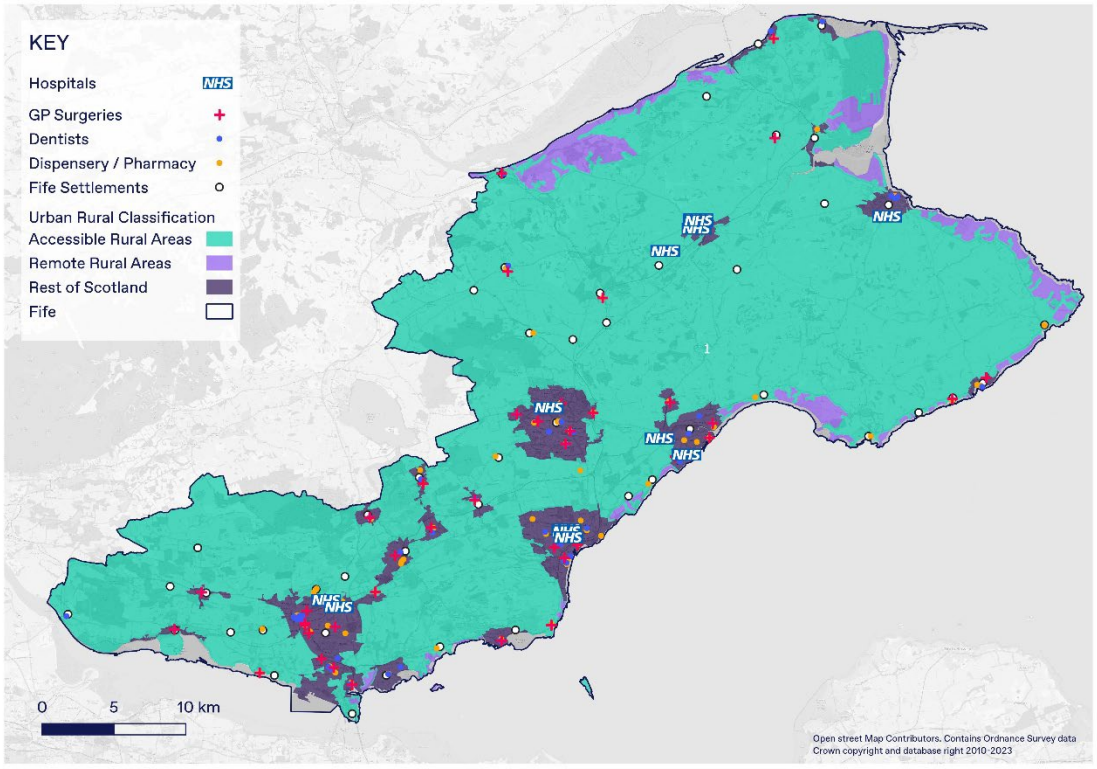


Figure 51: Distribution of services

Figure 52 illustrates variation in journey time and public transport complexity across central, western, northern and eastern Fife.

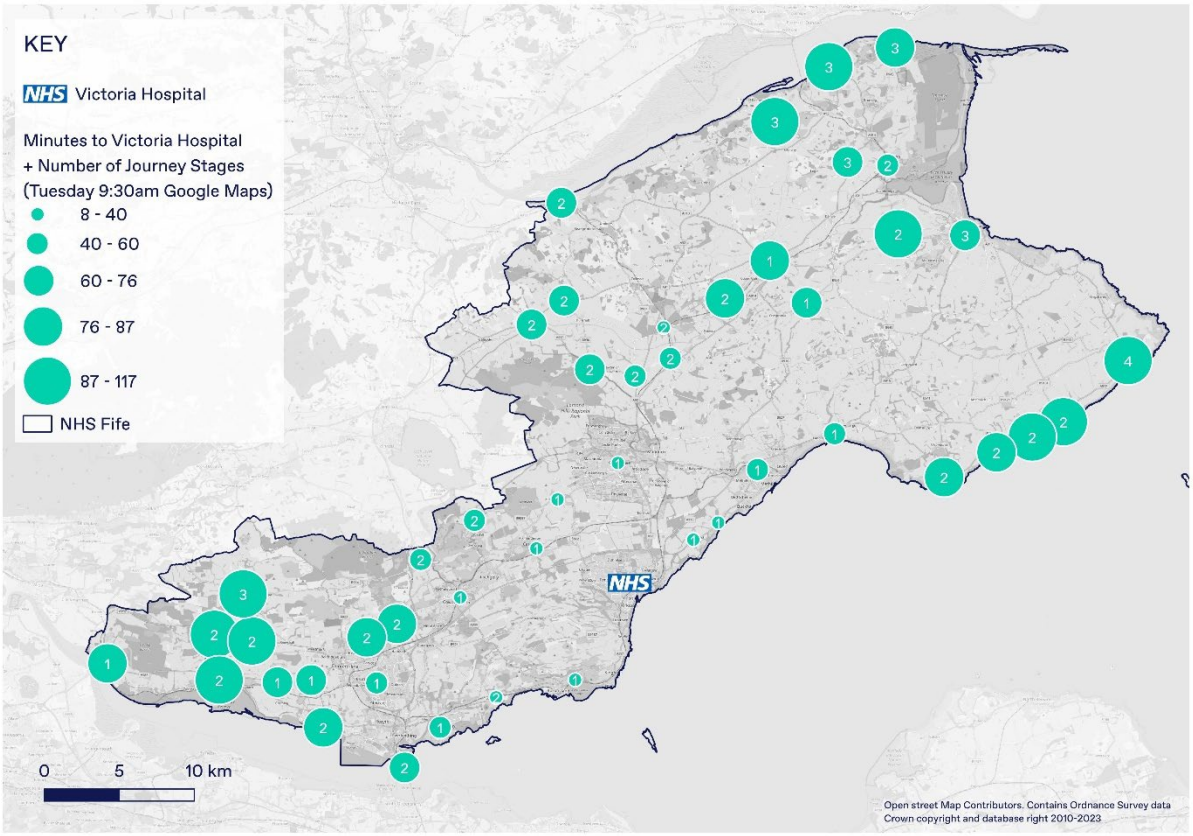


Figure 52: Journey time variation

Figure 53 shows the proportion of the population which lives in each of the 5 SIMD quintiles. The index of deprivation quintiles represent 5 equal segments of the Scottish population from 1 (most deprived) to 5 (least deprived). NHS Fife aligns with the Scottish average with each quintile containing roughly 20% of the population, meaning that there is a an equal distribution of deprived and less deprived areas.

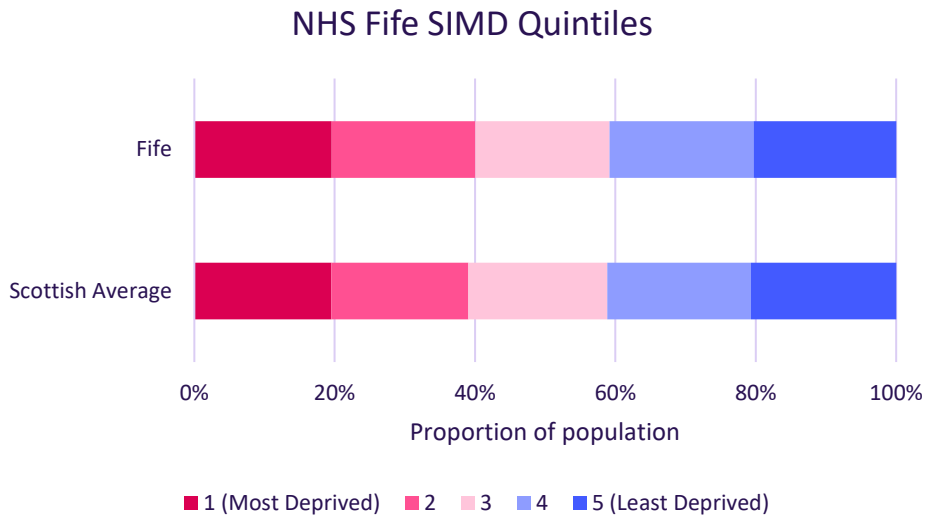


Figure 53: NHS Fife proportion of the population in each quintile

A total of 225 survey respondents live within the NHS Fife area, providing insight into how residents across urban, semi-urban and rural communities currently experience travel to healthcare.

NHS Fife Survey respondent characteristics

Survey respondents from Fife were more likely to have access to a car than survey respondents overall by a margin of +5%. This reflects the more mixed rural and semi-urban setting of much of the authority area.

Survey responses from Fife are consistent with overall survey characteristics, with a greater proportion of older people and women responding to the survey than the general population.

Fife is notable for having a much greater proportion of people living with long term health conditions or disabilities both in terms of the general population and respondents to this survey. The 2022 census reveals that Fife has +4% more people than the SEStran living with a long-term health condition/disability, while our survey has an increase of +6% compared to overall survey results.

Fife also has a greater proportion of people providing unpaid care. The 2022 census shows 13.9% of Fife residents provide unpaid care compared to 11.5% in SEStran overall. This is reflected in our survey where 26% of respondents provide unpaid care compared to 21% in overall survey results.

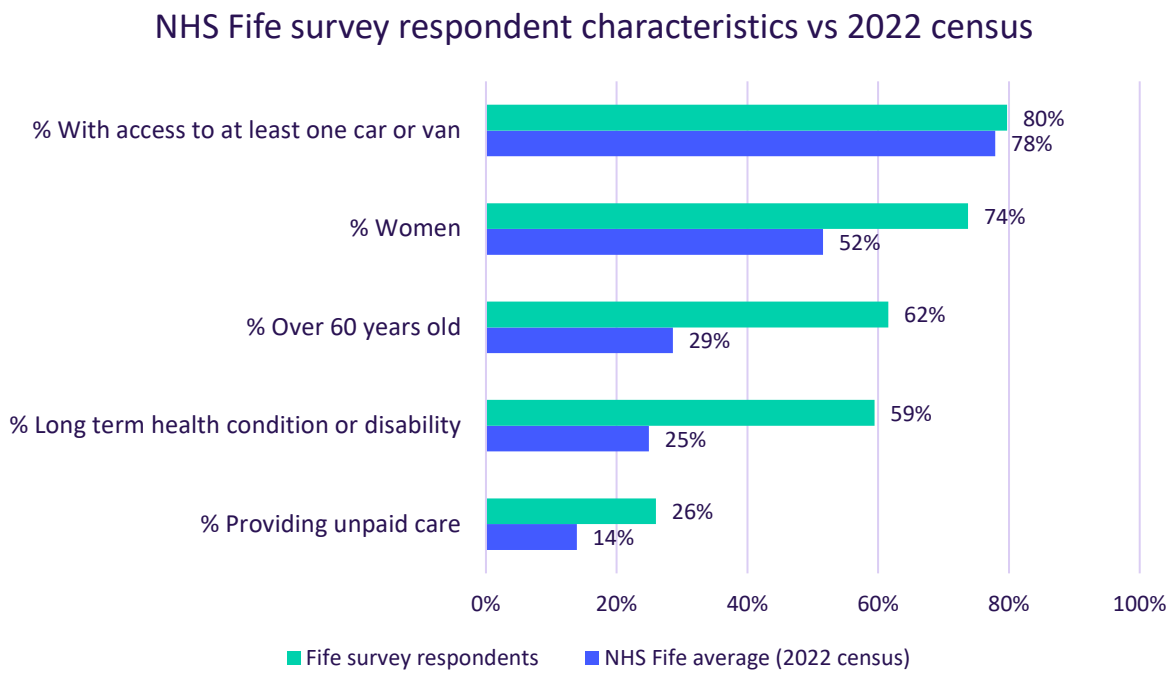


Figure 54: NHS Fife Characteristics – respondents vs census

Patterns of healthcare use

Within NHS Fife, most respondents reported travelling for healthcare infrequently, with the majority of journeys across all appointment types occurring either once a year or less or every few months. GP or local clinic and outpatient appointments were attended more regularly than other services, reflecting their role in ongoing care.

Dental and optician visits were largely infrequent, most commonly reported as once a year or less. Pharmacy visits showed a higher frequency than other services, with a greater proportion of

respondents attending every few weeks or monthly. Inpatient travel was least frequent overall and most commonly recorded as not applicable or once a year or less.

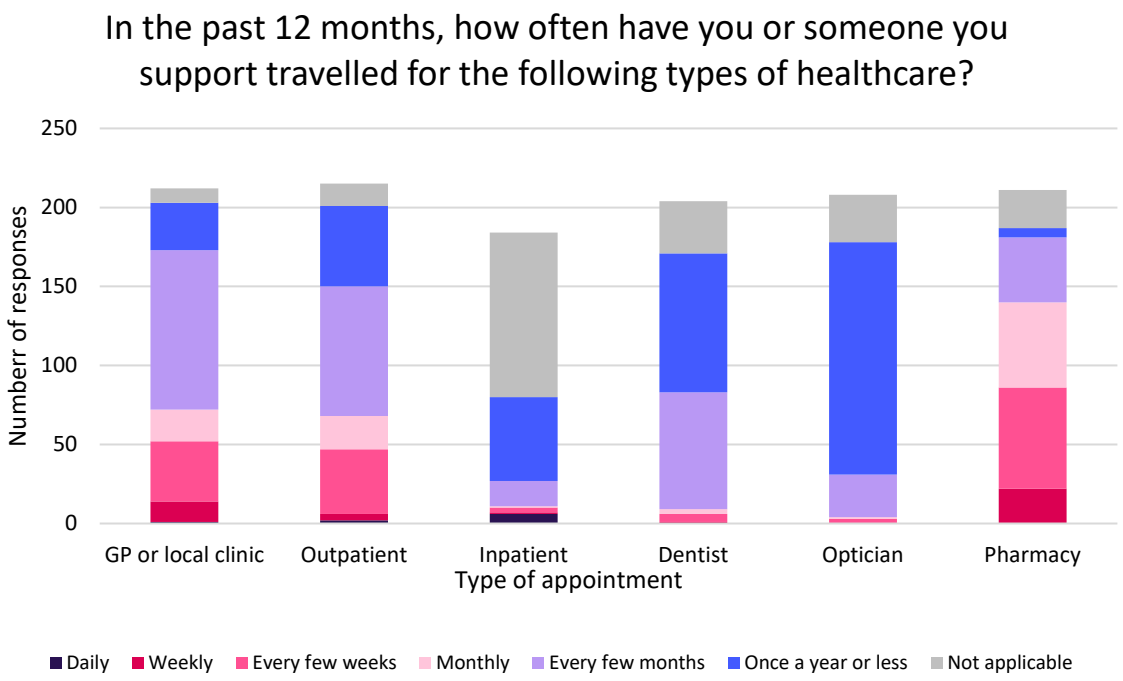


Figure 55: Frequency of visits

How long journeys take

Across NHS Fife, most journeys to healthcare appointments were relatively short. GP or local clinic and pharmacy appointments were most commonly reached within 15 minutes, indicating generally good local access to community-based services. Journeys to outpatient, dentist and optician appointments were more mixed, with many respondents reporting travel times of 15–30 minutes and 30–60 minutes. Inpatient appointments were associated with the longest journeys, with a higher proportion of respondents travelling over 60 minutes, reflecting the more centralised nature of hospital services within Fife.

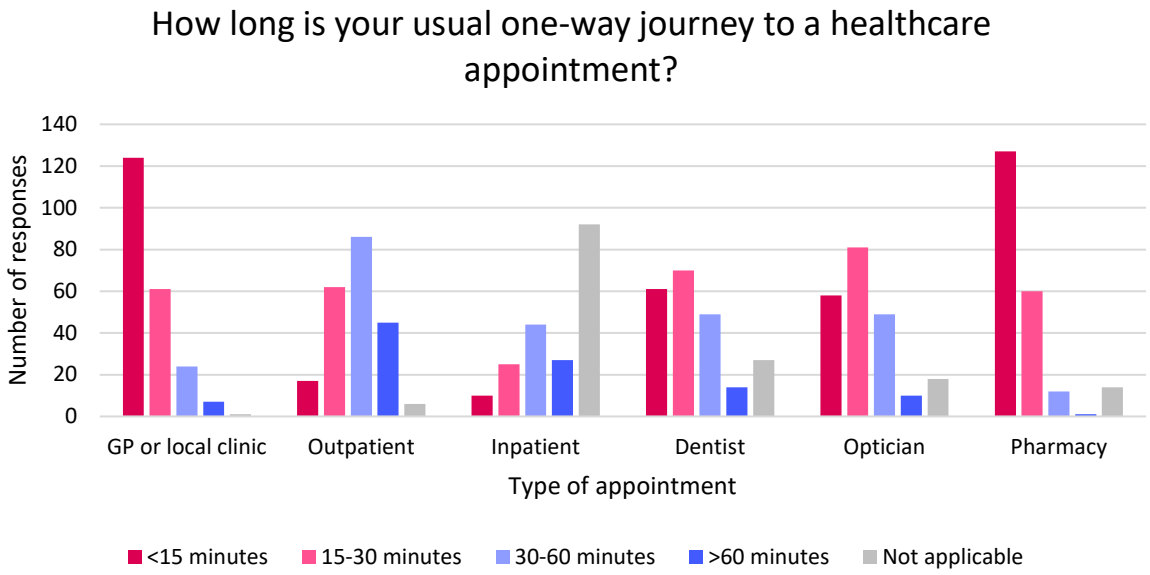


Figure 56: Journey time

How people travel to healthcare

Respondents in NHS Fife reported using a mix of transport modes to access healthcare, with the private car being the most common main mode of travel, either as a driver or passenger. Bus services were the next most frequently used option, particularly for those without access to a car. Use of taxis and walking was less common.

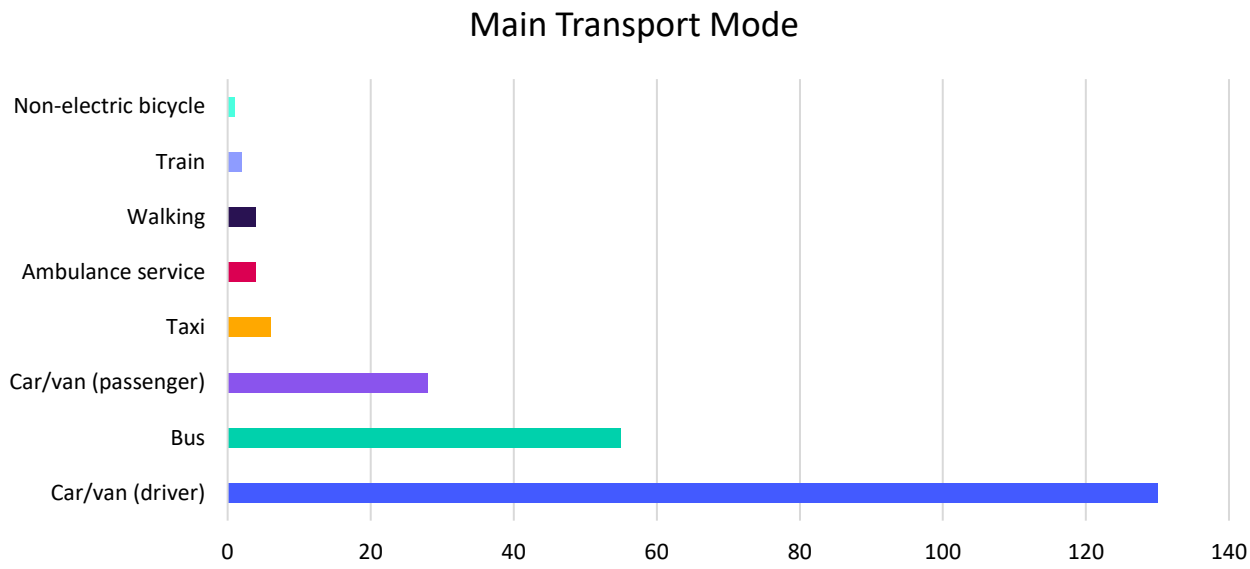


Figure 57: Main mode of transport

The most popular option for respondents was that they didn't have a backup option to their main mode of transport. Among those who reported having an alternative transport option, many respondents indicated that they would rely on family or friends for lifts if their usual mode was unavailable. Public transport, particularly buses, was also commonly used as a secondary option. A smaller number identified taxis as their main alternative.

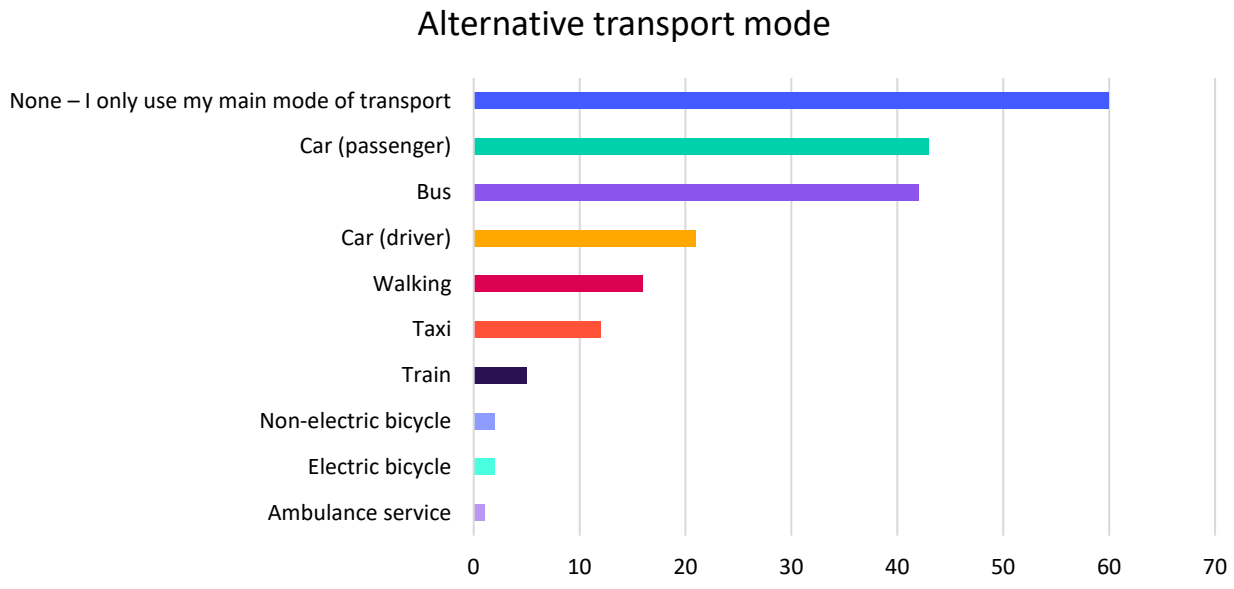


Figure 58: Alternative transport mode

Reliability of available transport

Most NHS Fife respondents reported that their usual transport to healthcare is reliable. The largest group described their transport as “usually reliable”, followed by those who said it is “always reliable”. A smaller proportion experienced some issues, reporting that their transport is “sometimes unreliable”. Only a small minority stated that it is “often unreliable”, indicating that overall reliability across Fife is generally good, but not consistent for all users.

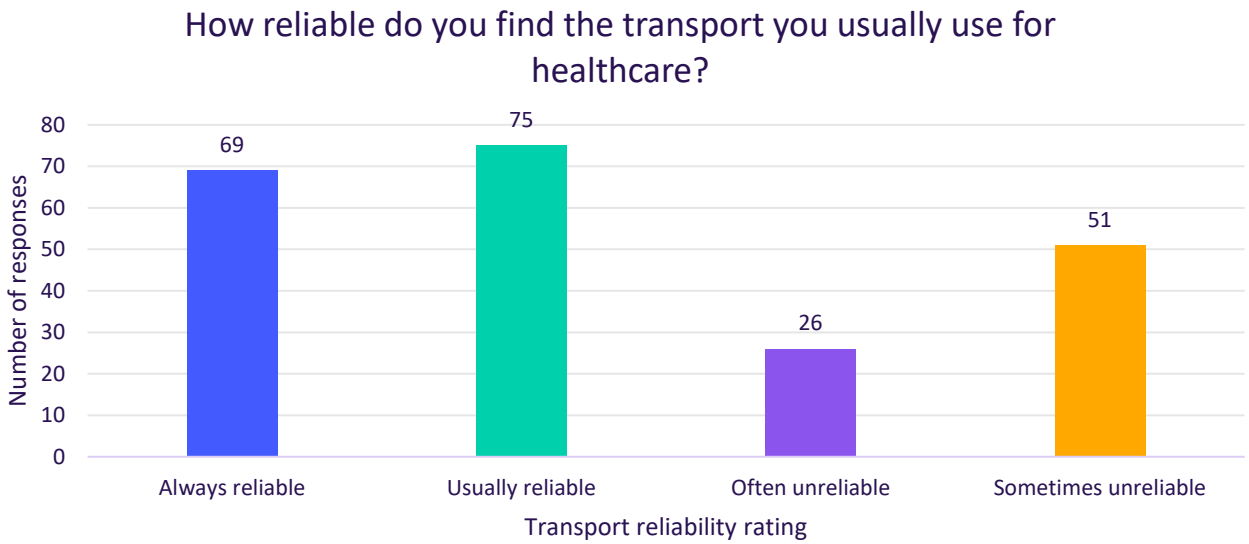


Figure 59: Transport reliability

Missed or delayed appointments due to transport

44% of NHS Fife respondents reported that they have missed or delayed a healthcare appointment due to transport issues, the highest proportion of any Health Board in the region.

For those affected, the leading reasons were traffic congestion and delayed services. Accessibility and mobility issues were also commonly cited. A smaller number of respondents highlighted reliance on family for transport and difficulties with parking. Other factors, including poor transport connections, personal car issues, lack of information, cost and distance, were mentioned less frequently.

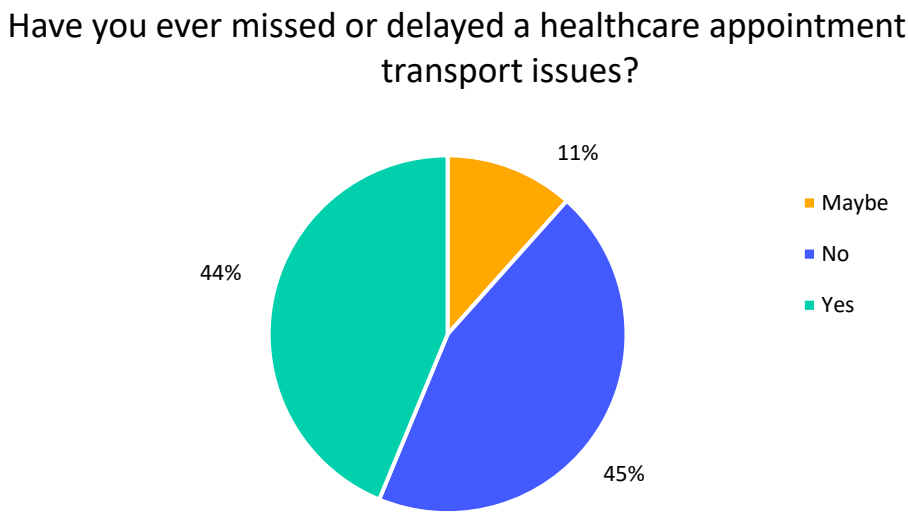


Figure 60: Missed appointments

Effect of transport costs on attendance

Most respondents in NHS Fife stated that transport costs do not affect their decision or ability to attend healthcare. However, a notable minority reported that costs either do affect or sometimes affect their attendance. This minority rises by 12% when only considering those who don't have a free bus pass. This indicates that while cost is not a barrier for most patients in Fife, it remains a significant issue for a proportion of service users.

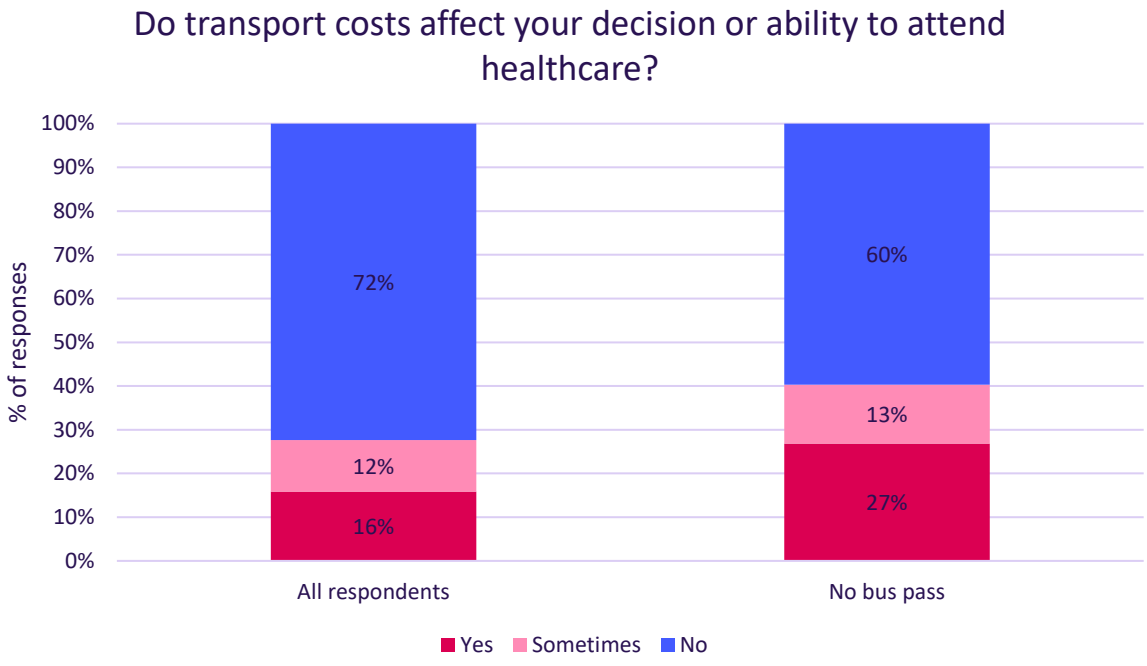


Figure 61: Reason for missed appointment

Cost of the most recent healthcare journey

Among NHS Fife respondents, most reported that their most recent return journey to a healthcare appointment did not cost anything. Where costs were incurred, the majority spent under £10, with the largest proportion paying under £5. Smaller numbers reported spending between £11 and £20, and only a limited number incurred costs above £20.

A small proportion were unsure or unable to remember the cost. Overall, most journeys are low-cost, but a minority face higher travel expenses.

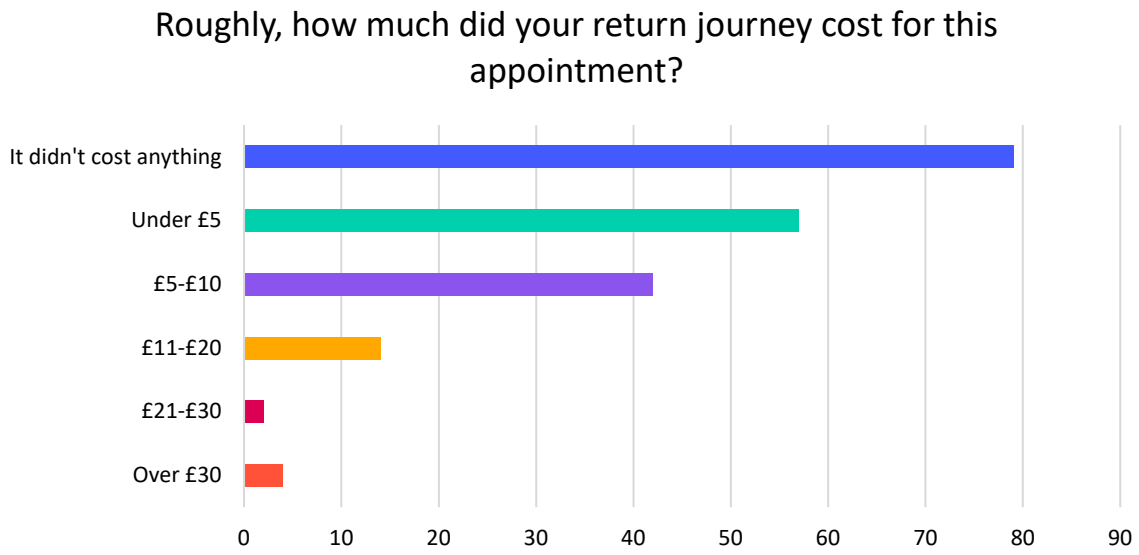


Figure 62: Cost of journey

How people find travel information

In terms of ease of finding and understanding travel information, most respondents said this is possible “most of the time”. A sizeable proportion reported that it is only “sometimes” easy, while fewer said it is “always” easy. A notable minority reported that they rarely or never find the information easy to access or understand.

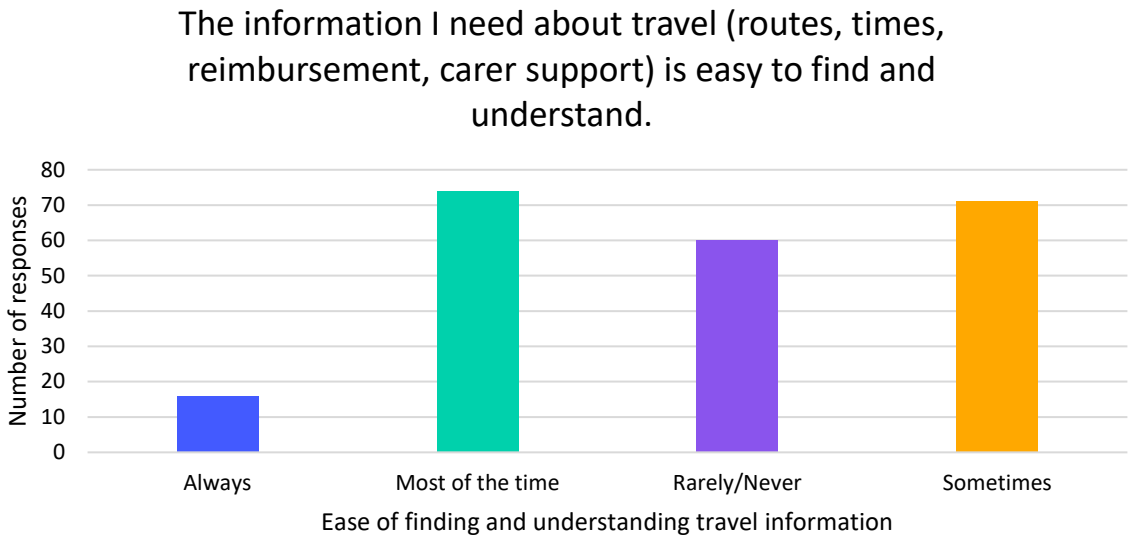


Figure 63: Digestible information

NHS Fife respondents most commonly relied on digital mapping tools such as Google or Bing Maps to find travel information, followed closely by online resources such as Traveline and NHS websites. Information included in patient letters was also an important source. Word of mouth and personal knowledge played a moderate role, while community transport providers, NHS staff advice and local bus apps were used by fewer respondents.

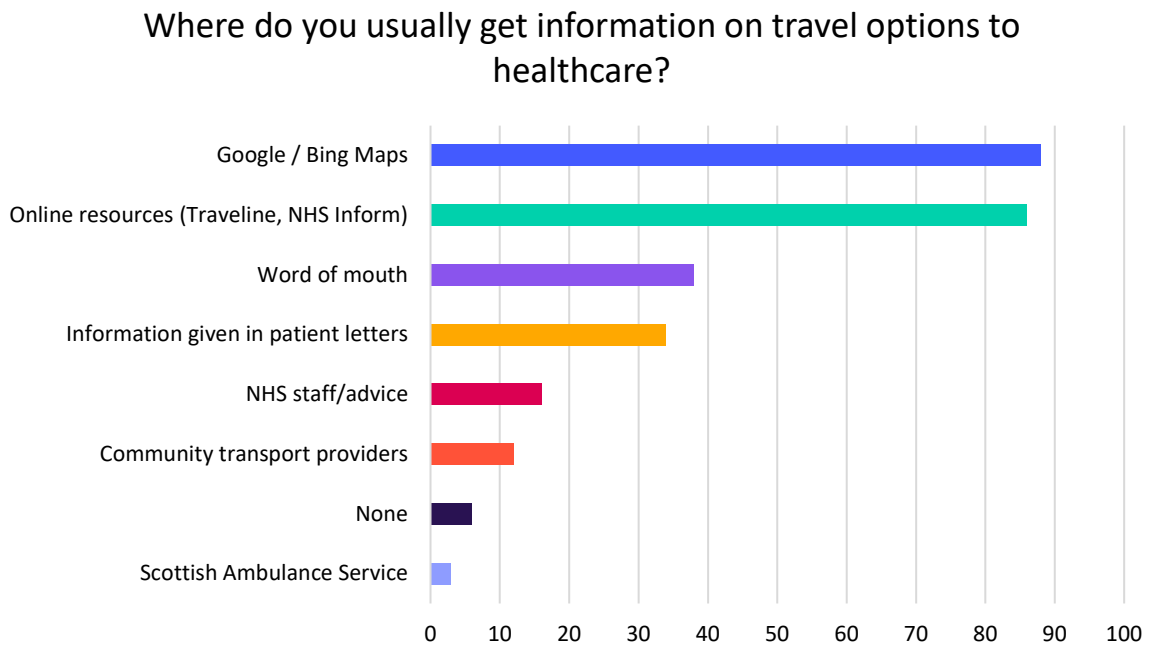


Figure 64: Where do you get your information?

Digital confidence in planning healthcare travel

Overall digital confidence among NHS Fife respondents is high. Most described themselves as either very confident or fairly confident in using online tools to find travel information or book transport. Smaller numbers were not very confident, and only a small minority were not confident at all.

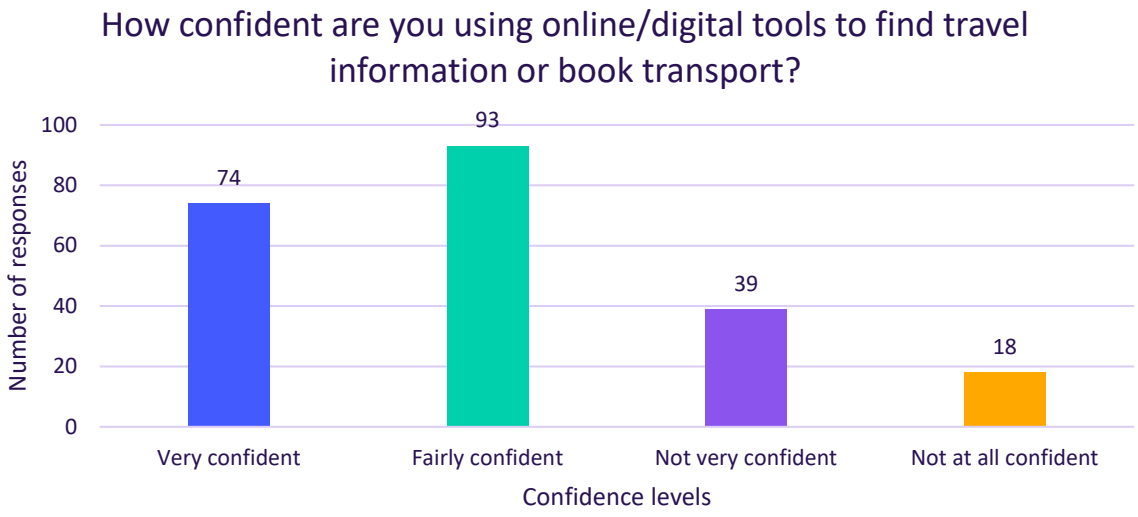


Figure 65: Confidence online

In practice, most respondents usually use digital tools for travel information or booking within NHS Fife. A substantial proportion use them sometimes, while fewer reported that they rarely or never use digital tools for this purpose.

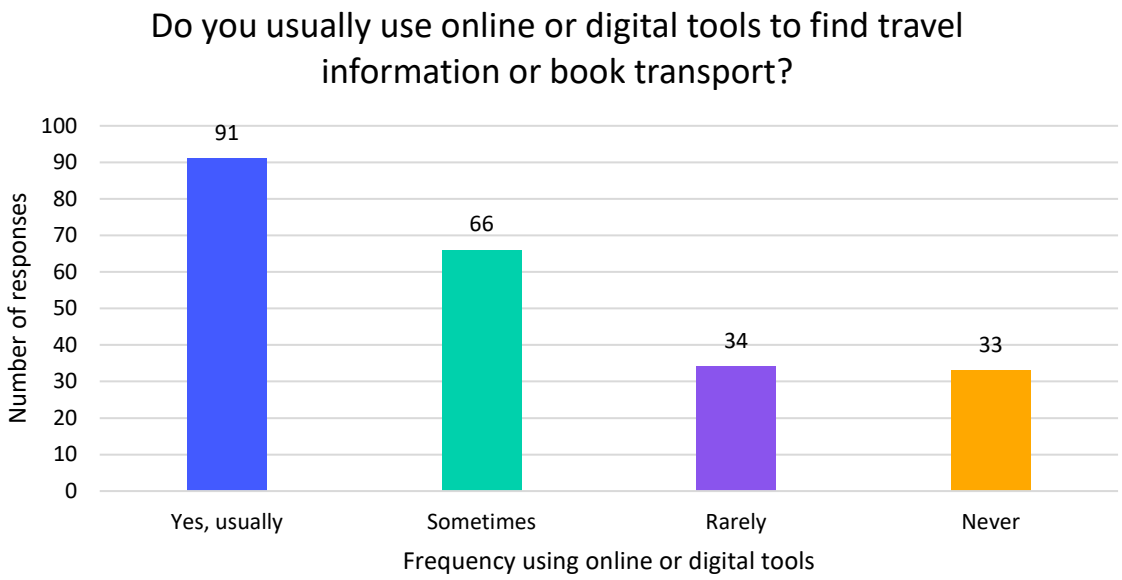


Figure 66: How do you use online tools

Severity of transport barriers

Within NHS Fife, the most commonly identified barrier was the lack of direct public transport routes to healthcare services. Difficulties with parking and poor connections between different transport services were also significant issues. Problems with coordination and information across agencies were reported by a moderate number of respondents. Cost, availability of suitable services, and support for carers and disabled users were identified as additional barriers, though by smaller proportions of respondents.

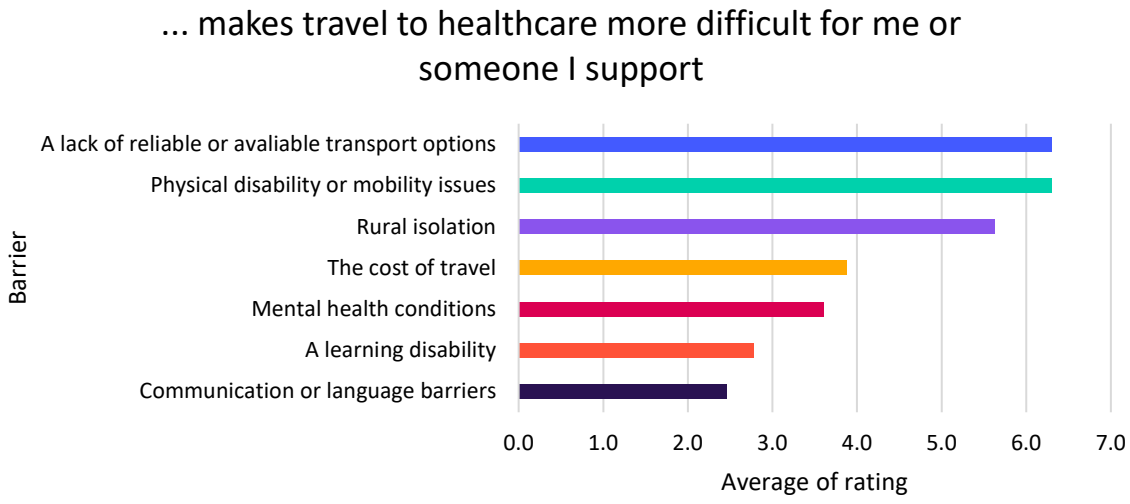


Figure 67: Difficulties with travel

Which group experience the greatest barriers

The data shows that disabled respondents in NHS Fife experience all transport barriers more frequently than non-disabled respondents.

The most significant barrier for both groups is a lack of reliable or available transport options, but this is more pronounced among disabled respondents. Physical disability or mobility issues are also a major barrier for disabled people, while this is far less significant for non-disabled respondents.

Rural isolation affects both groups, although it is again more commonly reported by disabled respondents. The cost of travel is a moderate barrier for both groups, with similar levels of impact.

Barriers linked to mental health conditions, learning disabilities, and communication or language barriers are reported at lower levels overall, but remain consistently higher for disabled respondents than for non-disabled respondents.

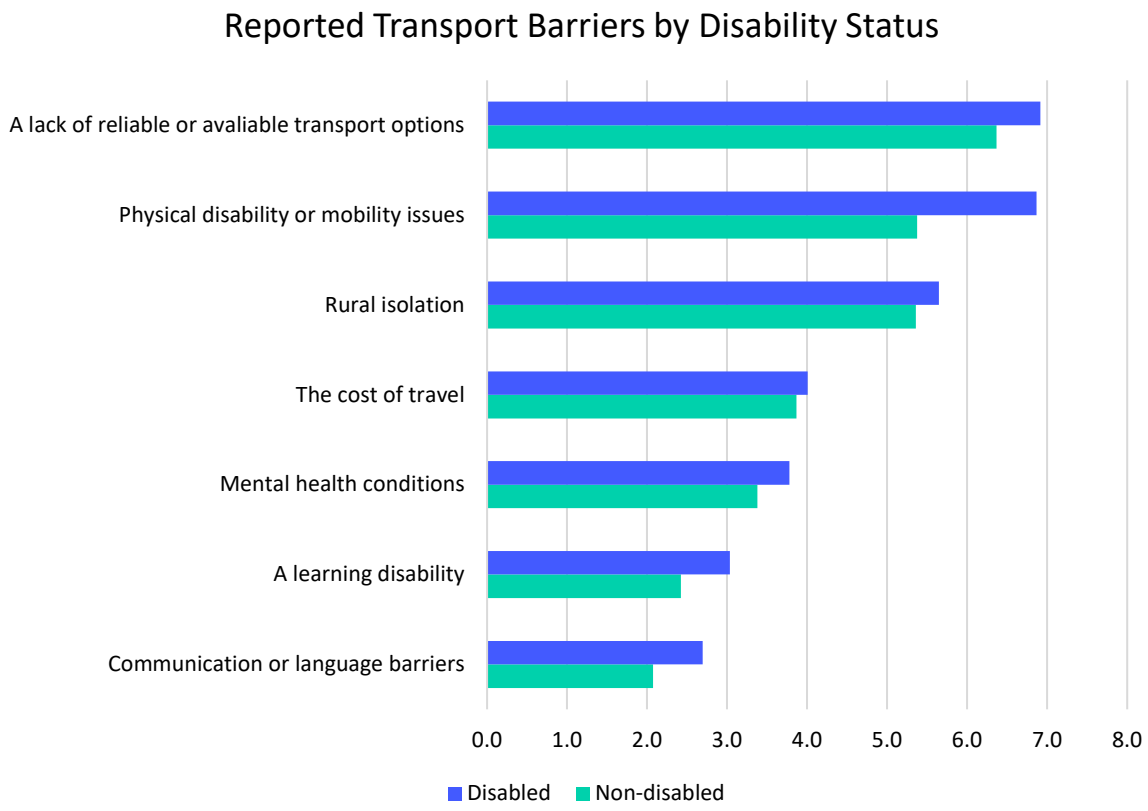


Figure 68: Transport barriers

What improvements people want

The most popular option among respondents was demand responsive transport, indicating strong demand for flexible local travel services. There was also high support for remote consultations and hospital or clinic transport services, suggesting that alternatives to independent travel are widely welcomed.

A moderate number of respondents would consider using shared taxis, community car schemes and digital booking tools. Only a small proportion said they would not use any of these options. Self-driving vehicles attracted the least interest and are not seen as a current priority.

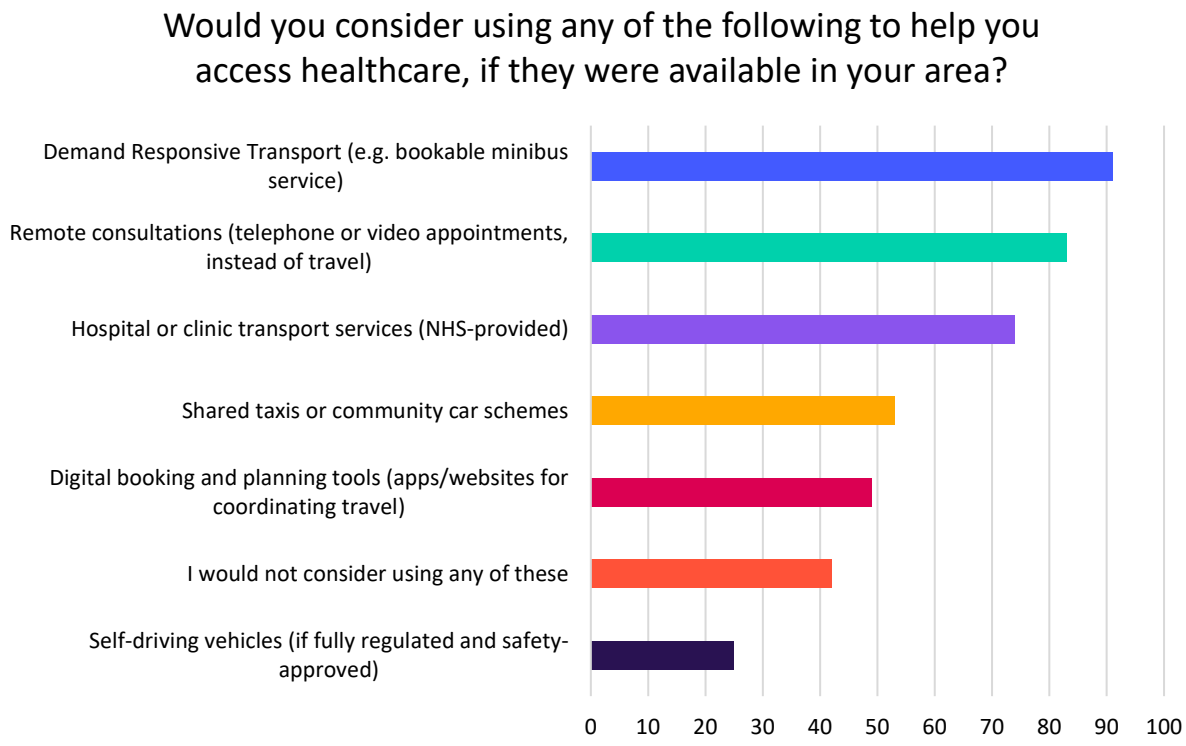


Figure 69: What would help access healthcare

Qualitative insights: Lived experience of travelling to healthcare

Transport availability, accessibility and distance

Across NHS Fife, respondents frequently described limited, indirect and infrequent public transport as a major barrier to accessing healthcare. Many reported that local bus services have been reduced or removed altogether, leaving some communities with no direct public transport to hospitals or GP services. This was particularly evident in places such as Limekilns and Tayport, where residents reported being unable to reach Fife hospitals without travelling via Dundee or relying on taxis. One respondent noted that

> "The only bus we now have taken us out of the county to Dundee, so [we are] unable to attend Fife-based hospital appointments."

Journey length was a consistent problem, with public transport trips often taking significantly longer than the equivalent car journey. Respondents described journeys of over an hour for appointments that would take 20 minutes by car, and in some cases requiring multiple bus changes. Travel to more specialist services was particularly challenging, with one individual reporting that reaching Perth from Tayport required "6 buses". This level of complexity was described as a deterrent to attending appointments.

Service frequency was also a prominent concern. In parts of rural and semi-rural Fife, buses run only once an hour, making it difficult to match appointments with available services. One respondent noted:

"Only one bus an hour goes near to the GP surgery and hospital"

Centralisation of services increased the travel burden further. Several respondents highlighted the shift of specialist services to Victoria Hospital, Kirkcaldy, describing journeys as time-consuming and expensive:

"Outrageous that we have to travel so far for most services at the Victoria Kirkcaldy"

A lack of accessible alternatives was also evident. Patient transport services were not always available or practical, with one respondent stating

"We don't use patient transport because no one has time for that"

Others reported living too far from bus stops for public transport to be a realistic option, particularly for those with mobility issues.

Finally, concerns about the comfort, safety and confidence of bus travel were raised, with one respondent noting that

"Confidence using buses is low as they can be uncomfortable and behaviour of fellow passengers can be off-putting"

Lack of direct routes and reduced bus services[25]

Respondents across NHS Fife reported that reductions in bus services, indirect routes and unreliable timetables are making it increasingly difficult to reach healthcare, particularly for those without access to a car. These issues affect both same-day urgent care and planned appointments and were most acute in rural and semi-rural areas.

Several participants described how previously frequent services have been reduced, leaving them with infrequent or unreliable options. One respondent explained that a service that had run every 30 minutes was changed and now

"Does not always run… it is hit and miss"

meaning they faced a 35-minute walk to their GP surgery if no lift was available. Others reported buses being withdrawn entirely due to driver shortages, with little notice given to passengers:

[25] https://tinyurl.com/bddpsysa

"Buses are often late or don't turn up at all… this information is not communicated to people waiting at stops."

Long, indirect journeys caused by poorly connected services were common, with many planned appointments requiring two or three buses each way. Some respondents described hospital trips taking most of the day, including one case where a 40-mile journey involved multiple bus changes and took over seven hours in total. These lengthy journeys were described as physically exhausting, painful and highly stressful, particularly for those with long-term conditions.

The unreliability and limited frequency of bus services also led to missed or cancelled appointments. Respondents described having to book specific appointment times to match infrequent bus schedules, only to cancel when services ran late. One participant noted that their GP surgery was only ten minutes away, but because the bus ran once an hour and was often late, they had cancelled several appointments as a result.

For many respondents, the lack of direct, reliable and well-timed public transport made attending healthcare appointments difficult to plan and sustain. This was particularly evident for routine hospital outpatient, GP and community-based appointments, where infrequent services, long walks to bus stops and unreliable timetables increased the risk of lateness or cancellation. Respondents described cancelling appointments when buses operated only once an hour or failed to arrive, and others highlighted the difficulty of aligning fixed appointment times with limited service availability.

"Public transport options are poor where I live, nearest bus stop is 0.7 miles and buses are only once an hour so getting to Markinch (GP/pharmacy), Leven (optician) or Kirkcaldy (dentist) in time for appointment would be very difficult."

Parking and reliance on private transport

Across NHS Fife, respondents consistently reported that poor hospital parking is a major barrier to accessing healthcare and is a key reason why many feel forced to rely on private cars rather than public transport. Parking problems were reported at both GP surgeries and hospitals but were most frequently associated with Victoria Hospital in Kirkcaldy and Ninewells.

Lack of available spaces, particularly disabled parking, was a recurring issue. Several respondents with Blue Badges stated they were still unable to secure suitable parking, with one noting: "Despite having a blue badge, I rarely get a disabled space." Others described having to arrive 45 minutes to an hour early just to find parking, adding significant stress to already worrying appointments. One participant described the experience as a

"Stressful nightmare"

Parking difficulties also undermine patient safety and carer support. Some carers reported needing to drop off vulnerable patients before searching for a space, leaving them temporarily unsupported. One respondent explained:

"I can't get parking, therefore have to abandon him, try find parking, hope he can get to his appointment safely without my support."

For wheelchair users, parking problems are compounded by poor accessibility from remote parking areas, including uneven pavements and long walking distances. One respondent noted that even when council parking is available, surfaces make it:

"Difficult to push a wheelchair over uneven surfaces."

The emotional impact of parking stress was particularly evident for patients undergoing major treatment. One respondent stated clearly:

"Parking at hospital causes huge stress to cancer patients."

Others described driving in circles for extended periods due to lack of spaces and unsafe parking conditions.

In rural areas and during evenings, limited public transport further increases reliance on private cars, intensifying pressure on already constrained hospital parking. One respondent noted that travelling to Kirkcaldy and then trying to park late at night is:

"So stressful… when there is no public transport."

Accessibility and health-related needs

Respondents across NHS Fife highlighted that physical accessibility, health conditions and caring responsibilities significantly limit how people can travel to healthcare. For many, public transport is either difficult or impossible to use due to mobility needs, treatment requirements or caring duties.

Several participants reported that public transport is physically inaccessible, including issues such as steep steps on coaches and insufficient time for those with mobility difficulties to board and disembark safely. One carer explained that buses are:

"Restrictive for the person I care for because they need more time to react, stand up, walk down… before the bus can move off."

For people with disabilities or complex health needs, public transport is often not a viable option at all. One respondent stated clearly:

"Public transport isn't an option, travel by car is the only option due to disabilities."

Another added that a car is essential when caring for an elderly relative with "mobility, sight and dementia issues."

Caring responsibilities further restrict travel options. Carers described situations where they must make long, complex journeys when the usual driver becomes the patient. One respondent noted:

> "I am carer for my husband who is the driver. So, if he's the one in hospital, I have to get two buses to get there."

Others described the physical impossibility of dropping off dependants and then parking separately due to disability.

Limited access to clear transport information also creates accessibility barriers. Some respondents highlighted that timetables are often only available online, which excludes those without smartphones:

> "Bus or train timetables are in general only accessible using a smart phone."

Reductions in local bus services disproportionately affect those with limited mobility, particularly when walking to alternative stops is not possible. One participant explained that when a nearby service is unavailable, they are simply unable to reach appointments due to their limited walking ability.

Stress, cost and limited alternatives

Many respondents described significant financial and emotional strain linked to the cost of travel and the lack of affordable alternatives for getting to healthcare appointments across NHS Fife.

Transport costs are a major barrier, particularly where taxis are required for part of the journey. One respondent explained that travelling to Kirkcaldy often means:

> "a taxi for at least one part of the journey which costs £40–£50".

while others stated simply that "cabs are extremely expensive." Even accessing GP services can involve high costs, with one respondent noting:

> "Our GP surgery is now based in the next town requiring £20 taxi fares to attend."

Fuel costs were also highlighted as a constraint, particularly for those travelling long distances by car.

The cost of time is equally significant, with many people losing income to attend appointments. Respondents described

> "Hours lost in pay from time taken off work"

and the difficulty of attending appointments that are only available during working hours. One person said:

"I work full time; I avoid going to the doctor's because they are only available during working hours."

Travel time and costs combine to create additional pressure when appointments are limited to weekdays.

Poor communication and information barriers add to stress and undermine confidence in the transport system, particularly for disabled passengers. One respondent who is sight-impaired described being left behind during a replacement bus service despite explaining their needs, with the driver and colleagues:

"Walking past me, not saying a word"

and only learning the bus was leaving when strangers intervened. This experience highlights gaps in disability awareness and service communication.

At hospital sites, poor signage and wayfinding further increase anxiety at already stressful times. One parent described arriving for an ENT appointment at Victoria Hospital in Kirkcaldy but being unable to identify the correct building, noting that:

"Nothing about that building told me we were in the right location"

and that small fixes to signage could make a major difference.

Summary of insights for NHS Fife

The evidence from NHS Fife highlights a pattern of broadly accessible local primary care, contrasted with significant challenges accessing secondary care, especially for residents of rural, coastal and semi-rural communities. These challenges arise from settlement patterns, uneven public transport coverage, reduced bus service frequency and the centralised location of specialist hospital services.

Key themes emerging from the data and lived experience

↘ Good access to primary care, but long and complex journeys for hospital-based care

Most respondents reach GP surgeries and pharmacies within 15 minutes, indicating strong local provision. However, journeys to Victoria Hospital and other specialist centres often exceed 60 minutes, particularly for residents in North Fife, East Neuk and more rural inland settlements. These longer trips frequently involve multiple bus changes and extended waiting times.

↘ High reliance on the private car, driven by limited and indirect public transport

Car use is the most common way to reach healthcare across Fife. Public transport plays an important role for those without car access, but respondents consistently described indirect routes, reduced frequencies and unreliable services. Some communities, such as Limekilns and Tayport, reported losing direct links to Fife hospitals, with services now routing via Dundee.

↘ Public transport reliability issues contribute to missed and delayed appointments

Over one third of respondents reported missing or postponing appointments due to transport issues. The most common reasons included delayed or cancelled buses, traffic congestion, long walking distances to stops and difficulty aligning appointment times with hourly services.

↘ Parking pressures at major hospitals create significant stress and reinforce car dependency

Victoria Hospital in Kirkcaldy was repeatedly described as difficult to access by car, with respondents reporting long search times, limited disabled parking and high stress levels, particularly for older patients and those undergoing major treatment. Poor accessibility from distant parking areas further affects wheelchair users and carers.

↘ Disabled people and those with mobility or health-related needs face the greatest transport barriers

Respondents with disabilities described public transport as physically inaccessible, unpredictable or too demanding for their condition. Many stated that the car is the only viable mode. Carers also reported challenges when they become the patient or must accompany relatives with complex needs.

↘ Transport costs remain a barrier for a minority, especially in rural areas

While most respondents did not report cost-related barriers, those reliant on taxis faced significant expense. Single journeys to Kirkcaldy costing £20–£50 were commonly reported, alongside lost income due to time taken off work.

↘ Strong demand for flexible, coordinated and affordable alternatives

Respondents expressed the highest support for demand-responsive transport, followed by improved direct public transport routes, better coordination between services and expanded hospital transport provision. Clearer travel information and enhanced support for disabled people and carers were also priorities.

NHS Borders – evidence summary

Area overview:

NHS Borders covers the Scottish Borders Council area and is characterised by a predominantly aging population. It is the least populus Health Board in the SEStran region and most rural in nature. Major towns include Galashiels in the centre of the authority (connected by rail to Edinburgh), Hawick in the South, Peebles and West Linton in the West and Eyemouth on the East coast.

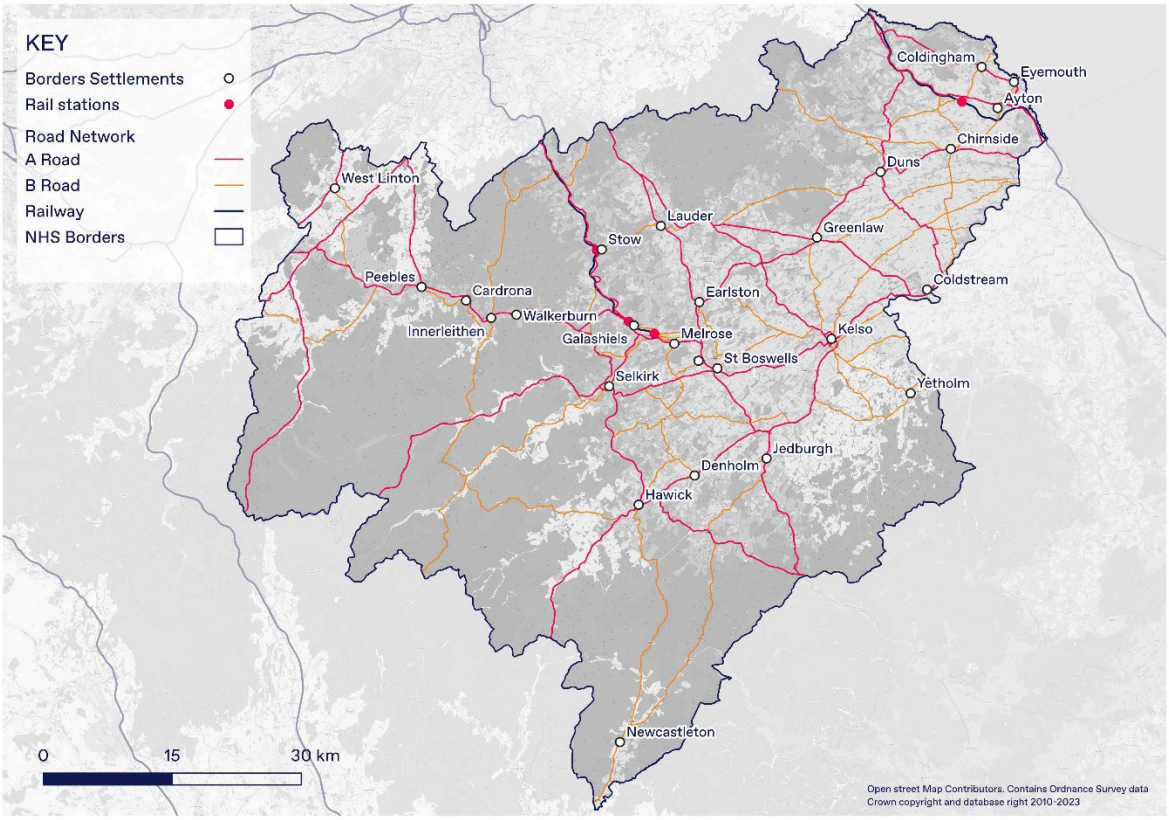


Figure 70: Border settlements

The most significant hospital in the area is the Borders General Hospital in Melrose with other community and smaller hospitals in Peebles, Hawick, Kelso and Duns.

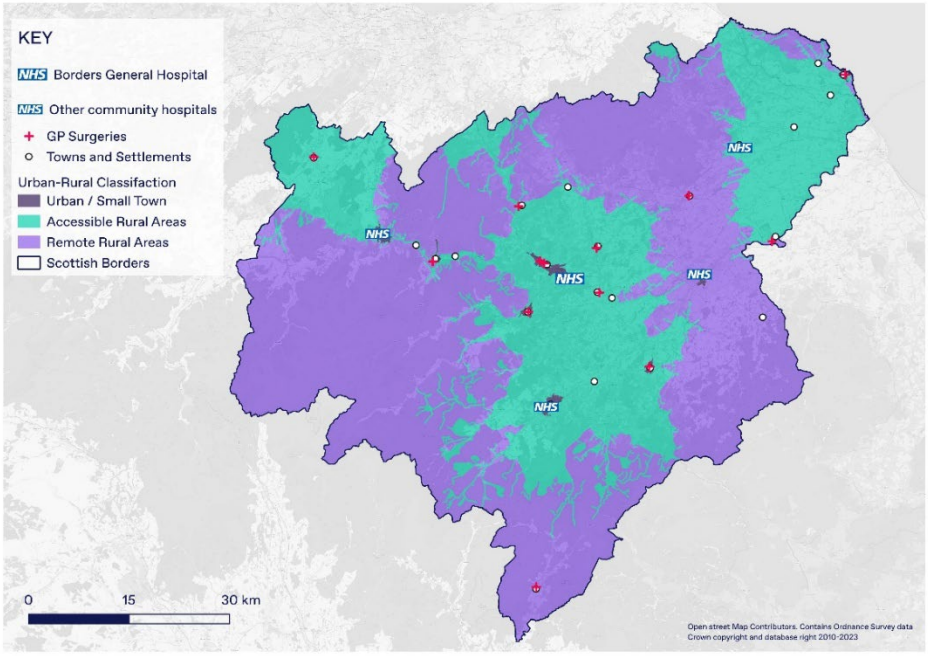


Figure 71: Spread of facilities

Primary healthcare, including GPs, is generally easier to access with most towns having a local GP surgery or health centre. However, a few settlements over 1,000 population lack a dedicated GP facility within 2 miles, for example, Chirnside, whose branch surgery of Merse Medical Practice has closed.

Access to the Borders General Hospital (BGH) is the most pressing issue for Transport to Health in the Borders. Accessing treatment in the BGH from towns like Newcastleton, Hawick, Eyemouth, Peebles or West Linton can prove difficult. This is acutely felt for those living in the rural areas and villages surrounding these settlements. For towns to the West and South of the BGH, travelling to appointments often require at least one change before reaching the hospital. This was a common issue for those living in Peebles and Selkirk. The journey time to the BGH from 9:30AM on 08/12/25 as well as number of buses required to reach the hospital has been mapped below.

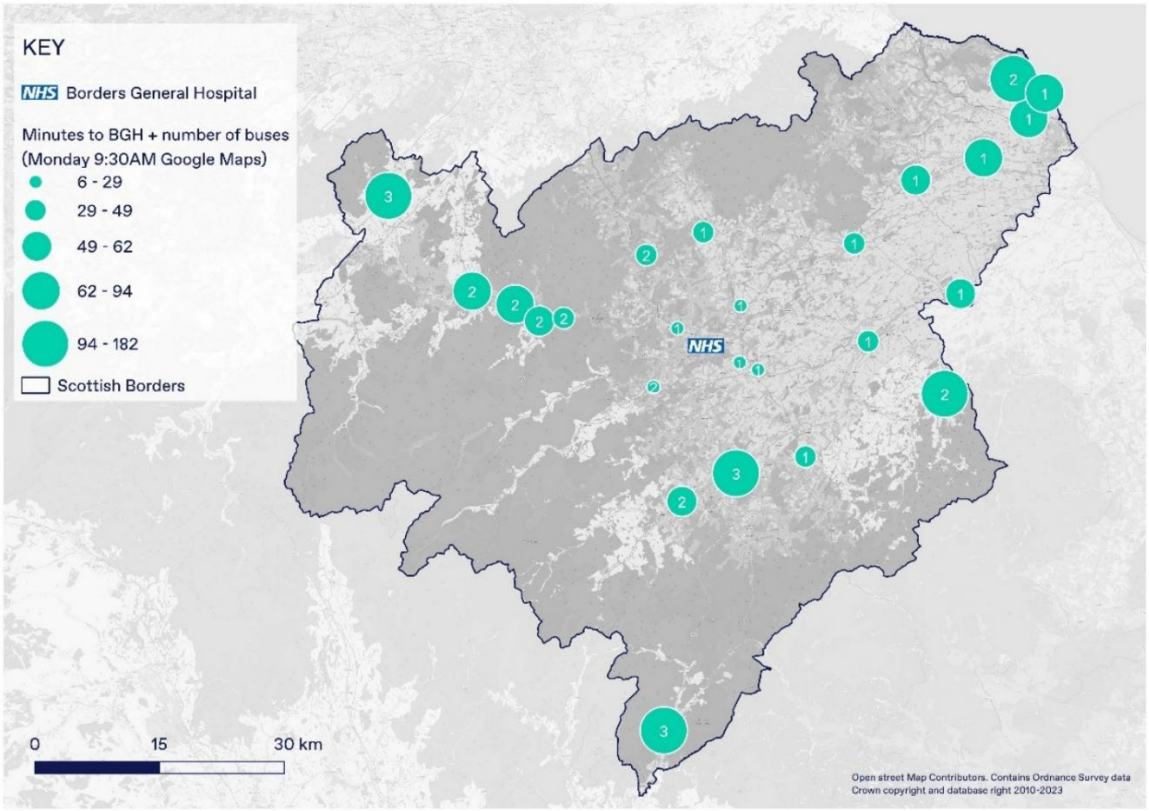


Figure 72: Minutes taken to reach the BGH and number of buses taken at 9:30AM 08/12/25 via google maps

It can be seen in Figure 58 that the requirement to change at Galashiels Transport interchange for towns to the West and South (e.g. Innerleithen 61 minutes) contributes significantly to increased journey times as opposed to towns a similar distance away in the East (e.g. Kelso 40 minutes).

In addition to travel to healthcare within the Scottish Borders many secondary and tertiary services are only available in major hospitals like the Western General and Royal Infirmary in Edinburgh, St John's in Livingston and in some circumstances hospitals in Glasgow. The Western General Hospital on the North side of Edinburgh being the designated oncology treatment facility for the Scottish Borders is a theme in survey responses.

Figure 73 shows a much smaller percentage of the Scottish Borders population resides in the 20% most deprived data zones than the Scottish average. Only 6% of the population of the Scottish Borders lives areas in the most deprived quintile.

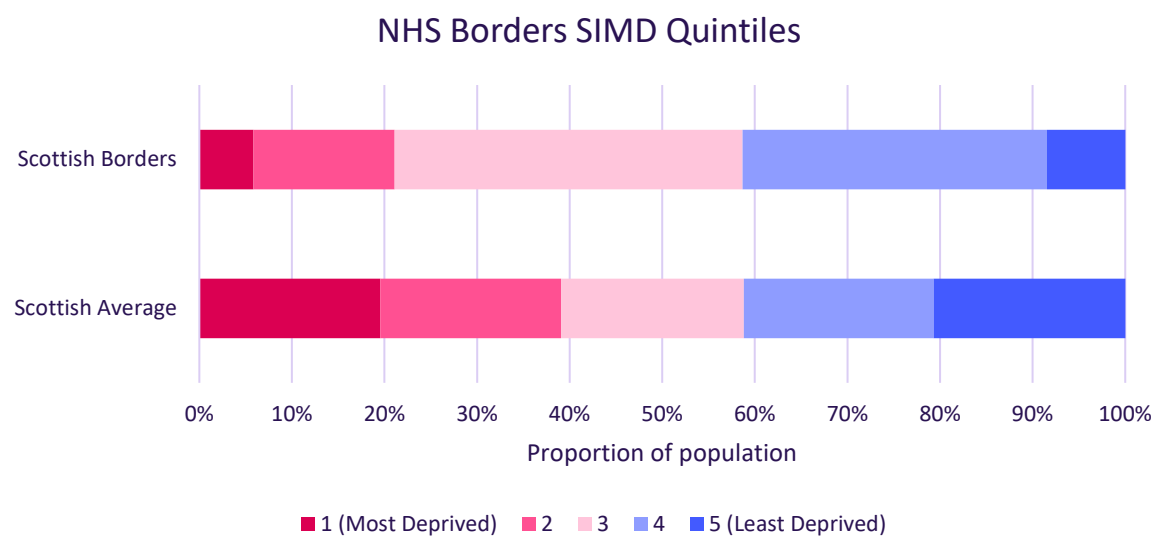


Figure 73: Proportion of NHS Borders population in each SIMD quintile

Respondent characteristics

Survey respondents from the Scottish borders are less likely than average to have access to at least one car. This differs from the majority of health boards where responses were skewed in favour of those with car access.

Survey respondents from the Scottish Borders were not more likely to be older than survey respondents overall. However, the overall 2022 census population of the Scottish Borders skews older with 34% being over 60 years old compared to a SEStran average of 26% over 60 years old.

Similar to other Health Boards, Borders respondents were more likely to have a long-term health condition or disability and more likely to provide unpaid care.

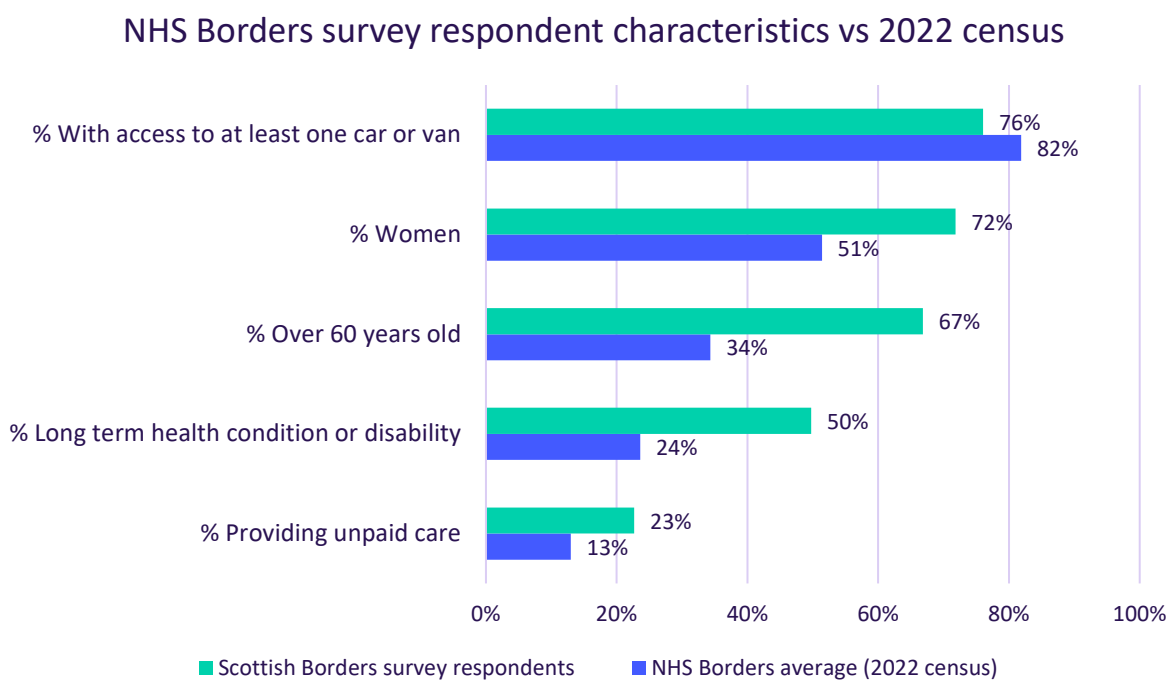


Figure 74: NHS Borders survey respondent characteristics compared to general Scottish Borders population via the 2022 census

Patterns of healthcare use

In the Borders many people engage with a healthcare on a high frequency basis:

- → 70% use pharmacies at least monthly
- → 36% go the GP at least monthly
- → 21% go to outpatient (day) hospital appointments at least monthly

Dentist appointments are fairly frequent, usually once every few months, while optician appointments are less frequent, usually once a year. In-patient appointments are irregular and rarer with 68% respondents reporting not travelling for an overnight stay in a hospital for the last twelve months while the remaining 42% had at least once.

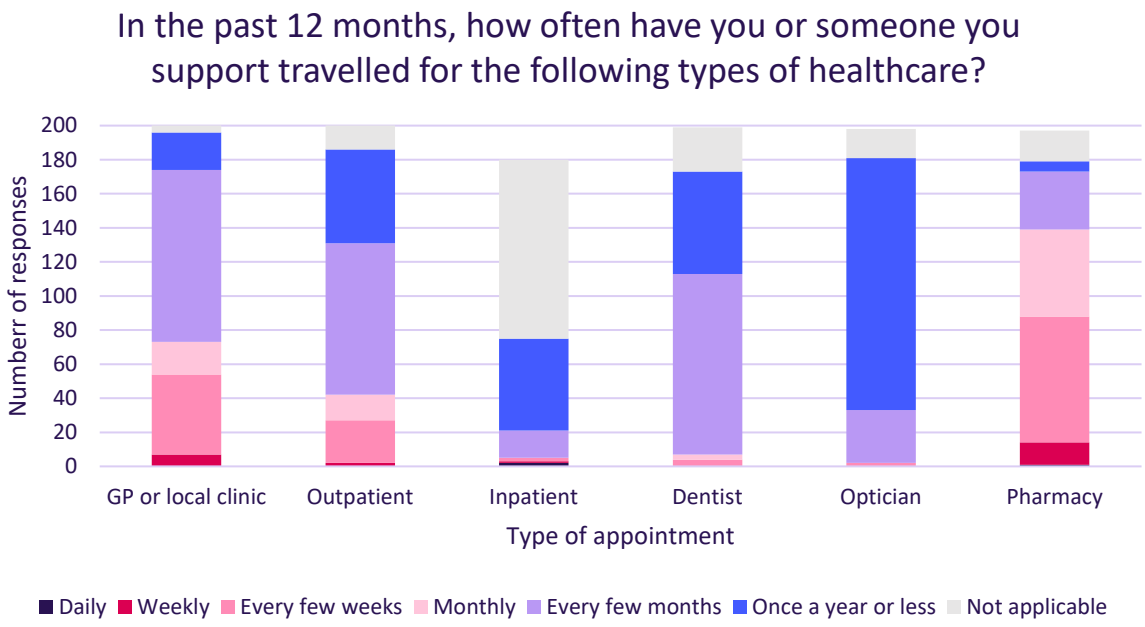


Figure 75: Frequency of healthcare appointment type

How long journeys take

Figure 76 demonstrates the disparity between the much shorter journey times for primary care services such as GPs, pharmacies, opticians and dentists versus the longer journey times for secondary and tertiary care service which occurs at hospitals.

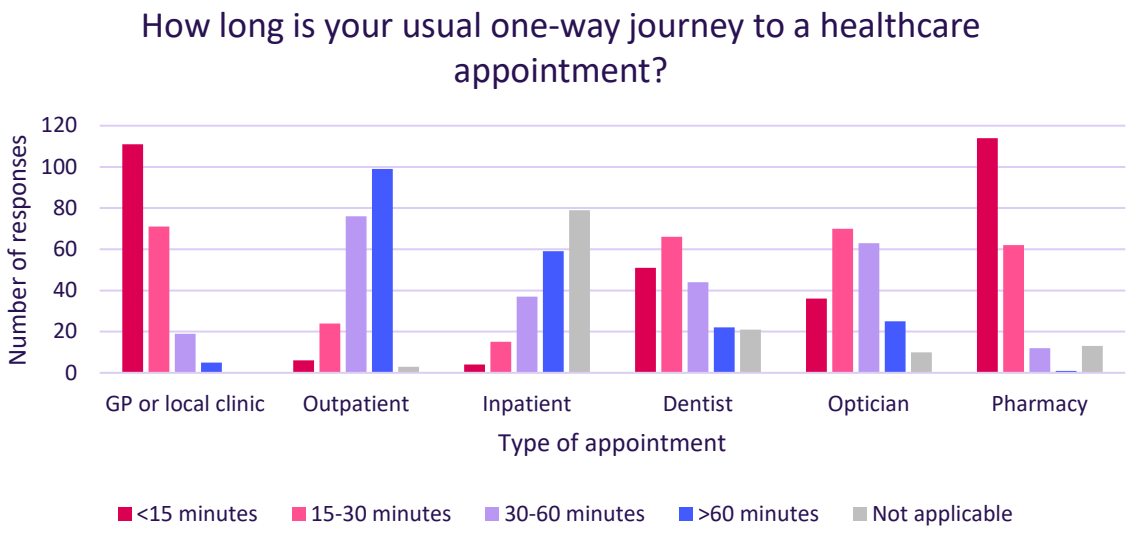


Figure 76: Reported journey time to different types of healthcare appointments

These results align with the spatial distribution of health services in the Scottish Borders. Considering only Scottish Government defined settlements over 500 in population:

- → 27% of settlements don't have a pharmacy or dispenser
- → 38% of settlements don't have a local GP
- → 62% of settlements don't have a dentist

- → 85% of settlements don't have a community or general hospital
- → The BGH covers all 4,732 km² of the Scottish Borders

How people travel to healthcare

The primary mode people use to access healthcare in the Scottish Borders is driving with 68% of respondents choosing a car either as a driver or passenger. The second most used mode is bus with 24% of respondents choosing it as their main mode with a further 16% using it as a secondary mode. Of the 51 respondents who use the bus as their main mode 21 use the bus despite having access to at least one car in their household.

Fewer respondents picked active travel modes with only 4% respondents selecting walking as their primary mode and 1 wheeling. Active travel was slightly more popular as a secondary mode choice with 6% selecting walking.

Patient and community transport usage are the least popular options reflecting the limited appointments available for patient transport and volunteer shortages amongst community transport options.

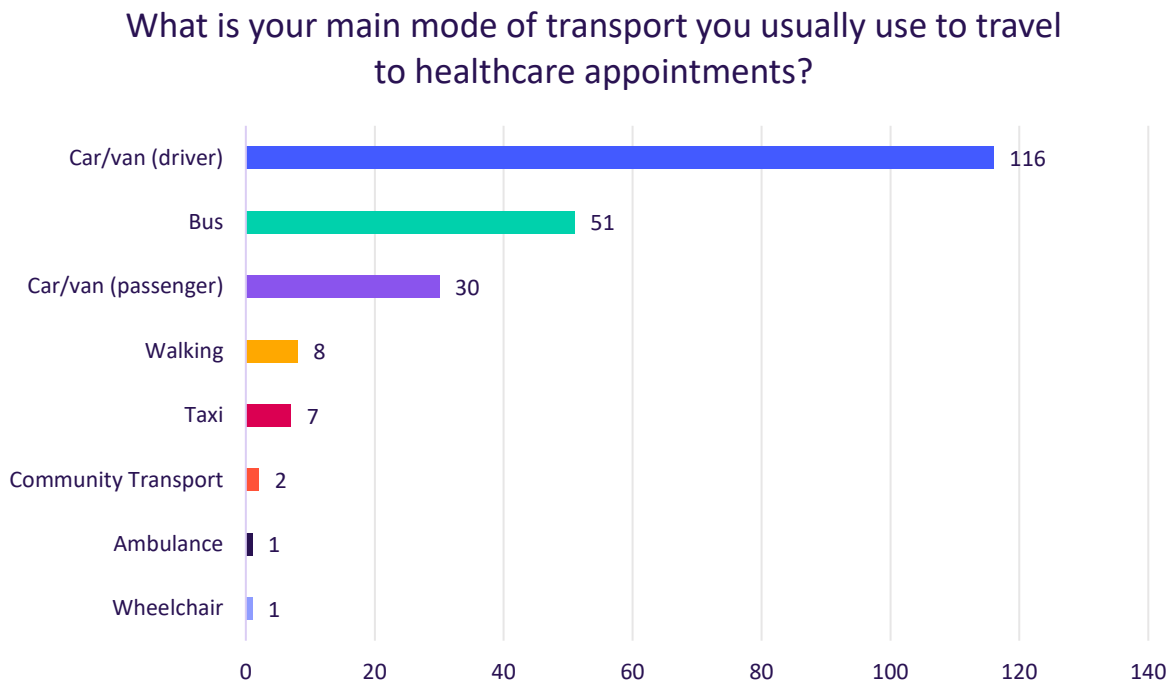


Figure 77: Main travel mode for healthcare appointments

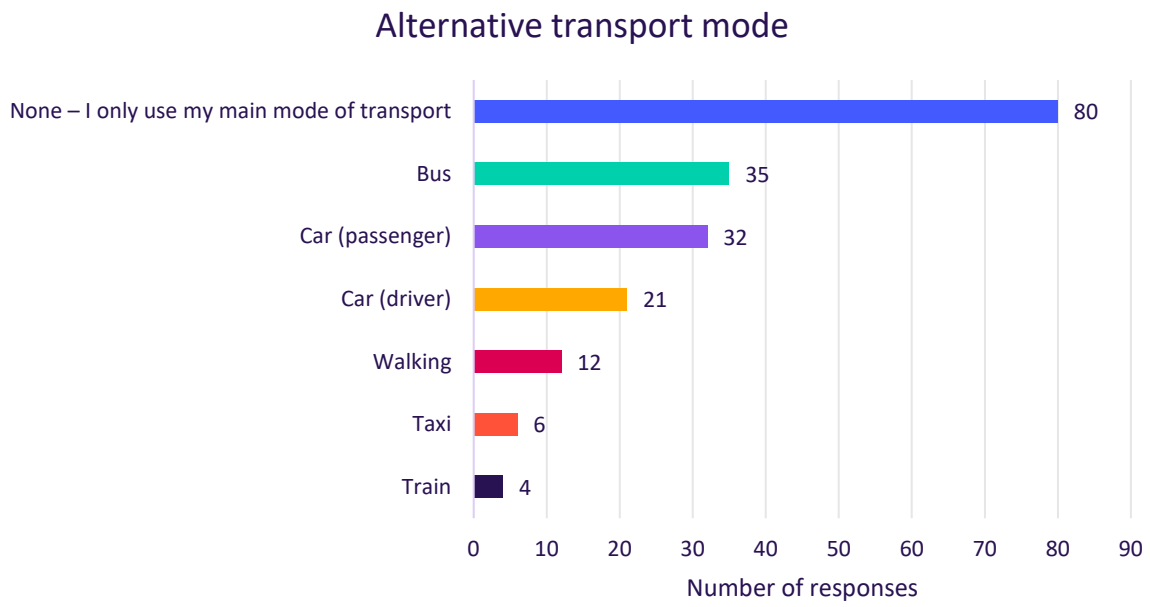


Figure 78: Alternative transport mode for healthcare appointments

Reliability of available transport

Only 26% of respondents characterise their transport choice as 'always reliable' with a further 39% choosing 'usually reliable'. However, when split into the main the main mode of respondents it shows that 82% of 'always reliable' responses come from those who drive a car as their main mode. Those who are usually car passengers (e.g. reliant on lifts) or bus users do not characterise their journeys as 'always reliable'.

Across all modes, the least frequently selected option was 'often unreliable', showing that there is a baseline level of reliability for most respondents.

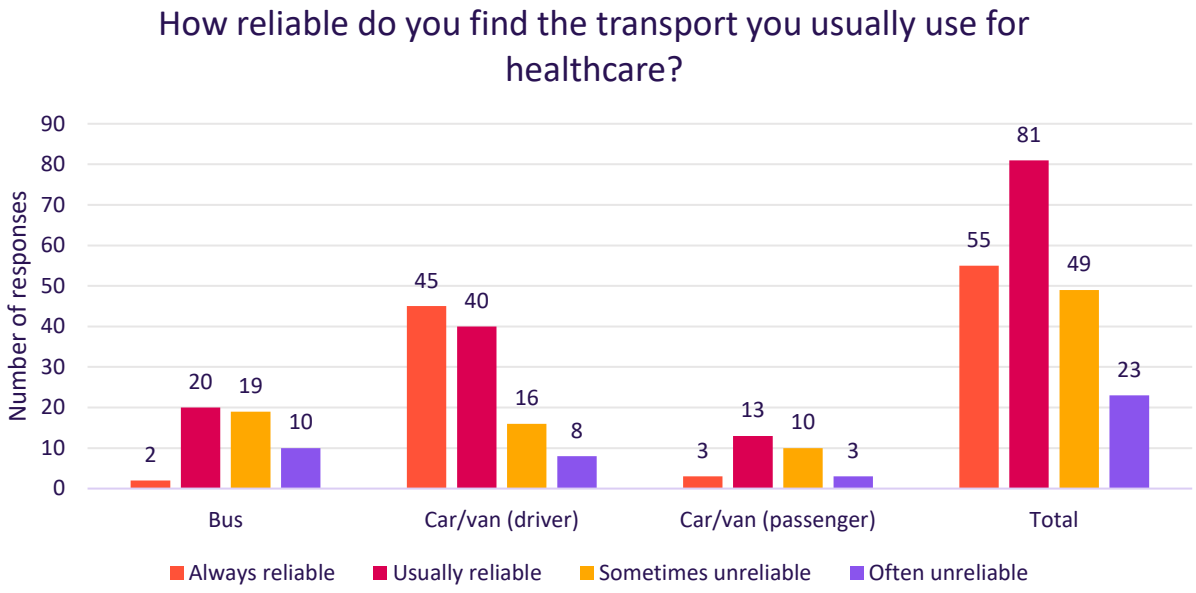


Figure 79: Perception of reliability of transport to healthcare by mode choice

Missed or delayed appointments due to transport

Of respondents, 39% had reported missing or delaying a healthcare appointment due to transport issues. This demonstrates that transport issues play a major role in the reasons for missed appointments.

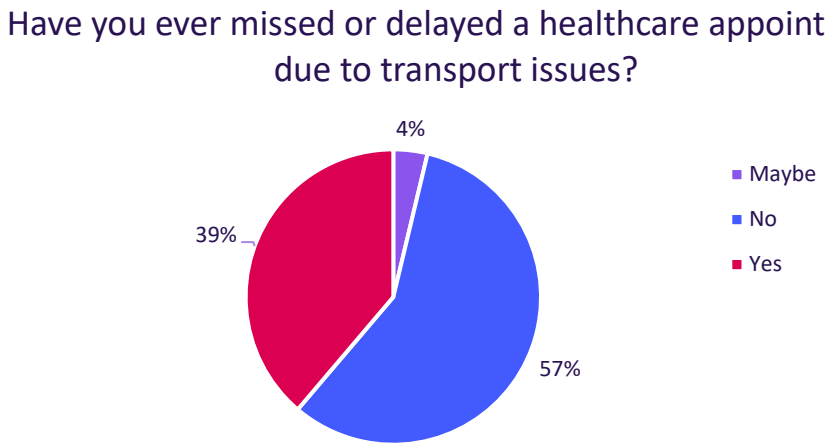


Figure 80: Proportion of respondents who missed or delayed a healthcare appointment due to transport issues

The top reason amongst those who said they had missed or delayed an appointment due to transport was 'Lack of suitable transport options' (45%), and 'poor connections between services' (24%). This reflects that bus service issues are the most common reason for people missing their appointments. This could be a lack of services altogether in their area, a timetable which doesn't suit appointment times, bus stops too far to walk from their origin or destination, long transfer times between services or a range of many more service issues.

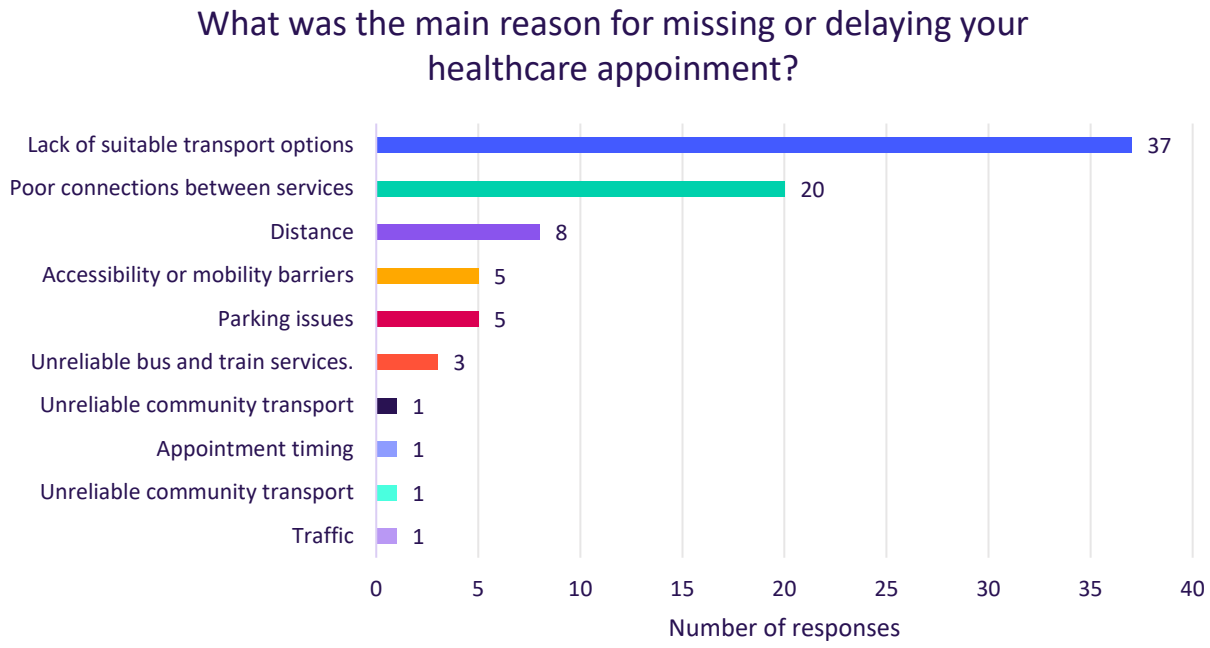


Figure 81: Reason for missing or delaying healthcare appointments

Effect of transport costs on attendance

The majority of respondents reported that transport costs did not affect their ability or decision to attend healthcare. This suggests that poor transport links or the inability to travel is a greater deterrent than cost when it comes to attending healthcare.

When responses are filtered by those who are non-bus pass holders, the proportion who say that costs affect their ability or decision to attend healthcare increases slightly. Those with no car access were even more likely to report transport costs deterring them and those with no car or bus pass were the most likely to report transport costs playing a role. Despite cost playing a lesser overall role in missed appointments, it has a much greater impact on those who do not have access to a private car or free bus transport.

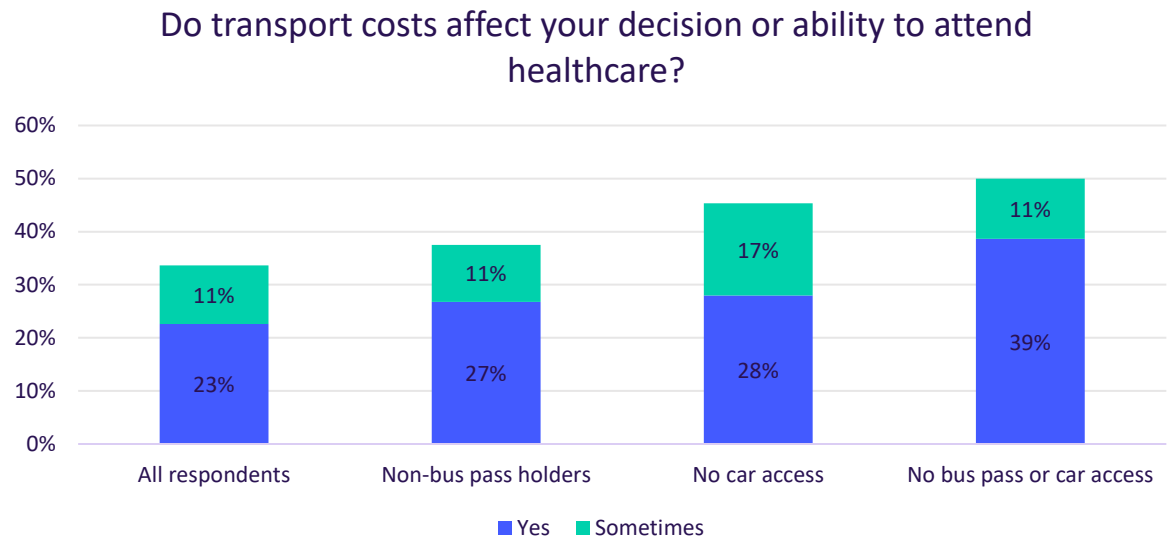


Figure 82: Proportion of respondents who report transport costs affecting their ability to attend healthcare by bus pass holders and car access

Cost of the most recent healthcare journey

The cost of a healthcare journey varies considerably depending on factors like mode choice and distance to hospital.

The most common response was 'It didn't cost anything' at 33%. This category was made up of 49% bus users, likely due to being bus pass holders. Overall, 70% of those who selected their main mode as the bus also reported paying nothing for their most recent healthcare journey. 26% of those who reported paying nothing were car drivers, this may be because they were driving someone else's car without paying for fuel or because they don't perceive driving as a costly activity. A further 12% who reported paying nothing were car passengers.

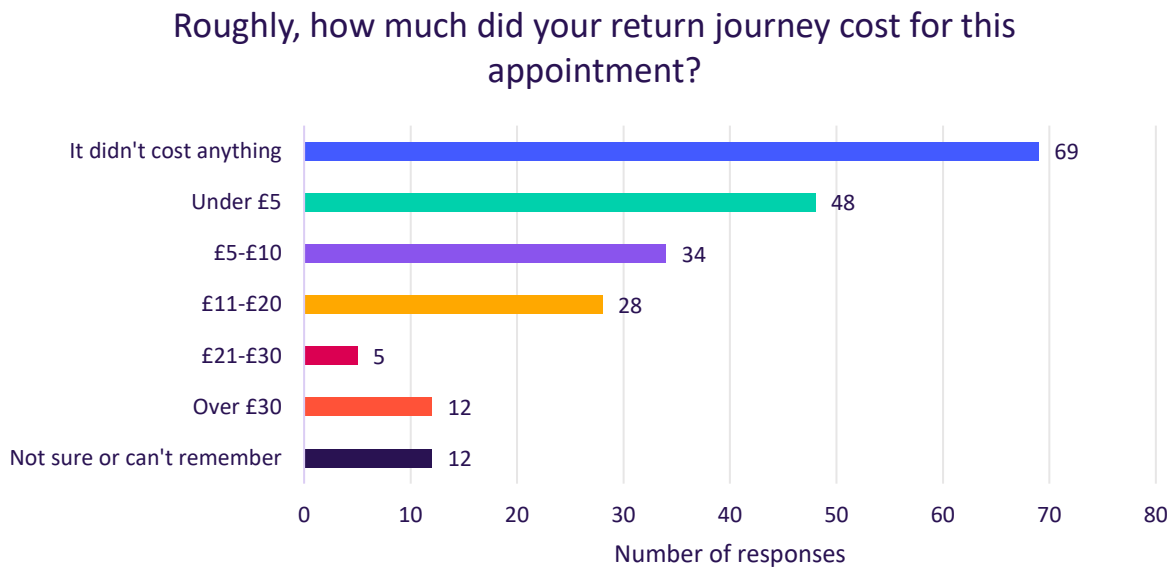


Figure 83: Cost of return journeys for most recent healthcare appointment

23% of respondents reported paying less than £5. 16% of respondents reported paying £5-10 and a decreasing proportion of respondents reporting paying higher amounts.

When considering healthcare costs by appointment type it can be seen that primary care trips to the GP, dentist, pharmacy, or optician rarely cost more than £10 for a return journey, with most respondents either travelling for free or for less than £5.

However, hospital appointments for both inpatient and outpatient can be much more expensive with those who aren't travelling for free (bus pass holders, car passengers etc.). To reach secondary care involves often paying more than £10 per appointment. Taken together 61% of hospital inpatients and outpatients pay at least £5 for a return journey with 40% paying over £10.

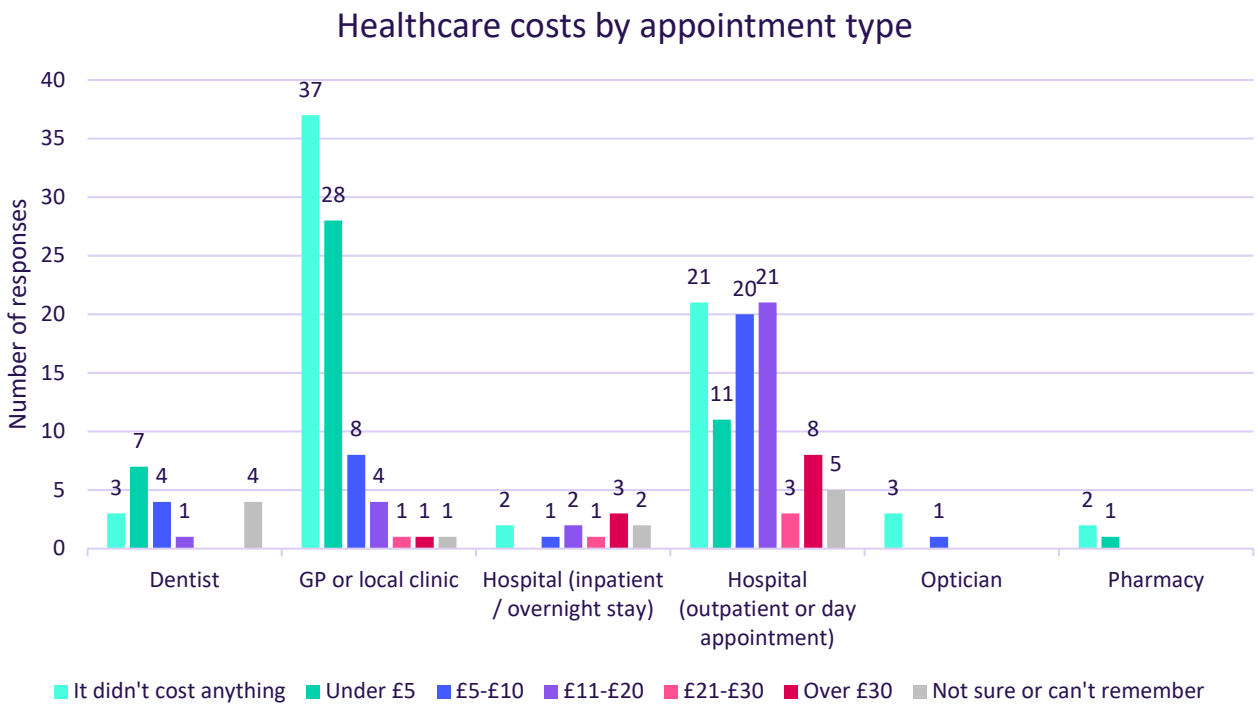


Figure 84: Transport costs by healthcare appointment type

How people find travel information

The most popular way to find travel information is online (68%). 32% using google or Bing maps and 36% using other online resources including Traveline and NHS Inform.

Other popular methods include 'information given in patient letters' (21%) and 'word of mouth' (20%).

Fewer respondents selected receiving information from community transport providers, NHS staff/advice or through the Scottish Ambulance Service.

A large proportion of respondents the 'other' option to specify additional methods they find travel information. Themes that recurred in these responses included those that use their own transport (drive), have local knowledge, expressed that there is lack of information available or that they use other online methods like the Borders Buses App.

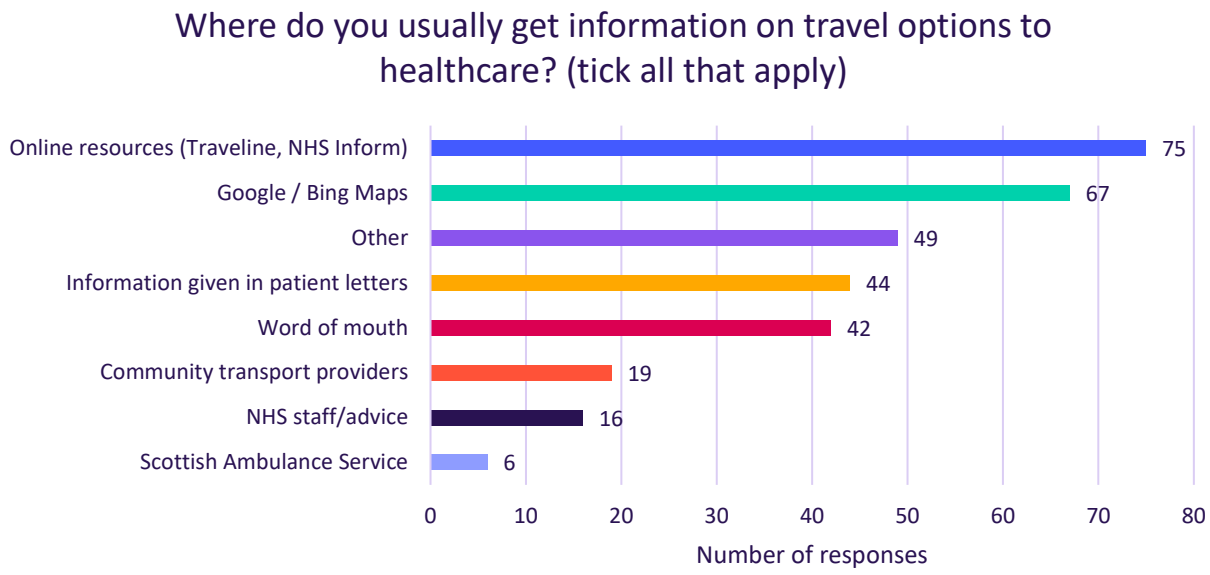


Figure 85: Most popular methods to get travel information for healthcare journeys

Digital confidence in planning healthcare travel

Most respondents where either fairly or very confident using online or digital tools to find travel information.

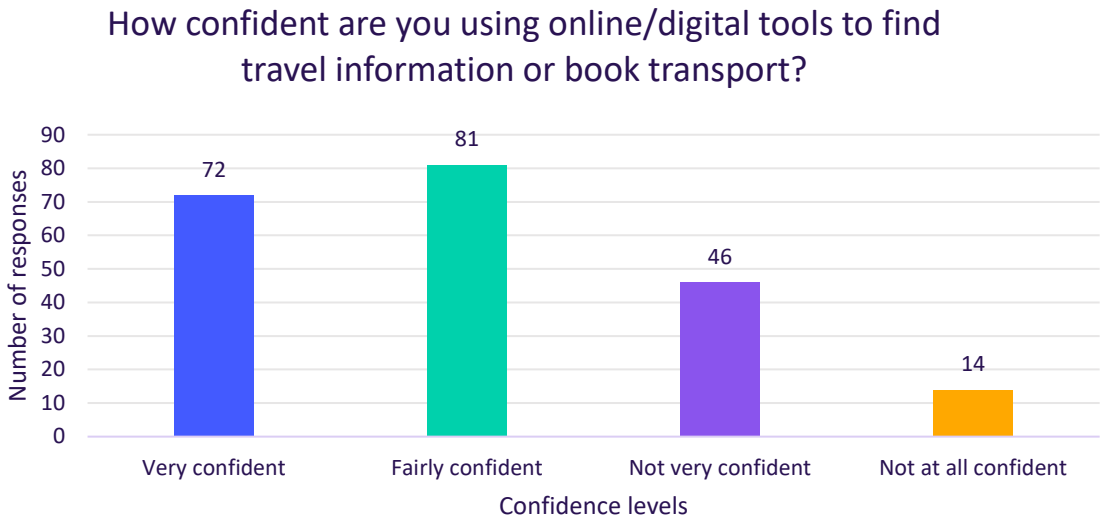


Figure 86: Confidence using online tools to find travel information or book transport

74% of respondents use online or digital tools to find travel information or book transport either 'usually' or 'sometimes'. This demonstrates that online methods are now the primary way people tend to interact with information about transport. However, a small proportion of people report never using digital or online tools demonstrating that off-line options must still be made available. Like physical timetables, information leaflets and phone line services.

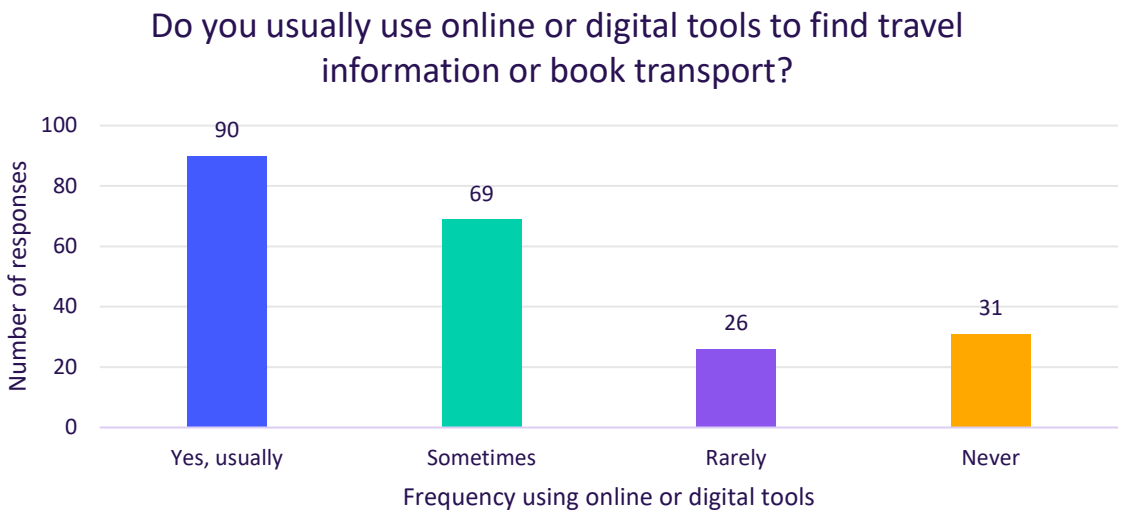


Figure 87: Frequency of using digital or online tools to find travel information or book transport

Severity of transport barriers

This question asked respondents to rate a series of transport barriers on a scale from 1-10 with 10 being the most severe barrier to Transport to Health. The highest rated barrier was 'a lack of reliable or available transport' demonstrating that for many a suitable, local, direct transport option is not available or convenient for all their healthcare journeys.

Rural isolation was the second highest rated option. This suggests that residents in the Scottish Borders can often feel isolated from major healthcare centres either at the BGH or at other acute centres in Edinburgh, Livingston or Glasgow.

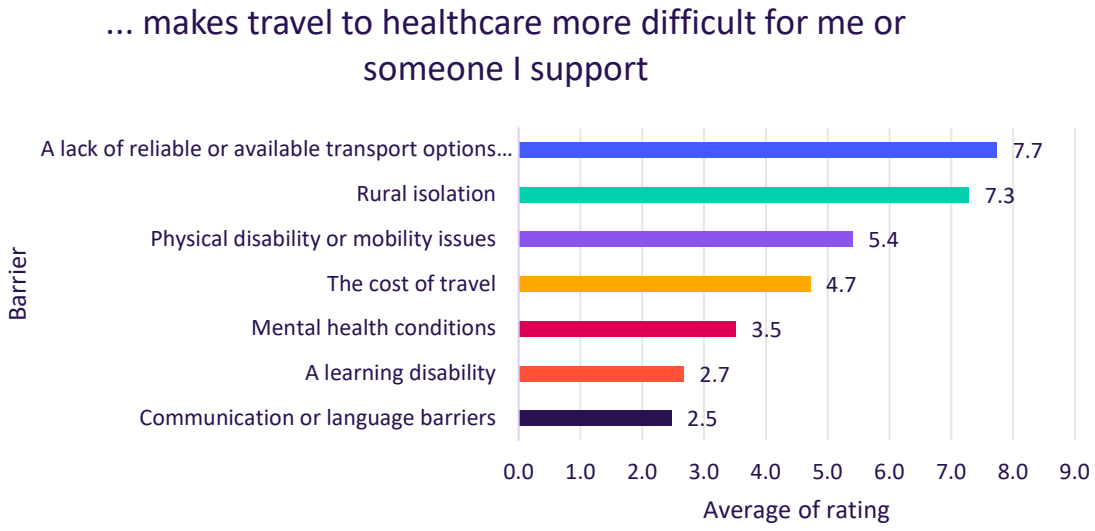


Figure 88: Average severity score given to barriers to travel to healthcare

Which group experience the greatest barriers

Figure 89 demonstrates that those who are disabled score 'physical disability or mobility issues' as a larger barrier than non-disabled respondents. In addition, there is also a disparity between disabled and non-disabled people when it comes to barriers like mental health and learning disability. Cost is

also a more significant barrier for disabled people, especially for those unable to use public transport and more reliant on taxis and community transport.

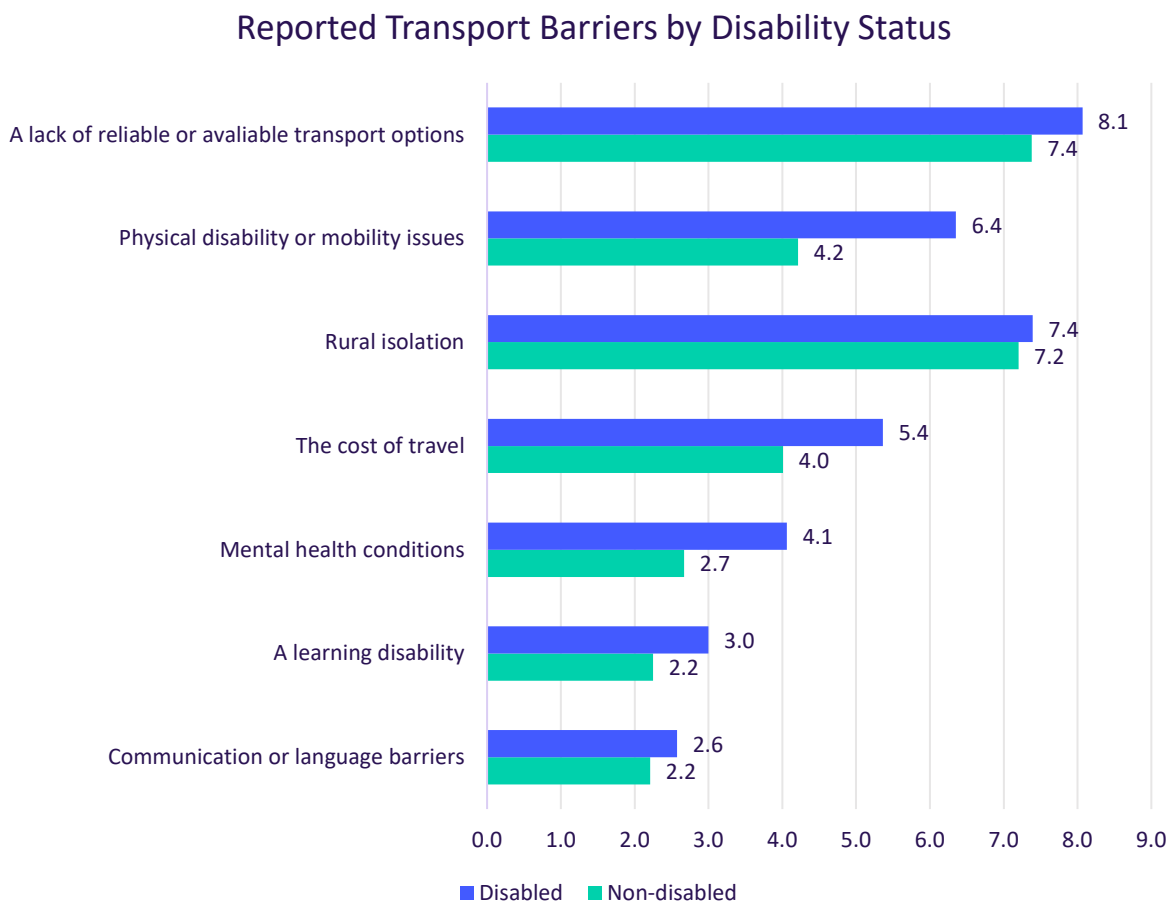


Figure 89: Average severity score of barriers to travel to healthcare by disability status

What improvements people want

By far the most popular option to improve access to healthcare was 'more direct public transport routes' at 79% of respondents. This reflects the factor that to access the BGH many people are required to change at Galashiels interchange which increases travel times. For those living in smaller villages in remote locations 2 changes can be required to reach the BGH. Additionally, to get to out of area healthcare appointments often requires at least one interchange. One respondent stated:

"There are no direct buses to the BGH from our locality, several stages are needed to get to the appointment. Out of area hospital appointments by public transport is a logistical nightmare for an 8am appointment".

40% of respondents chose 'better connections between different services'. This reflects a desire where interchanges are required for timetables to be coordinated between services, including services of different transport modes.

36% of respondents selected 'improved parking access'. Qualitative responses show that respondents find searching for a parking space stressful, especially when arriving for time-sensitive health appointments. A lack of parking at the BGH and hospitals in Edinburgh were of particular note.

24% selected 'better information and coordination across agencies' demonstrating a desire for a clearer, unified system of distributing transport information.

Fewer respondents selected 'reducing cost of travel' which may reflect a disproportionately high amount of bus pass holder and others paying low amounts for transport responding to this survey. It also demonstrates that, for healthcare journeys, the cost of transport is generally secondary to how convenient it is to travel.

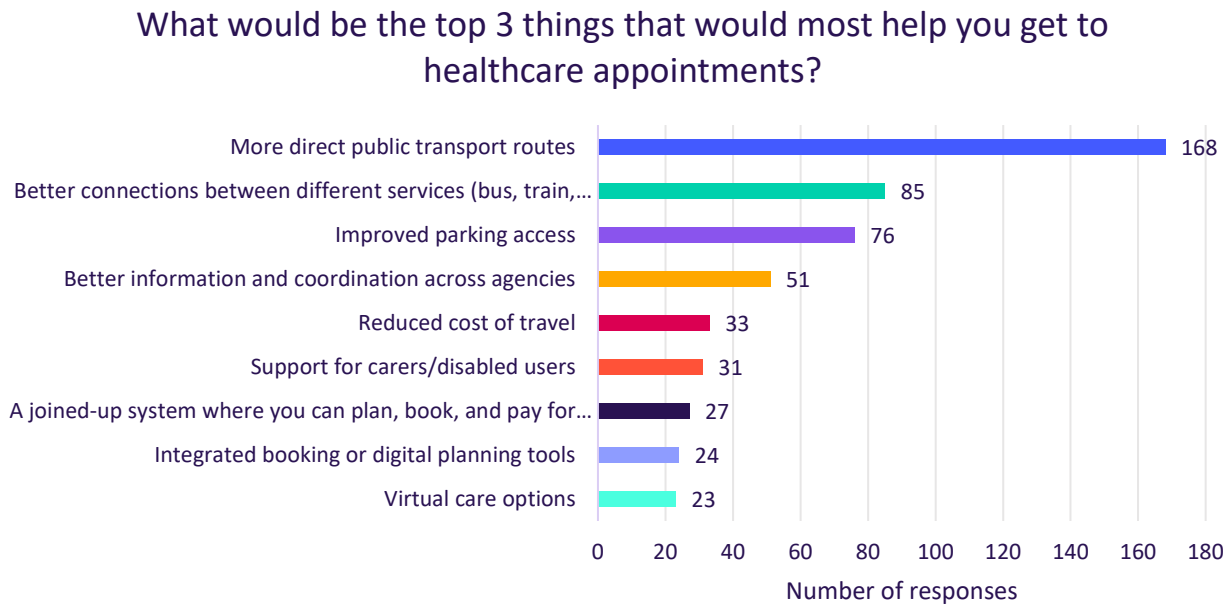


Figure 90: Most popular interventions to improve access to healthcare appointments

When it comes to interventions to improve access to travel information and ease of booking transport a plurality of respondents reported not requiring additional help. However, easier to use digital tools and paper timetables were both popular options to improve transport information for healthcare appointments.

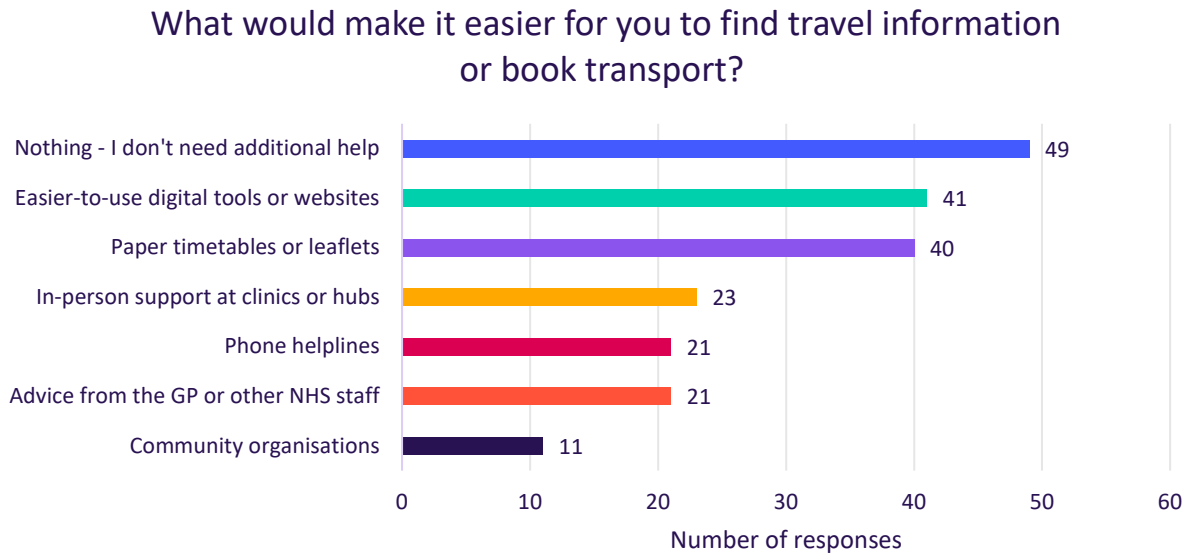


Figure 91: Most popular interventions to improve access to travel information and booking

Qualitative insights: Lived experience of travelling to healthcare

Primary and community care

Generally travelling to primary and community services were viewed more positively than secondary and tertiary care in the Scottish Borders.

> "GP, dentist no problem within walking distance. Optician just a local 20-minute bus ride away."

However there remains significant problems with access to primary and community healthcare.

GP surgery closures at Chirnside and Coldingham in the Eastern Borders have pushed primary care further away for some people. Coldingham has a higher than average than average proportion of over-65s at 29%[26].

> "Reduction in local GP surgeries (Chirnside) means longer trips and more difficult parking"

Despite it broadly being easier for people to get to primary services like dentists, pharmacies and GPs, those that have chronic health conditions or are elderly can still struggle to travel:

> "The GP is a 15-minute walk which I can't manage now between sight and disability, and I often have to reschedule vital appointments because I have no way of getting there."

For those unable to walk far, alternative services like community transport, taxi services or Demand Responsive Transport can often be missing, unreliable and expensive.

> "On my one occasion my partner was told to attend the GP immediately following test results indicating kidney failure. He was too ill to drive, and I was in Yorkshire for work. He was told to get a taxi - there were none."

Public transport can also be infrequent which can lead to difficulty getting to appointments:

> "GP appointment buses do not go close to Drs and run every hour so hard to schedule a same day urgent appointment and manage to get back. No time to visit pharmacy usually."

Secondary and tertiary care

[26] National Records of Scotland (2022), Population estimates for settlements and localities in Scotland: mid-2020

Distance to healthcare

Distance to healthcare is a major issue for residents in the Scottish Borders. 22% of 239 coded qualitive responses to questions 21 and 41 mention it as a difficulty in accessing healthcare.

Distance to the BGH is a common issue for residents as well frequently being referred to appointments in Edinburgh, Livingston and Glasgow.

When asked what locations particular difficulties in terms of Transport to Health have, 52% of respondents mentioned the BGH. Usually alongside issues related to in-direct and infrequent services and difficulty finding parking.

One respondent described the issue of long distances for healthcare both in the case of the BGH and out of area appointments:

> "Having to go to a hospital can be problematic, nearest hospital is over 20 miles away but sometimes you need to go to a city hospital which is much more challenging. The time taken to do this makes an appointment a whole day event. It also means additional costs."

Often key secondary and tertiary care services are located outside the Borders. For example, many Oncology appointments are located at the Western General Hospital in Edinburgh. This requires many public transport transfers to reach which can be challenging for a vulnerable group of patients.

> "Western General. Zero public transport from Borders (really expected to put an 80yr old cancer patient on a bus?)"

Many respondents in areas in the Eastern and Southern Borders, such as Eyemouth or Newcastleton expressed their wish to attend more specialist appointments in England (commonly Berwick or Carlile) rather than in the central belt of Scotland.

Public transport

56% of responses to questions 21 and 41 mentioned public transport service issues as a difficulty in accessing healthcare whilst 3% mentioned expense of public transport as a difficulty.

Indirect services:

The lack of direct services to the BGH was one aspect which respondents mentioned as well as long journey times to hospitals outside the Health Board area:

> "There are no direct buses to the BGH from our locality, several stages are needed to get to the appointment. Out of area hospital appointments by public transport is a logistical nightmare for an 8am appointment."

Respondents emphasised that having to take 2-3 buses each way to reach an appointment was time consuming, stressful and often didn't line up with appointment times.

Patients living West and South of the BGH often have to change at Galashiels, plus additional transfers for those in remote areas. Some in the Eastern Borders report having to catch buses south of the border into Berwick and change to reach the BGH for appointments at certain times.

Lack of public transport in local area:

Respondents often commented on there being no local bus in their area or a long walk to the local bus stop:

> "Our increasing age may eventually mean we cannot drive and there is no public transport from our home or near it. Nearest bus service is over three miles away"

Infrequent services:

Infrequent services was a major theme of responses. The negative impact of infrequent buses can be multiplied by poor connections between indirect services.

> "I cannot rely on public transport for any appointments as it is not frequent enough through my village. To get to the local hospital it takes over 2 hours on a bus and are so infrequent it would cause a lot of waiting around."

Parking at major hospitals

Parking was a major issue for respondents with 10% mentioning parking problems in answer to Q21 and 41. The BGH was the most cited location in answers related to parking, with respondents finding it stressful to find a spot, often worrying they could miss their appointment:

> "Parking at the Borders General Hospital is a nightmare I usually arrive an hour early to secure a parking place"

As the quote above indicates patients often arrive early to their appointment to secure parking.

Community transport

Community Transport can be unreliable, unavailable or expensive in the Scottish Borders.

One wheelchair user stated:

> "Community transport is not always available. Taxi is too expensive."

As well as being unavailable, community transport is often expensive. As mentioned by several respondents:

> "Community transport support is very expensive and not fully reliable due to volunteer shortages."

One GP who responded to the survey said they didn't know what to recommend to patients to get to hospital appointments they were referring. They mentioned community taxi services:

> "Community taxi services can cost more than 60 pounds for a single hospital trip and do not seem to be reimbursable. I've had patients decline treatment due to lack of transport."

The available community transport options and their prices in the Scottish Borders are listed in Table 1.

Table 2: Community Transport Services: Scottish Borders

Service	Description	Price	Relevant survey quotes
Borders Wheels	"The Borders Wheels Community Transport Service operates a number of wheelchair accessible vehicles, supported by volunteer drivers. Our service is available for individuals living independently or in care who need help with transport, and also for community/voluntary groups."	Individual journeys: 50p/mile Minimum charge of £10 and a flat rate surcharge of £5 per journey.[27]	"I have tried the likes of Teviot Wheels but have found them hit and miss"
Cancer Cars Scotland	Transport support for cancer patients in the Scottish Borders based at Border Macmillan Centre	55p/mile for non-cancer patients For cancer patients a minimum donation is suggested- e.g. £25 Borders to Edinburgh return[28]	
Royal Voluntary Service	Community transport for health appointments and social isolation	£8 minimum charge	"I have never been able to access voluntary drivers always unavailable and needs one week notice"

Patient transport

Patient transport was mentioned it was usually in relation to difficulty getting an appointments or other problems with the service. This reflects the changed Patient Needs Assessment and stretched resources of the Scottish Ambulance Service. One respondent described being refused patient transport:

[27] Borders Wheels, Community Transport
[28] Cancer Cars Scotland, Cancer Support Cars

"I have breathing problems and difficulty getting about I have several times tried to get patient transport and have been refused"

This lack of capacity from the SAS leads more acutely ill patients struggling to find ways to reach appointments. It often means relying more on lifts from friends and family, using expensive taxis or community transport.

Accessibility

Many respondents mentioned accessibility issues in their answers. Accessibility covers a range of needs and circumstances. Some of the issues raised by respondents with disabilities, long term health conditions or mobility issues include:

- Public transport to be more accessible for wheelchair users
- Being unable to drive due to disability or condition
- Lack available community transport as an accessible alternative to public transport
- Inflexibility of patient transport services (fixed pick-up times)
- Lack of available taxi services and wheelchair accessible taxis, appointments have to be booked in advance
- Disabled parking difficult to find at BGH and parking being too far from the entrance
- A long walk/wheel to nearest public transport which is difficult for those with mobility issues
- Being reliant on lifts for transport

"No public transport, I don't drive and am a wheelchair user, so transport is a major issue, especially for early morning appointments when taxis are on the school run and I need blood tests at specific times."

Additional impacts

This section describes some of the impacts on those travelling to healthcare, caused by the problems described in the previous sections.

Forced or encouraged to drive / Reliant on lifts

A common impact of long distances to healthcare appointments and indirect public is being reliant on a car or on lifts from other people. 21% of qualitive responses mentioned being reliant on their car or lifts from others to access healthcare often due to public transport issues, disability and mobility issues, or the long distances required to reach healthcare.

"Wouldn't be able to attend without a car, public transport does not fit around hospital appointments"

A recurring theme of people who feel driving is their only options to attend healthcare appointments, is a strong concern about how they will cope when they are too elderly to drive. This reflects the older demographics of people who responded to our survey. It also highlights that an aging population will find it increasingly harder to reach healthcare, especially in the rural areas found in the Borders.

Time off work or wasted time

6% mentioned that poor Transport to Health had wasted their time or caused them to have to take additional time off work to attend appointments.

"a full day off work to visit the hospital for a short appointment costs money or holiday time"

Forced to use expensive / unavailable taxis

9% mentioned they were forced to use expensive taxis for healthcare appointments. Additionally, many respondents mentioned that taxis were often unavailable.

"I have to get a taxi when I am not well enough to walk to the bus it is very expensive"

Often those who are reliant on taxis have other underlying health conditions or are wheelchair users.

Worsens condition / acute impact on vulnerable group

Long journeys by public transport can often be unformattable or painful for elderly people, people with long term health conditions, and those returning from receiving major treatment.

"Bus would make journey very long and take the whole day and my person suffers with chronic fatigue"

Missed or delayed appointments

Missing, delaying or cancelling an appointment was one of the impacts of poor Transport to Health. Common reasons for not travelling to appointments or delaying appointments include appointment times not lining up with bus schedules, no public transport options the area, or long and in-direct public transport options making travelling unfeasible.

"No public transport I don't drive so rely on the local taxi service which is costly and sometimes I'm unable to afford to attend."

Summary of insights for NHS Borders

The challenges which face NHS Borders are similar in nature to many Health boards but exacerbated by a challenging rural geography and older population. Access to secondary care facilities was the biggest priority from those who responded to our survey. Problems included having to attend healthcare appointments multiple hours away from their home, indirect public transport options to

Borders General Hospital, stretched parking facilities, and accessibility issues making reaching transport options difficult.

↘ Increasing distance to primary care

For those who have recently lost a GP in their village or who live in small villages and rural areas access to primary healthcare can be challenging. This is especially the case for those who don't drive or have mobility issues. Even when the local GP, dentist or Pharmacy is in walking distance this can be an issue for disabled people, those with mobility issues, and elderly people.

↘ Distance to healthcare

Distance to secondary and tertiary healthcare services was a massive barrier for many in the Scottish Borders. In the first instance, the BGH covering the whole of the Scottish Borders from West Linton to Newcastleton to Eyemouth means there is a challenge in making the site accessible by driving as well public and community transport over distances stretching up to 40 miles.

The second aspect of this theme is the distance to out of area appointments, often in the central belt (Edinburgh, Livingston or Glasgow). This can turn travelling for healthcare into a time consuming and expensive process, even for those who have access to a car or someone who can give them a lift. For those reliant on public, community or patient transport, the issue of distance to healthcare sites is exacerbated.

↘ Public transport service issues

The most cited issue amongst qualitive responses were issues related to public transport service.

Indirect services force patients to take multi-stage journeys with long transfer times. This is seen as time-wasting, and an extra burden for those suffering with health conditions and mobility issues. In-direct services were also often blamed for struggling to attend appointments at certain times of day such as the morning.

Lack of public transport in the local area was repeated across responses. Respondents often stated that there was 'no public transport'. This demonstrates that for those in smaller rural settlements, public transport is not an option. Another issue was the distance required to reach public transport, with those with mobility issues struggling to walk or wheel to the nearest bus stop, with some using a taxi to get to their nearest bus stop.

Infrequent bus services were cited as problem for getting to appointments on time. Bus services often only run once per hour or a few times per day, meaning some appointment windows at hospitals and local primary healthcare sites become unreachable.

↘ Parking at major hospitals

Respondents often reported having to arrive early for appointments to get a parking space at the BGH. This means additional time and stress for many worried about missing appointments

↘ Community transport

Community transport was seen as limited due to the driver volunteer shortage, meaning there was difficulty booking appointments and reliability issues. The cost of community transport was also seen as a drawback for those who use it.

↘ Patient transport

The primary issue with non-emergency ambulance is a lack of capacity from the SAS, which means patients are often refused travel. This makes them reliant on lifts from others or using other modes which are unsuitable for their condition.

↘ Accessibility

Accessibility issues covered a wide range of problems. These often stem from being unable to drive to appointments. These include the accessibility of public transport, a lack of accessible taxis available, difficulty travelling to the nearest bus stop. Disability, mobility issues and old age often exacerbated the problems outlined above, having a more acute impact.

NHS Forth Valley – evidence summary

Area overview

NHS Forth Valley covers the local authority areas of Falkirk, Clackmannanshire and Stirling, serving a population of around 300,000 people. However, this Health Board area does not align with our study area as Stirling lies outwith the SEStran partnership area. Within the SEStran region, the analysis in this report focuses on Falkirk and Clackmannanshire. The area includes a mix of settlement types and healthcare facilities, including:

- Urban centres such as Falkirk, Grangemouth and Larbert
- Growing commuter and suburban towns such as Polmont, Bo'ness, Denny and Bonnybridge
- Rural and semi-rural communities across Clackmannanshire (including the Hillfoots towns of Dollar, Tillicoultry, Alva and Menstrie)
- Primary hospitals and specialist centres: Forth Valley Royal Hospital (Larbert) as the main acute hospital, supported by Stirling Health Centre and Falkirk Community Hospital for local and outpatient services

These contrasting geographies shape the transport needs of the population. Urban areas generally benefit from stronger public transport coverage, while many rural and semi-rural settlements face longer or indirect journeys to reach FVRH or other hospital-based services.

Figure 92 illustrates this geography, showing the distribution of settlements, key A-roads and motorways (including the M9 and M80), and rail corridors such as the Edinburgh–Glasgow line and the Croy–Larbert corridor. Transport accessibility is strongest along these strategic corridors, whereas parts of Clackmannanshire and rural Falkirk experience weaker public transport provision.

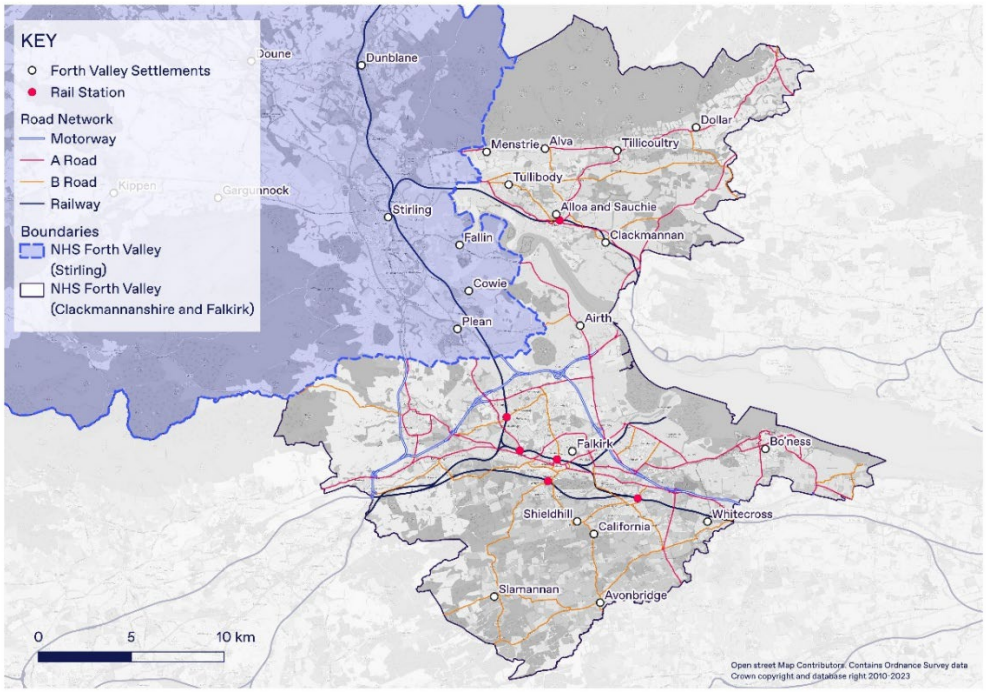


Figure 92: NHS Forth Valley settlements

Primary care facilities are generally aligned with local population centres; however, Figure 93 shows that secondary and acute healthcare services are highly centralised. Forth Valley Royal Hospital acts as the single regional acute hospital, meaning that significant cross-boundary and cross-settlement travel occurs from Falkirk, Clackmannanshire, Bo'ness, the Hillfoots towns and other communities. This centralisation results in longer travel times for many residents, particularly those without access to a private car.

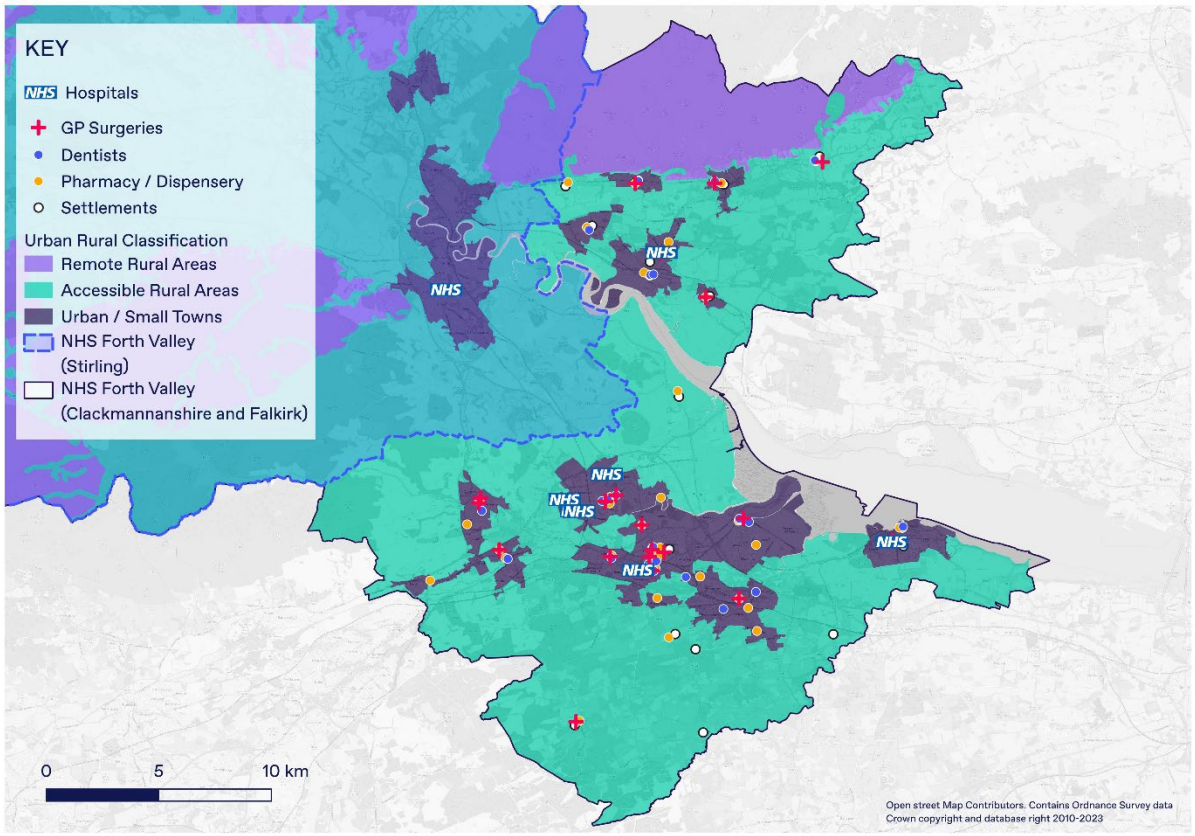


Figure 93: NHS Facilities Forth Valley

Figure 94 presents modelled public transport travel times from Transport Scotland's TRACC model. This model was chosen for this area due to patients often travelling to the two primary hospitals in the area FVRH and Stirling Community hospital. Most areas in Clackmannanshire have journey times exceeding 40 minutes to FVRH or Stirling Community hospital with a few areas exceeding 60 minutes. Some areas in the East Falkirk like Bo'ness also experience longer journey times of some exceeding 1 hour.

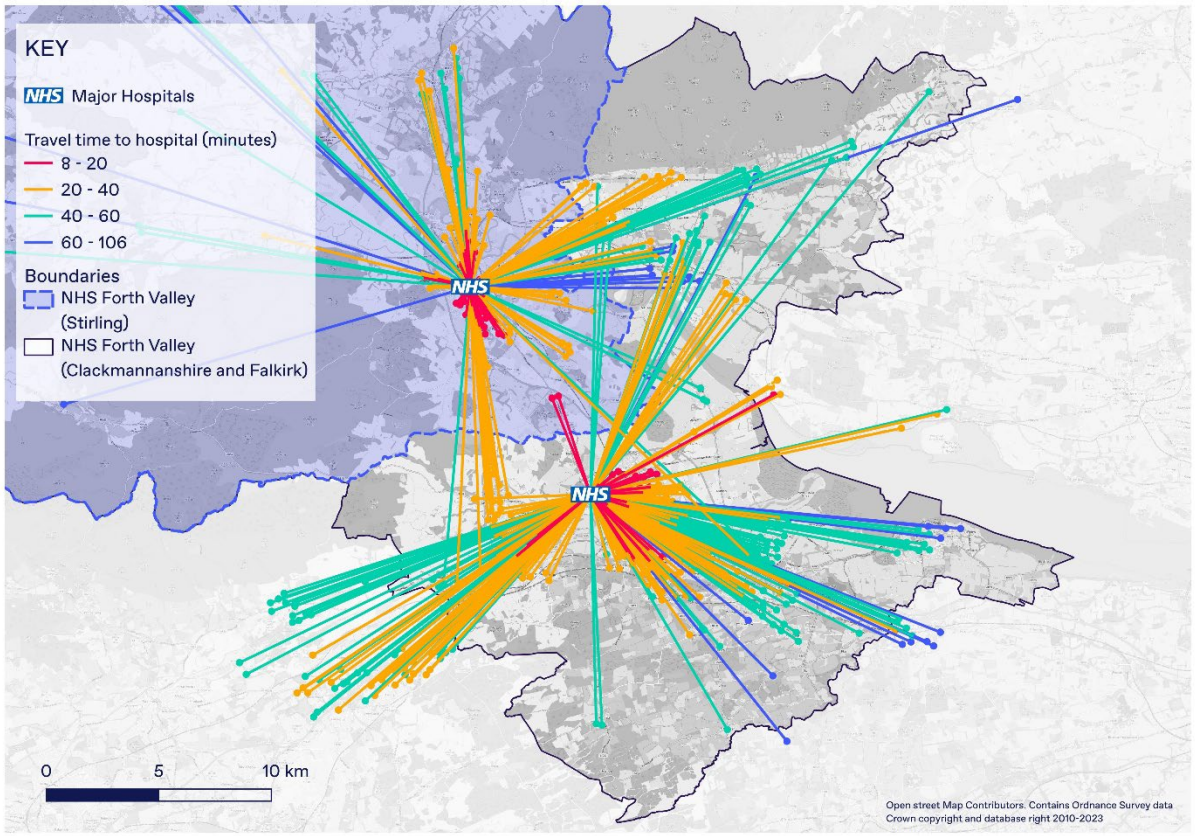


Figure 94: Public transport travel times and number of interchanges to FVRH

Figure 95 shows the proportion of the population which lives in each of the 5 SIMD quintiles. The index of deprivation quintiles represent 5 equal segments of the Scottish population from 1 (most deprived) to 5 (least deprived). Among the two local authorities in both NHS Forth Valley and our study area Falkirk has a lower proportion of the population in the most deprived 20% than the Scottish average. Clackmannanshire on the other hand has more of its population in datazones which are in the 20% most deprived. This is in addition to longer journey times to hospitals at FRVH and Stirling community hospital; these areas should be a priority focus for intervention.

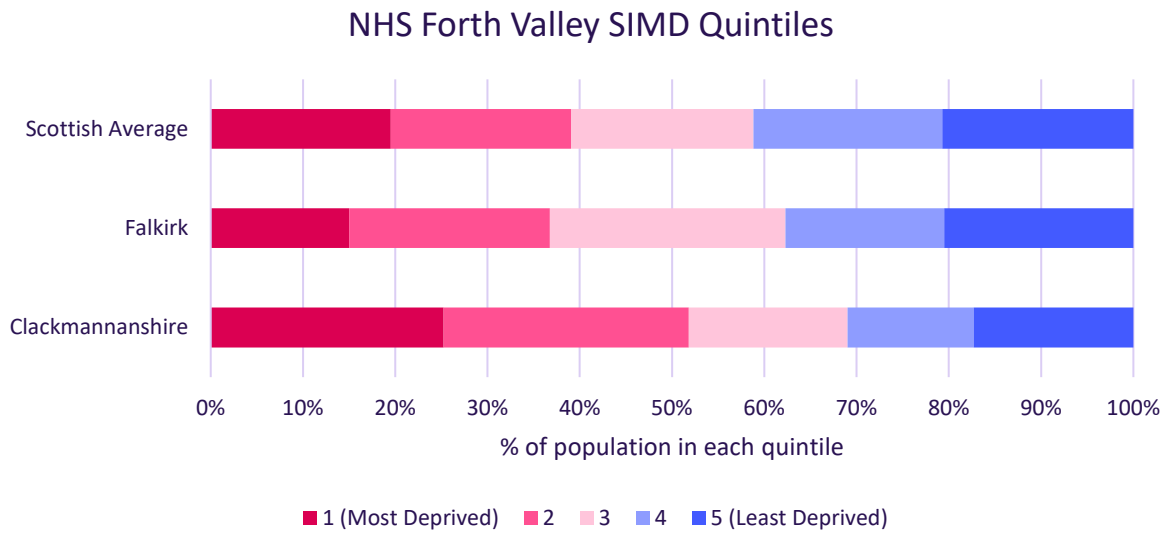


Figure 95: NHS Forth Valley proportion of population in each SIMD quintile

A total of 196 survey respondents survey respondents live within the NHS Forth Valley area, providing detailed insight into the transport challenges and behaviours of residents in Falkirk and Clackmannanshire when accessing healthcare services.

Survey respondent characteristics

Survey respondents from the Forth Valley are less likely than the general population to have access to at least one car or van. This could show a greater interest in the survey from those who struggle to reach healthcare without having access to private transport.

An even greater majority of respondents from the Forth Valley area were women at 79%. 67% were over 60 years old which is in line with the overall survey average.

Similar to other Health Board areas, Forth Valley respondents were more likely to have a long-term health condition or disability and were more likely to provide unpaid care to others.

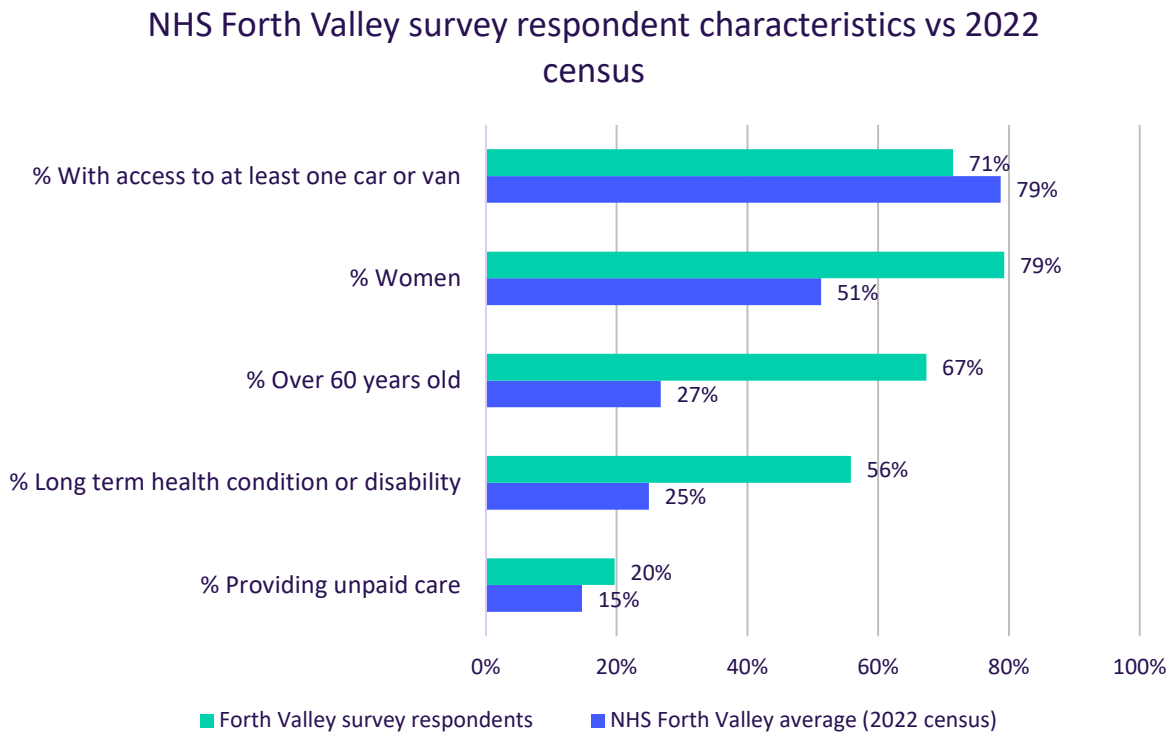


Figure 96: NHS Forth Valley characteristics – respondents vs census

Patterns of healthcare use

Most respondents in NHS Forth Valley reported travelling for healthcare relatively infrequently. The majority of journeys across most appointment types were reported as either once a year or less, or every few months. As expected, GP and local clinic appointments were attended more regularly than hospital-based services, reflecting their role in routine and ongoing care.

Outpatient secondary care appointments are a common healthcare journey type in the area with most respondents reporting attending one at least every few months. This journey type varies in length as many outpatient appointment types can be held at more local community facilities like Stirling Community Hospital and Clackmannanshire Community Healthcare Centre. This reduces the

need to travel long distances, especially for those living in Clackmannanshire. However, the precise split between appointments at community facilities and the FVRH is not known.

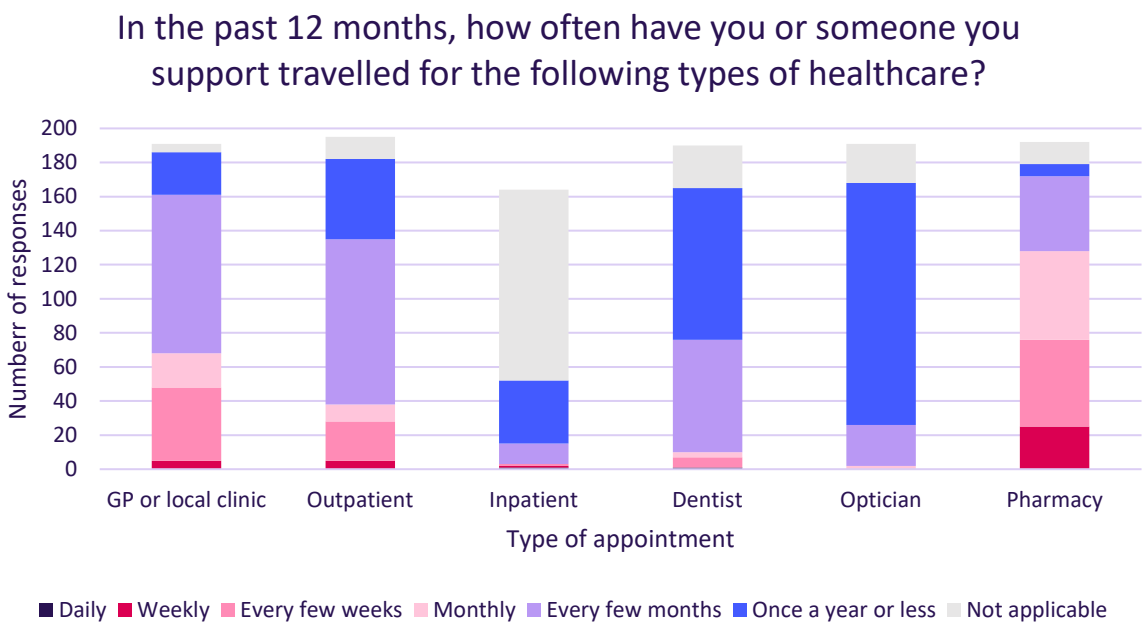


Figure 97: Frequency of visits

Pharmacy visits showed higher frequency than other services, with a notable proportion of respondents attending monthly or every few weeks. Inpatient appointments were least frequent overall, and most commonly reported as not applicable or occurring once a year or less.

How long journeys take

Journey times vary considerably depending on the type of healthcare being accessed. Travel to GP surgeries, pharmacies and local clinics was most commonly reported as taking under 15 minutes, reflecting their closer alignment with local settlement patterns.

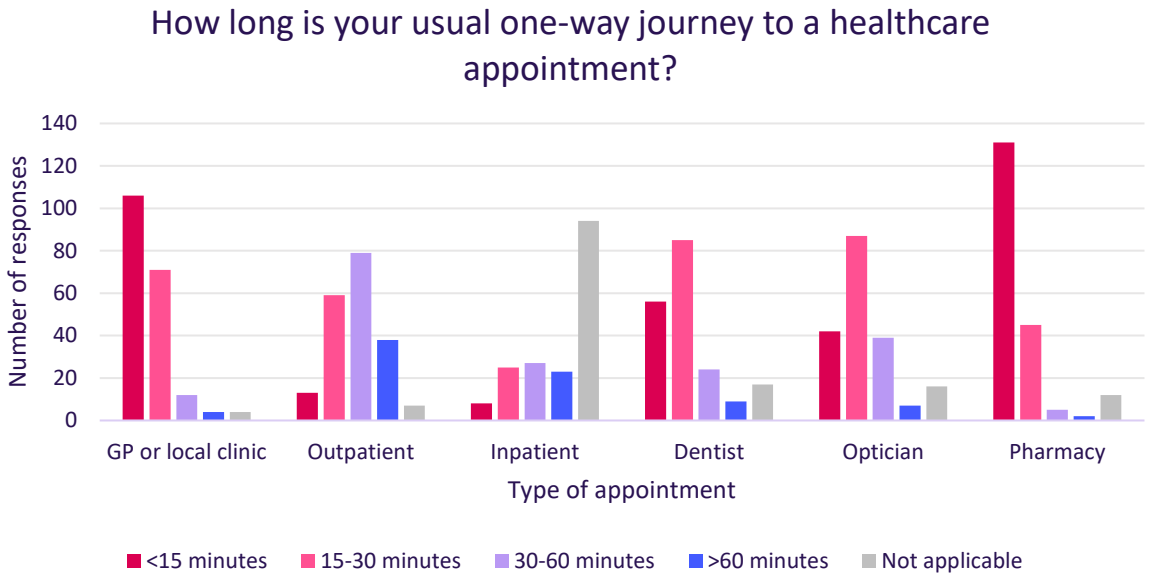


Figure 98: Journey time

In contrast, journeys to hospital-based services, particularly Forth Valley Royal Hospital, were more likely to exceed 30 minutes. A significant proportion of respondents reported travel times of over 60 minutes for inpatient and specialist appointments, especially those travelling from Clackmannanshire or the outer parts of Falkirk. These longer journeys often involved indirect routes or multiple stages.

How people travel to healthcare

Private car use dominates healthcare travel across NHS Forth Valley, either as a driver or passenger.

Bus travel is the most commonly used public transport mode, particularly for local services and for respondents living in urban areas. Walking plays a role mainly for short trips to GP surgeries or pharmacies.

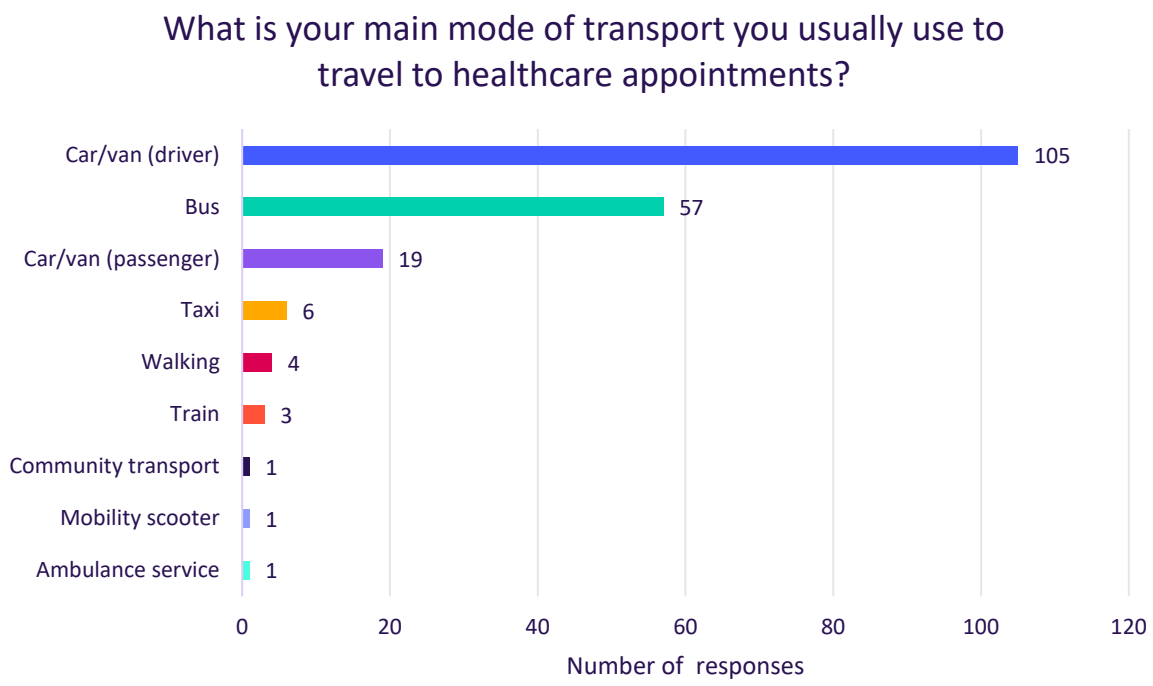


Figure 99: Main mode of transport

When considering backup options, many respondents indicated they would rely on lifts from family or friends if their main mode was unavailable. Public transport and taxis were also cited as alternatives, although a small but important group reported having no suitable backup option, increasing the risk of missed appointments if their usual transport fails.

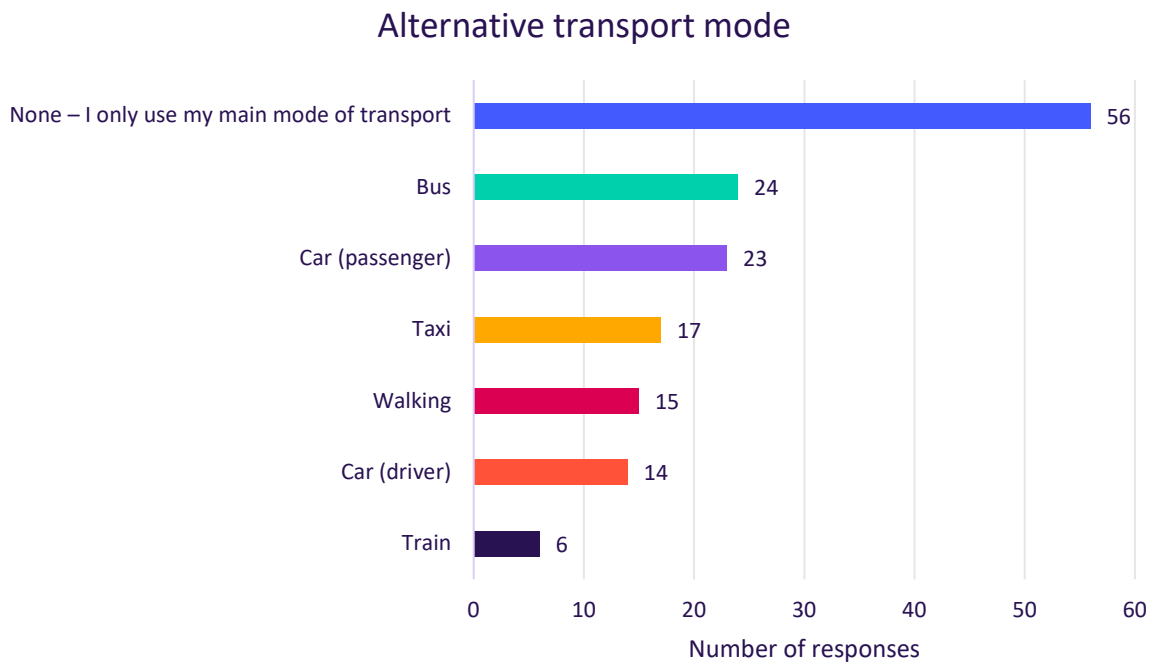


Figure 100: Alternative transport mode

Reliability of available transport

In line with other health board areas, most respondents described their usual transport to healthcare as reliable. However, a notable minority reported that transport is only sometimes reliable or frequently unreliable. Issues such as delayed or cancelled bus services, missed connections and congestion around hospital sites were highlighted as sources of uncertainty, particularly for time-sensitive appointments.

When considering reliability by mode car drivers found their mode the most reliable whilst, car passengers mainly selected 'usually reliable' and bus users were most likely to select 'sometimes reliable'.

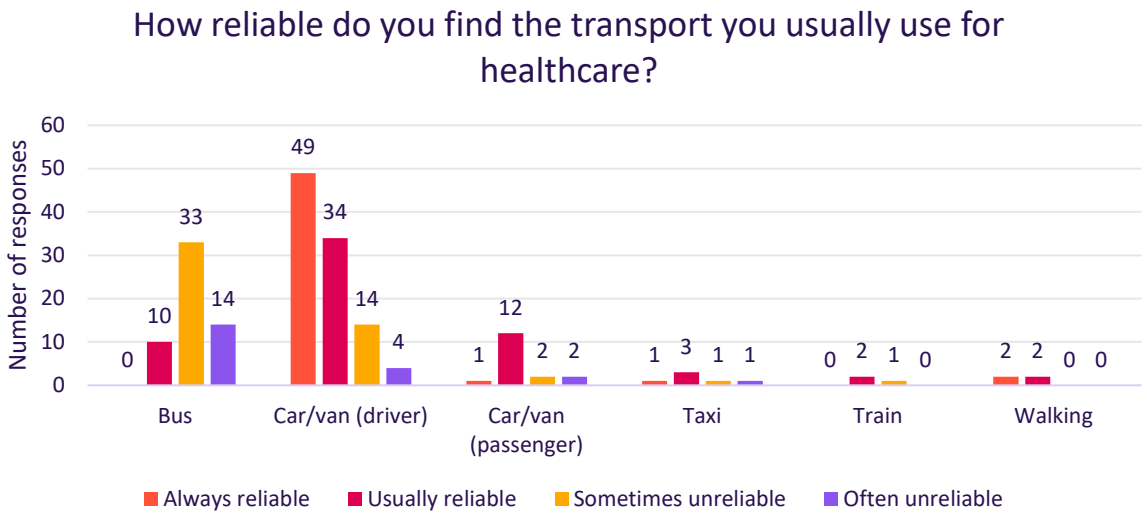


Figure 101: Transport reliability

Missed or delayed appointments due to transport

Around one third of respondents reported having missed or delayed a healthcare appointment because of transport-related issues.

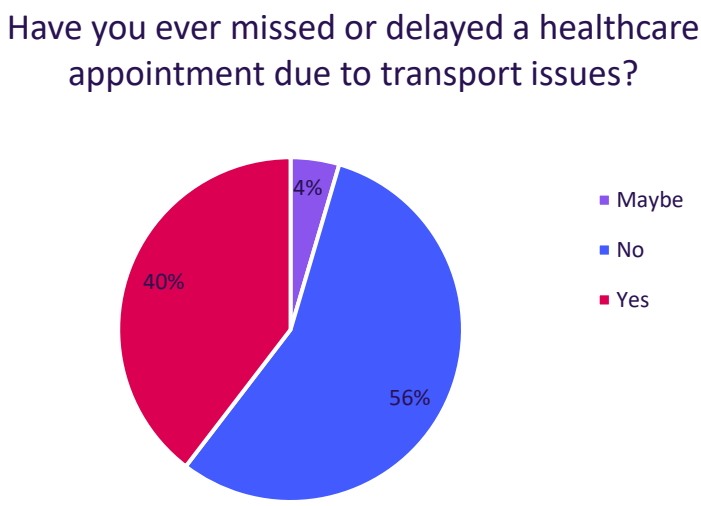


Figure 102: Missed appointments

The most commonly cited reasons were delays to public transport services, traffic congestion and difficulties with parking. Accessibility and mobility-related barriers also featured strongly, particularly for respondents with long-term health conditions or caring responsibilities. In some cases, reliance on others for transport or the lack of suitable alternatives contributed to missed or postponed care.

Figure 103: Reason for missed appointment

Effect of transport costs on attendance

Most respondents stated that transport costs do not affect their ability to attend healthcare appointments. However, a minority reported that costs either sometimes or regularly influence attendance, indicating that affordability remains a barrier for some groups, particularly those requiring frequent or long-distance travel.

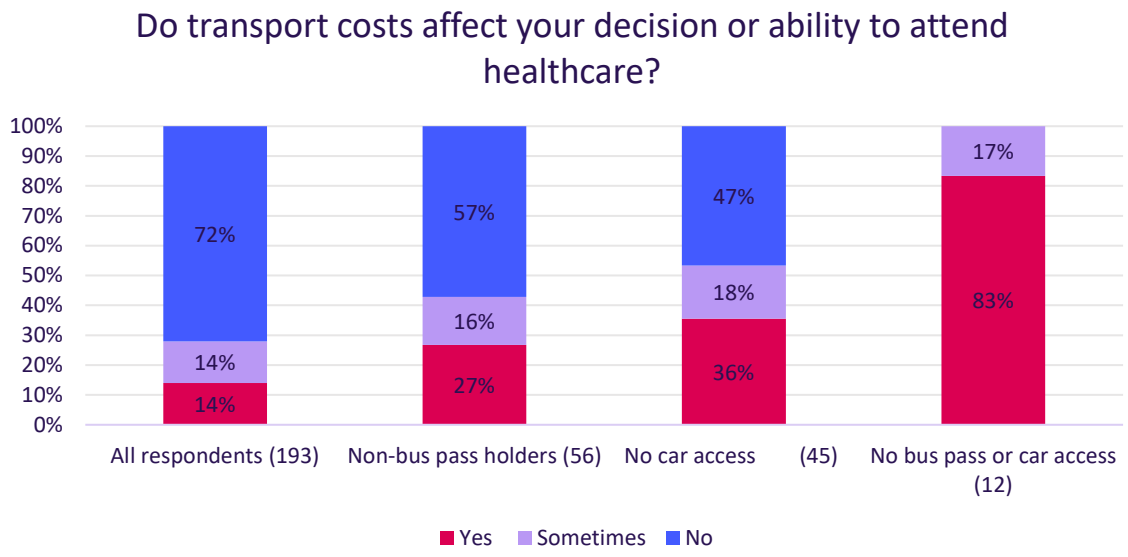


Figure 104: Cost of journey affects attendance

When considering those that face more up-front costs non-bus pass holders were more likely to report transport costs as a barrier and those without access to a car were even likelier to find transport costs a barrier.

Cost of the most recent healthcare journey

The majority of respondents reported that their most recent healthcare journey involved no direct cost. Among those who did incur costs, most spent under £10, with only a small number reporting higher expenses. This suggests that while many journeys are low-cost, a minority of patients face significant travel expenses.

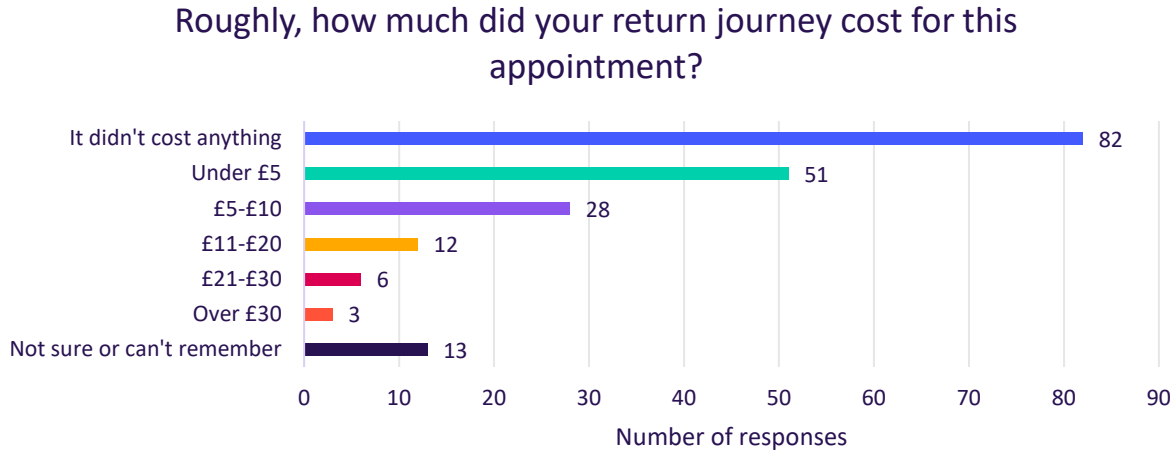


Figure 105: Cost of journey

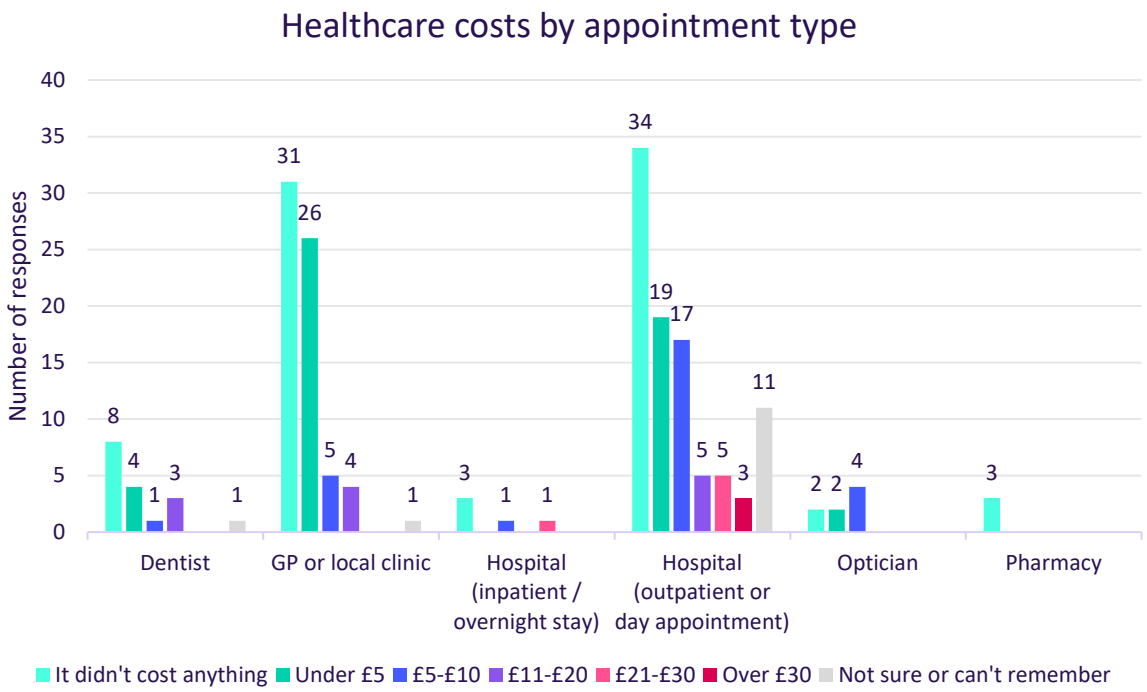


Figure 106: Cost of healthcare per appointment type

Healthcare travel costs vary by appointment type. GP, pharmacy and local clinic visits are most likely to incur no cost, reflecting their proximity to where people live and the ability to walk or use short bus journeys. In contrast, hospital-based appointments, particularly outpatient and inpatient care, are more likely to involve a financial cost. Where costs are incurred, they are most commonly associated with longer journeys, use of private cars, or reliance on taxis where public transport options are limited or unsuitable. This indicates that travel costs are more closely linked to the location and type of service than to healthcare use overall.

How people find travel information

Respondents most commonly used digital tools such as online maps and journey planners to find travel information. NHS websites and appointment letters were also important sources. Fewer respondents relied on advice from healthcare staff, community transport providers or local transport apps.

Ease of accessing and understanding information varied. While many reported that information is usually easy to find, a notable minority had trouble particularly where journeys were complex or required coordination across different services.

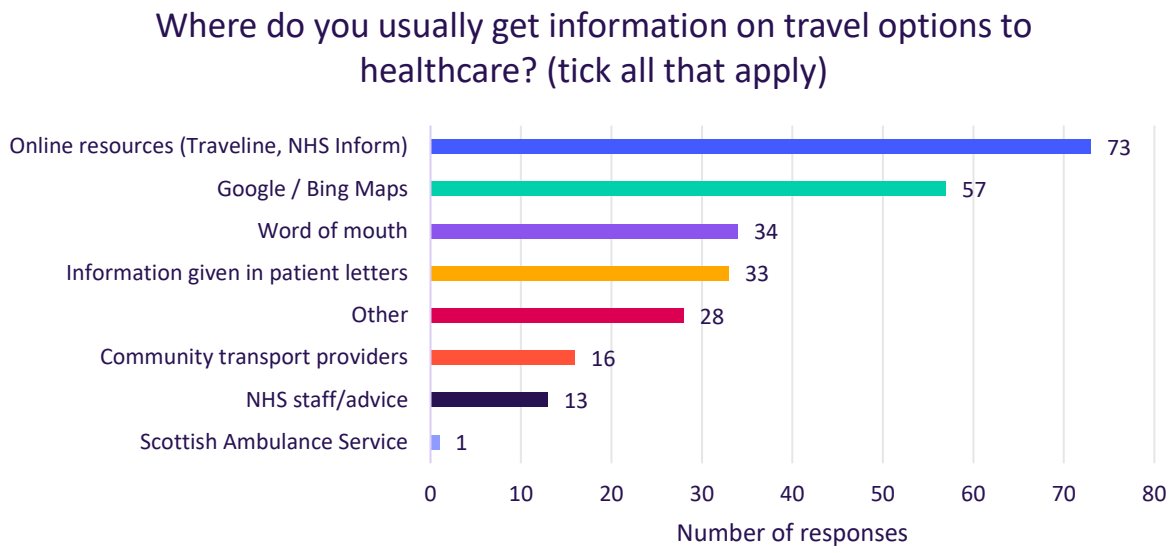


Figure 107: Where do you get your information?

Digital confidence in planning healthcare travel

Overall digital confidence among respondents was high, with most reporting that they are confident using online tools to plan or book travel. However, a smaller group reported limited confidence or reliance on non-digital methods, highlighting the continued need for accessible offline options.

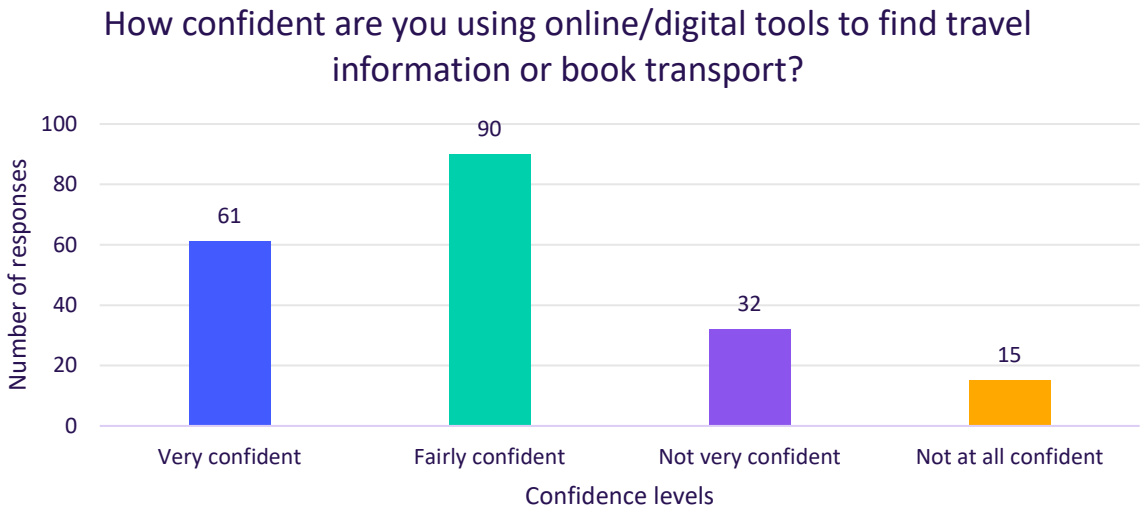


Figure 108: Confidence online

Most respondents reported that they usually use online or digital tools to find travel information or book transport for healthcare appointments. A further proportion said they use digital tools sometimes, while a smaller group reported that they rarely or never do so. This suggests that digital tools are the primary method for planning healthcare travel for most people in NHS Forth Valley, but that reliance on non-digital options remains important for a minority, particularly where confidence, accessibility or complex journeys present barriers.

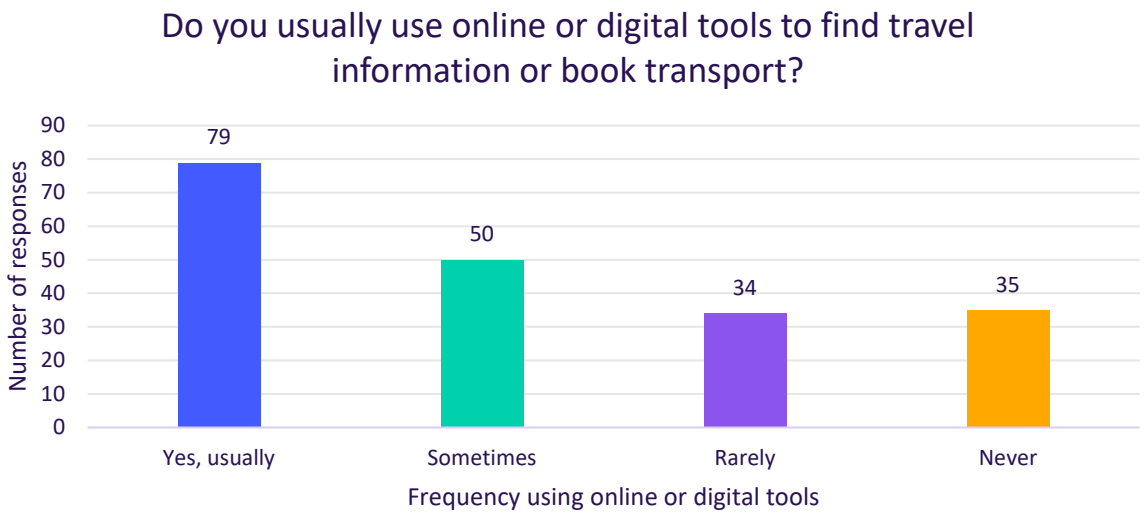


Figure 109: Do you utilise online tools

Severity of transport barriers

The most significant barriers reported relate to the lack of direct public transport routes, limited-service frequency and parking difficulties at hospital sites. Poor coordination between services and challenges linked to accessibility and mobility were also highlighted. Cost was identified as a barrier for fewer respondents, but where present, its impact was substantial.

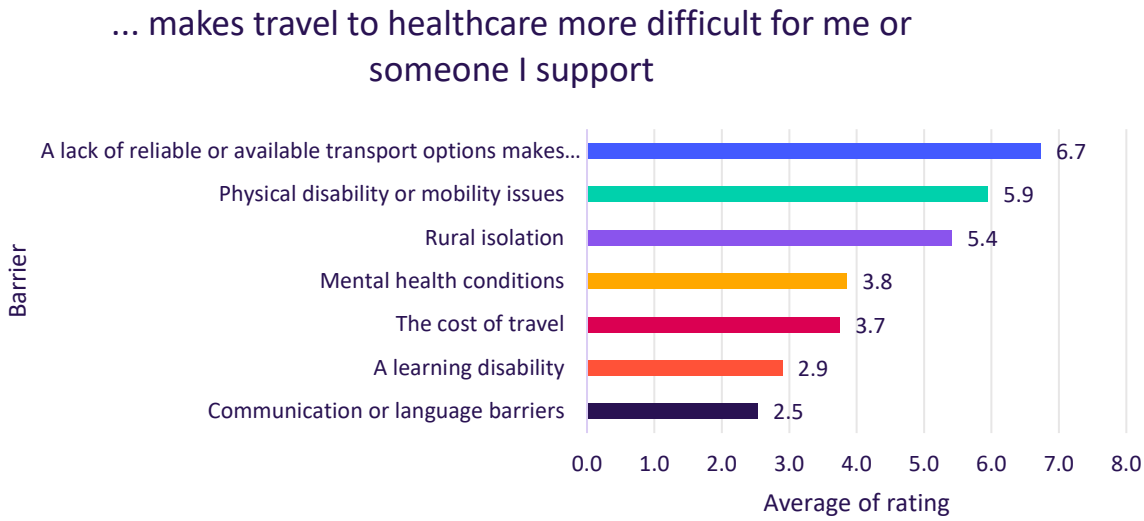


Figure 110: Difficulties with travel

Which group experience the greatest barriers

People with disabilities, long-term health conditions and caring responsibilities were more likely to experience transport-related barriers. Older people and those without access to a private car reported particular difficulty with indirect journeys, digital tools and service reliability.

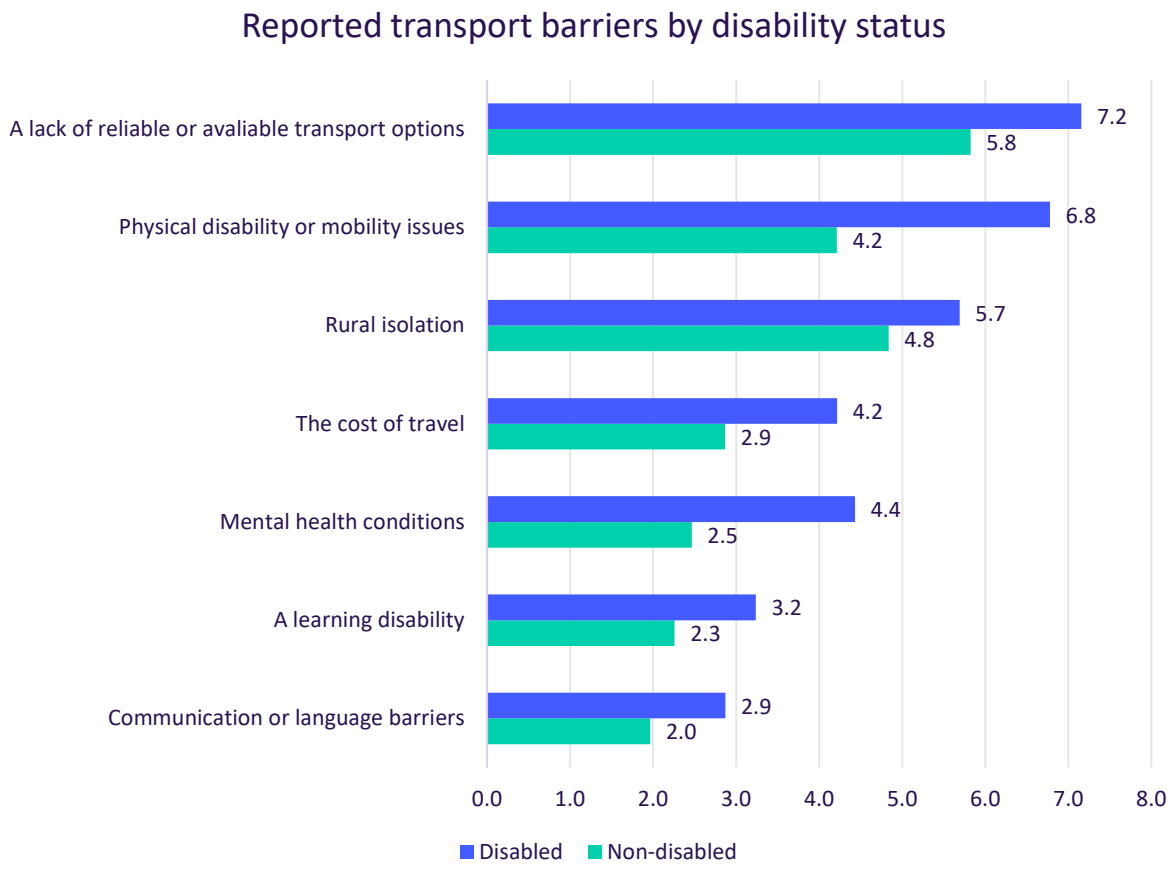


Figure 111: Transport barriers

What improvements people want

Respondents most frequently called for more direct and reliable public transport services to healthcare facilities. Improved parking provision, better coordination between transport services, clearer travel information and enhanced support for disabled users and carers were also widely requested. Reducing the cost of travel and improving access to specialist transport were identified as additional priorities.

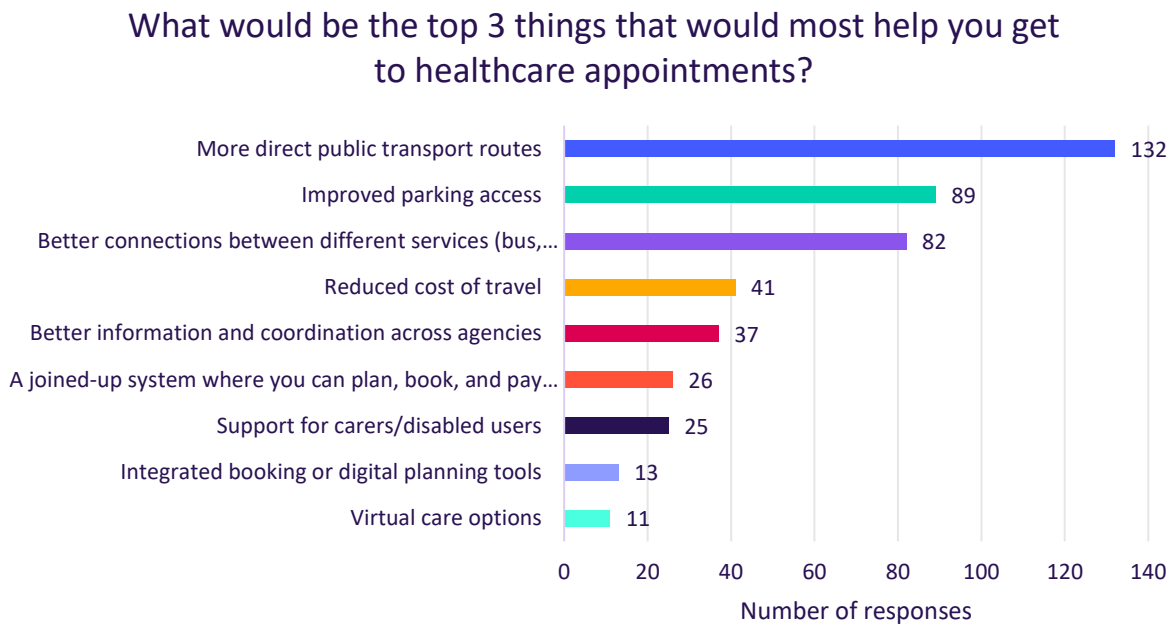


Figure 112: What would help access healthcare appointments

Responses show a mixed picture of support needs. The most common response was that no additional help is needed, suggesting many respondents are confident finding or booking travel independently. However, a substantial number identified specific improvements that would make this easier.

Paper timetables or printed leaflets were the most frequently requested form of support after this, highlighting the continued importance of non-digital options. Easier-to-use digital tools and websites were also widely requested, indicating that while many people use online tools, usability remains a barrier for some.

Smaller numbers of respondents said that phone helplines, in-person support at clinics or hubs, or advice from GPs and NHS staff would help. Community organisations were mentioned least often.

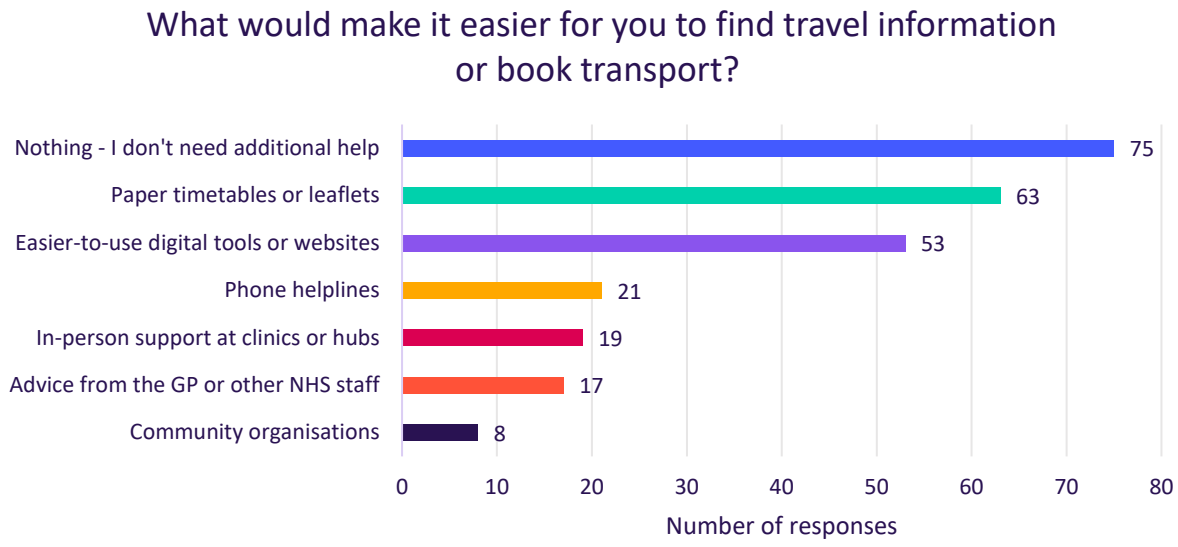


Figure 113: What would make it easier to find and book transport

Qualitative insights: Lived experience of travelling to healthcare

Primary and community care

Travelling to primary and community healthcare services was generally perceived as easier than accessing secondary or tertiary care across NHS Forth Valley. Many respondents described GP practices, pharmacies and dentists as being relatively close to home, particularly in more urban areas such as Falkirk, Stirling and Alloa.

> "Usually, I walk to the GP surgery or pharmacy."

However, despite this more positive overall picture, significant challenges remain for particular groups. Respondents with mobility issues, long-term conditions, or caring responsibilities reported ongoing difficulties reaching even local services.

> "Without access to a car & because access to public transport requires a long walk - which I am unable to do, I'd find it virtually impossible to attend a health care appointment."

Rurality and local service availability also affected access to primary care. Respondents in smaller towns and rural areas described fewer local services, limited appointment choice, and greater reliance on transport.

> "Dollar is simply not set up for healthcare access for anyone who cannot drive a car. Especially the elderly."

For some, appointment timing compounded these issues, particularly where public transport did not align with urgent or same-day appointments.

> "When the GP service does a phone appointment and then they decide they want to see you in 15 and you don't feel well enough to drive to the practice."

Secondary and tertiary care

Distance to healthcare

Distance to hospital-based care was a recurring theme in qualitative responses. Many respondents highlighted the challenges of travelling to Forth Valley Royal Hospital (FVRH), particularly from Clackmannanshire and more rural parts of Falkirk.

> "Trying to reach Forth Valley Royal Hospital from the Braes area"

For some patients, specialist appointments located outside the Health Board area added further complexity, often involving longer journeys and additional transport changes.

"Travelling outside local health board area to access various appointments"

Respondents described how long travel distances increased fatigue, stress and costs, particularly for those attending repeated appointments or managing ongoing conditions.

Public transport

Public transport issues were one of the most frequently raised barriers to accessing healthcare. Respondents described services as indirect and infrequent. Infrequent services which often mean long wait times before or after appointments where a suitably timed bus is not available.

Indirect services and journey complexity

Many respondents reported needing to take multiple buses or trains to reach hospital appointments, increasing journey times and uncertainty.

"Hospital appointments a lot more effort if using bus - 4x time due as bus doesn't take a direct route. Need to go via town centre and change."

Complex journeys were seen as particularly challenging for older people, those with disabilities, or people attending early morning appointments.

"I suffer from social anxiety, changing buses and no direct routes can cause more stress and anxiety on top of anxiety already feeling going to appointment"

Infrequent or limited services

Infrequent services were commonly cited, particularly outside peak hours or in less urban areas.

"Local bus service is poor. Only comes at most hourly, and never on a Sunday."

Respondents noted that return journeys were often more problematic, leading to long waits after appointments and additional fatigue.

Parking at major hospitals

Parking at Forth Valley Royal Hospital was a major concern raised by respondents. Difficulties finding a parking space were frequently described as stressful and time-consuming.

"Parking at Forth Valley Royal Hospital is a nightmare for parking"

Several respondents reported building extra time into their journey solely to secure parking, adding to the overall burden of attending appointments.

"Need to go about 30 minutes early and hope a space becomes available."

Concerns were also raised about the distance from parking areas to hospital entrances, particularly for those with mobility issues.

Community transport and taxis

Community transport and taxi services were often described as unreliable, unavailable, or expensive. Respondents noted difficulties booking services, limited capacity, and long notice periods.

> "Phoning transport is a nightmare; I wouldn't get transport to GPs or dentist."

The cost of taxis was highlighted as a significant barrier, particularly for those on low incomes or requiring frequent hospital visits.

> "We mostly have to get a taxi, though very rarely a friend takes us."

Some respondents reported being unsure what options were available, suggesting a lack of clear information about transport support.

Patient transport

Patient transport services were mentioned mainly in relation to difficulties accessing them. Respondents described being ineligible, refused transport, or struggling with inflexible pick-up times.

> "Very few patients are allowed hospital transport. Even with disability and health problems you are not allowed hospital transport."

Fixed pick-up times and long waits were reported as problematic, particularly for people with health conditions that made waiting difficult.

Accessibility

Accessibility issues cut across many responses and affected multiple modes of transport. Key issues raised included:

- → Being unable to drive due to health conditions or disability
- → Long distances to bus stops or stations
- → Limited availability of wheelchair-accessible transport
- → Inflexibility of patient and community transport services
- → Difficulty accessing disabled parking at hospital sites

> "Limited vehicles with wheelchair access with Dial-a-Journey* and limited access to areas outwith Central Region"

* door-to-door transport and mobility service based in Stirling

Respondents highlighted how these barriers often combined, leaving them reliant on others for lifts or forced to miss appointments.

Additional impacts

Reliance on driving or lifts

A common impact of transport barriers was reliance on driving or lifts from friends and family. Many respondents stated they would be unable to attend appointments without access to a car.

> "If I didn't have someone to drive me to hospital appointments or admissions, I would have to get a very unreliable bus"

There was also concern about future ability to attend appointments as people age or if they become unable to drive.

> "Had to give up my car due to failing eyesight."

Time and financial impacts

Respondents described healthcare travel as time-consuming, often requiring time off work or a full day to attend short appointments.

> "Nearly 5 hours for a 17–20-mile journey there and back."

The financial burden of transport, particularly taxis, was also highlighted.

Missed or delayed appointments

Some respondents reported missing, delaying or cancelling appointments due to transport difficulties, cost, or lack of suitable options.

> "Often miss hospital appointments because it is too painful or nauseating to travel there comfortably."

Summary of insights for NHS Forth Valley

The transport challenges experienced by residents in NHS Forth Valley reflect a combination of service centralisation, uneven public transport provision and varying levels of car dependency across Falkirk and Clackmannanshire. While many people are able to access primary care locally with relatively short journeys, access to hospital-based services, particularly Forth Valley Royal Hospital (FVRH), presents more significant and persistent barriers. These challenges are most acutely felt by people without access to a private car, those with disabilities or long-term health conditions, older people, and carers.

↘ Centralisation of acute healthcare at Forth Valley Royal Hospital

The centralisation of acute and specialist services at Forth Valley Royal Hospital is a defining feature of Transport to Health in NHS Forth Valley. While the site benefits from good strategic road access, it generates long and complex journeys for many residents, particularly those travelling from Clackmannanshire, the Hillfoots towns and the outer parts of Falkirk. Public transport journeys to FVRH are often indirect, require multiple stages and can exceed an hour,

turning routine appointments into time-consuming and tiring experiences. This centralisation increases reliance on private cars and disadvantages those unable to drive.

↘ Contrast between primary and secondary care access

Access to primary and community healthcare is generally more straightforward, especially in urban areas such as Falkirk, Alloa and Stirling, where GP practices, pharmacies and dentists are often within walking distance or a short bus journey. However, this more positive picture masks ongoing issues for people with mobility problems, those living in smaller towns or semi-rural areas, and those requiring urgent or same-day appointments. For these groups, even short journeys can become challenging where walking distances are too long, or public transport does not align with appointment times.

↘ Public transport service limitations

Public transport service issues were among the most commonly cited barriers across qualitative responses. Indirect routes, infrequent services and poor alignment with appointment times, particularly early mornings, evenings and weekends, make public transport an unreliable option for hospital travel. Complex journeys involving multiple changes increase stress, uncertainty and fatigue, especially for older people, those with anxiety, or people managing ongoing health conditions. Return journeys were frequently described as particularly problematic, often involving long waits after appointments.

↘ High reliance on private cars and lifts

Private car use dominates healthcare travel in NHS Forth Valley, reflecting both the geography of services and limitations in public transport. Many respondents stated they would be unable to attend hospital appointments without driving themselves or relying on lifts from family and friends. This reliance raises concerns about future access to healthcare as people age, experience declining health, or lose the ability to drive, highlighting a growing vulnerability among older populations.

↘ Parking pressures at Forth Valley Royal Hospital

Parking at FVRH emerged as a significant and recurring issue. Respondents frequently described difficulty finding spaces, the need to arrive early to secure parking, and the stress associated with potentially missing appointments. For people with mobility issues, the distance between parking areas and hospital entrances further compounds the challenge, adding physical strain to already demanding journeys.

↘ Community transport and taxi constraints

Community transport and taxi services were seen as important alternatives but are currently constrained by limited availability, booking difficulties and cost. Respondents described services as unreliable, requiring long notice periods or being unavailable when needed. Taxi costs were highlighted as a particular burden for those on low incomes or attending frequent appointments, making these options unsustainable for regular healthcare travel.

↘ Patient transport capacity and eligibility

Patient transport services were commonly mentioned in relation to ineligibility or refusal, rather than positive experiences. Fixed pick-up times, long waits and limited capacity were seen as poorly suited to people with complex health needs. Where patient transport was unavailable, respondents were often forced to rely on unsuitable alternatives, such as public transport or expensive taxis, or to delay or miss appointments altogether.

↘ Accessibility and mobility barriers

Accessibility issues cut across all modes of transport. Being unable to drive, long distances to bus stops, limited wheelchair-accessible vehicles, inflexible transport services and difficulty accessing disabled parking were all highlighted. These barriers frequently interact, leaving disabled people and those with long-term conditions disproportionately affected and more likely to rely on others for transport or to experience missed care.

↘ Time, cost and health impacts

Although transport costs were not the primary barrier for most respondents, they had a substantial impact on a minority, particularly those reliant on taxis or travelling longer distances for hospital care. Time costs were more widely felt, with many respondents describing healthcare travel as taking several hours or requiring time off work for relatively short appointments. Long and stressful journeys were also reported to worsen symptoms for some patients, particularly those experiencing pain, fatigue or nausea.

Stakeholder engagement

Engagement with partner organisations identified widespread gaps in transport data, limited coordination between services, and ongoing funding pressures.

Several areas report weak governance arrangements and a lack of dedicated responsibility for transport planning. Rural connectivity remains a persistent issue, particularly for NHS Fife and East Lothian, with older and disabled people disproportionately affected by access and affordability problems.

While NHS Lothian has more established transport infrastructure and digital tools, reduced fleet capacity, sustainability pressures and limited alignment with Local Authorities were noted.

The Scottish Ambulance Service was identified as a key stakeholder in relation to non-emergency patient transport. Engagement was sought during the study period; however, it was not possible to secure input within the project timeframe.

Table 3: Findings overview

Group Engaged	Issues identified by group	Key headlines
NHS Assure	Major gaps in patient/staff travel data; missed appointment links; early-stage coordination	Data gaps Fragmentation Limited coordination
Falkirk Council	Bus-focused support; no community transport links; no health focus in strategy	Funding pressure Poor integration Limited data
NHS Fife	No dedicated transport lead; poor rural connectivity; developing travel strategy	Governance gaps Rural access issues Weak data
East Lothian HSCP	Older/disabled access challenges; high costs; poor cross-county links	Access challenges Affordability Service relocation impacts
NHS Lothian	Central transport hub; reduced fleet; weak LA coordination; good digital tools underused	Silo working Sustainability pressures Misinterpretation of data

Scottish Borders popup session

A total of 65 insights were gathered from 51 participants, including patients, visitors and staff, highlighting a wide range of experiences relating to travel to and from the Borders General Hospital in Melrose, Scottish Borders. Staff input was included in this session to complement patient perspectives, as hospital staff are frequent users of local transport and often reside within the hospital's catchment area, making them potential patients in the future.

Including staff also helped identify areas where patient and staff experiences overlap, and where improvements to transport provision could benefit both groups. Staff perspectives were not collected elsewhere in the study, as the primary focus for other engagement activities was on patient and community experiences.

What works well?

Many respondents value the availability of free or discounted travel, particularly concessionary card holders and railcards, which enable affordable access across Scotland. Those living locally or with access to a car generally report few issues, citing reliable journeys, good traffic flow in normal conditions, and positive experiences with patient transport services. Some participants highlighted the reliability of local bus services and welcomed existing overflow parking arrangements such as ‘park and walk’ options.

What could be better?

Significant challenges were raised around parking capacity, particularly at peak times, with overflow parking being distant and difficult for those with mobility issues. Staff working late shifts are especially affected by limited bus timetables, with the last bus departing before many shifts end. Public transport issues include long journey times due to connecting buses, cancelled routes, high costs for staff, poor waiting conditions in bad weather, and overcrowding. Concerns were also raised about misuse of disabled parking spaces and the impact of overflow parking on the surrounding village.

Opportunities for improvement

Improving local bus services emerged as the most consistent theme. Suggested actions include more direct routes from smaller towns and villages, extended operating hours, better communication of timetable changes, and more responsive engagement from the bus operator. Participants also proposed park-and-ride schemes, expansion or redesign of parking facilities, and improved management of disabled and staff parking. There is a clear need for more reliable community and voluntary transport options, particularly for elderly patients and those whose conditions are deteriorating.

Community transport operators

Interviews with community transport providers highlight their essential role in enabling access to healthcare in rural and semi-rural areas, alongside significant capacity and system-level constraints.

Borders Wheels one of the primary community transport providers across the Scottish Borders, covering a large rural area. Around half of all bookings are healthcare-related, reflecting limited local services and the need for long-distance travel to Edinburgh and Glasgow. Similar patterns are seen in Lothian, where community transport supports access to specialist hospital care over long distances.

Demand for healthcare transport is rising, often at short notice, particularly when patient transport services are unavailable. Limited public transport, especially at weekends, further restricts access, with some rural journeys to hospital taking several hours one way.

Providers identified common structural challenges, including digital exclusion, funding models that do not reflect true costs, fragmented coordination between the NHS, Local Authorities and transport providers, and constraints linked to insurance, licensing and unclear legislation.

Despite these pressures, community transport can offer strong value for money. In Lothian, a council taxi contract costing £98,000 annually was replaced by a community transport service costing £35,000, saving over £60,000 per year. However, providers stressed that clearer coordination, fairer funding and better integration with statutory services are essential if community transport is to meet growing healthcare demand.

Case study: Clackmannanshire

Clackmannanshire Council, in partnership with NHS Forth Valley and regional transport agencies, launched a pilot patient transport service aimed at improving access to healthcare at Falkirk Community Hospital (FCH). The initiative runs from October 2025 through March 2026, operating on Wednesdays.

The pilot seeks to improve hospital access for residents in FK10–FK14, particularly those facing cost, distance, or mobility challenges, while collecting feedback and usage data to inform potential future adjustments to the service.

The pilot is financed through a People and Place grant supported by the Scottish Government and administered by SEStran, reflecting a collaborative effort across health, transport planning, and local government bodies.

Service Model

- Direct Door-to-Door Bus Service: Patients are picked up from home and transported to FCH, then returned after appointments.
- Booking System: Seats are reserved via Order of Malta Dial-a-Journey by phone; the provider offers door-to-door assistance.
- Operating Hours: 08:30–17:30 on Wednesdays.
- Affordability: A £2 single fare per passenger, providing highly subsidised access.
- Accessibility: Mobility aids and disabled users are accommodated, and one carer may assist patients from the vehicle to their hospital department.

While the initiative is still in its pilot phase and overall usage is limited, it has the potential to support residents with restricted transport options, provide early insights into patient transport needs in semi-rural areas, and inform longer-term planning, including potential route or schedule adjustments if demand increases.

Problems, opportunities, issues and constraints (POIC)

Introduction

This section synthesises the quantitative evidence, travel-time modelling, socio-economic analysis, public consultation findings and emerging stakeholder insight to identify the key Problems, Opportunities, Issues and Constraints affecting Transport to Health across the SEStran region.

The POIC assessment provides a bridge between the descriptive evidence presented earlier in the report and the development of Transport Planning Objectives in the next phase. It organises the evidence into a clear structure that distinguishes between:

- Problems: current negative conditions that prevent the transport system from meeting user needs
- Opportunities: positive potential for improvement or innovation
- Issues: factors that require further consideration, analysis or resolution
- Constraints: fixed limitations (fiscal, legislative, geographic, operational) that shape what can realistically be taken forward

The assessment begins with a regional perspective, recognising the shared patterns that affect all four Health Board areas. It then identifies Board-specific variations, reflecting the distinct geography, transport provision and healthcare configuration within NHS Lothian, NHS Fife, NHS Borders and NHS Forth Valley.

This structured understanding of existing barriers and future potential will inform the development of Transport Planning Objectives and support the generation of a longlist of options in subsequent stages.

Problems

Problem 1: Public transport journeys to hospital care are long, indirect and significantly slower than car travel

Travel-time modelling shows that public transport journeys to hospital are typically two to four times longer than equivalent car journeys. Many hospital trips require multiple interchanges, long walking distances and extended waiting times, particularly for people travelling from rural areas, small towns and outer urban communities. These journey characteristics create stress, increase fatigue and reduce the practicality of attending appointments by public transport.

Problem 2: People without access to a car face disproportionate barriers to healthcare access

Households without access to a private car are heavily concentrated in more deprived areas, where public transport options are often limited or indirect. These residents are more exposed to long

journey times, higher cumulative costs and unreliable services. This reinforces existing health and social inequalities and increases reliance on informal support such as lifts from family or friends.

Problem 3: Transport barriers contribute to missed or delayed healthcare appointments

Transport barriers contribute to missed or delayed healthcare appointments, particularly for outpatient and same-day care. Evidence from the public consultation shows that between one third and almost half of respondents across the region have experienced transport-related non-attendance, with the highest rates reported in NHS Fife. Delayed services, infrequent timetables, parking pressures and accessibility barriers are recurring contributing factors.

Problem 4: Accessibility barriers limit the suitability of public transport for some users

Disabled people, older adults and those with long-term health conditions face additional barriers, including long walks to stops, inaccessible infrastructure, difficulty transferring between services and limited availability of wheelchair-accessible taxis. These barriers make public transport unsuitable for some users, even where services exist.

Opportunities

Opportunity 1: Better alignment between healthcare planning and transport provision

There is scope to systematically align appointment scheduling, clinic locations and service patterns with existing transport networks. Improved coordination between Health Boards, transport authorities and operators could reduce journey complexity and improve reliability for patients.

Opportunity 2: Greater use of local and community-based healthcare provision

Expanding the use of community hospitals, local clinics and outreach services for appropriate outpatient activity could reduce the need for long-distance travel to acute hospitals, particularly for routine follow-up appointments.

Opportunity 3: Improved integration of transport information and booking

Clearer, more consistent information on travel options, eligibility for support and reimbursement, and available community transport could reduce uncertainty and stress for patients. There is potential to integrate transport information more effectively into appointment communications and digital platforms.

Opportunity 4: Strengthening community and demand-responsive transport

Community transport and demand-responsive services already play a critical role in filling gaps where public transport is limited. With better coordination, visibility and support, these services could be scaled or targeted to support healthcare access more effectively, particularly in rural and semi-rural areas.

Opportunity 5: Contributing to wider policy goals

Improving Transport to Health supports the Scottish Government's key priorities, as highlighted by the First Minister. This includes reducing health inequalities, enhancing access to healthcare, strengthening local and community-based services, and promoting sustainable transport to help achieve net-zero emissions. Targeted improvements in patient access and journey reliability can therefore advance both national objectives and regional Health Board goals for equitable, efficient, and sustainable service delivery.

Opportunity 6: Digital delivery

For selected appointment types, such as routine follow-ups or advisory consultations, virtual or hybrid delivery could reduce the need for some in-person journeys. Offering an online consultation option at the point of booking, where clinically appropriate, may help mitigate complex or lengthy travel, particularly in rural areas.

This approach would need to balance clinical suitability and patient preference, while avoiding digital exclusion. Used selectively, virtual appointments could complement wider Transport to Health improvements by reducing avoidable journeys without replacing in-person access.

Issues

Issue 1: Hospital location, appointment timing and transport service patterns are misaligned, increasing journey complexity and non-attendance risk

Evidence from travel-time modelling and the public consultation shows that hospital appointments are frequently scheduled at time when direct public transport services are limited, infrequent or unavailable. Many respondents described journeys requiring multiple interchanges, early arrival or long waiting times due to hourly services, and uncertainty around return travel. This misalignment increases journey complexity, raises the risk of lateness or cancellation, and disproportionately affects people attending regular outpatient appointments, those without access to a car and people with mobility or health-related constraints.

Issue 2: Information about transport options and support is fragmented and inconsistent

Patients often rely on informal sources such as online maps or personal knowledge to plan healthcare journeys. Information on community transport, eligibility for patient transport or reimbursement, and accessible options is not consistently provided or easy to understand. This creates uncertainty, particularly for first-time or infrequent hospital users. This reflects a wider absence of a shared, system-wide approach to Transport to Health information and responsibility.

Issue 3: The role of community transport is critical but not fully integrated into system planning

Community transport providers are filling important gaps, yet their role is often reactive, under-recognised and inconsistently linked to NHS transport planning. Further consideration is needed on how these services can be better coordinated, funded and integrated alongside public transport and non-emergency patient transport.

Issue 4: Parking pressures at major hospitals continue to influence travel behaviour

Limited and unreliable parking availability at acute hospitals contributes to stress, late arrivals and continued car dependency. While parking is not strictly a transport service issue, it strongly shapes mode choice and patient experience and requires consideration alongside wider Transport to Health measures.

Constraints

Constraint 1: Geographic dispersion and rurality

The region's settlement pattern includes extensive rural and semi-rural areas where low population density limits the viability of frequent fixed-route public transport services. These geographic realities constrain the extent to which conventional services can meet all healthcare travel needs.

Constraint 2: Centralisation of acute and specialist healthcare services

The concentration of secondary and tertiary care in a limited number of hospital sites is driven by clinical and operational requirements. While necessary, this centralisation creates unavoidable longer travel distances for some patients.

Constraint 3: Funding and resource limitations

Public transport services, community transport and NHS patient transport all operate within constrained funding environments. This limits the scope for rapid or large-scale service expansion without clear evidence of benefit and partnership funding arrangements.

Constraint 4: Legislative and operational boundaries

Transport planning, service delivery and healthcare commissioning sit across multiple organisations with different statutory responsibilities, funding cycles and priorities. These institutional boundaries constrain how quickly and seamlessly change can be implemented.

Transport planning objectives

The Transport Planning Objectives set out in *Table 4* (overleaf) translate the evidence presented in this Case for Change into a focused set of outcomes to be achieved through future intervention. They are derived directly from the Problems, Opportunities, Issues and Constraints identified across the SEStran region and reflect both shared regional challenges and variation between Health Board areas.

These objectives will provide the framework for option generation, sifting and appraisal in subsequent stages of developing a Regional Transport to Health Strategy.

Table 4: High-level Transport Planning Objectives

Ref	Transport Planning Objective	Specific	Measurable	Attainable	Relevant	Timely
TPO1	Reduce journey time, interchange complexity and uncertainty for secondary and tertiary healthcare trips	Reduce public transport journey times, number of interchanges and excess waiting time for access to major hospital sites across the SEStran region.	Average public transport journey times to key hospital sites; proportion of journeys requiring two or more interchanges; reliability metrics derived from accessibility modelling and operator data.	Delivery dependent on partnership working with operators and local authorities. Achievability to be tested through option development and appraisal.	Directly linked to identified problems of long, indirect hospital journeys and transport-related non-attendance. Supports NTS2 priority on reducing inequalities.	Quantified improvement ranges and delivery timeframes to be defined at options appraisal and strategy stage.
TPO2	Improve reliable and affordable access to healthcare for people without access to a private car	Improve public, community and supported transport connectivity for areas and groups with low car ownership.	Proportion of population within defined public transport travel time thresholds to key hospital sites; reduction in self-reported cost barriers in follow-up surveys.	Dependent on funding, service integration and partnership arrangements. Feasibility to be explored during appraisal.	Addresses documented inequities affecting deprived areas, rural communities and non-drivers. Aligns with Fairer Scotland Duty and NTS2 reducing inequalities objective.	Baseline confirmation required before setting percentage improvement targets in subsequent strategy phases.
TPO3	Improve the accessibility and usability of transport for disabled people, older people and those	Reduce physical, sensory and cognitive barriers associated with	Increase in accessible journey options; reduction in reported	Influenced by infrastructure investment cycles, fleet renewal and	Supports Equality Act 2010 obligations and identified	Improvement benchmarks to be determined following accessibility audits and

Ref	Transport Planning Objective	Specific	Measurable	Attainable	Relevant	Timely
	with long-term conditions	healthcare journeys, including walking distance, step-free access and vehicle accessibility.	accessibility barriers; availability of wheelchair-accessible or supported transport services.	service design. Detailed feasibility assessment required at options stage.	accessibility challenges in the POIC analysis.	further stakeholder engagement.
TPO4	Reduce transport-related missed and delayed healthcare appointments	Improve alignment between appointment scheduling and transport service provision and reduce transport-related non-attendance.	Reduction in self-reported transport-related missed or delayed appointments; NHS-recorded non-attendance attributed to transport factors where data allows.	Achievable through coordinated service planning and reliability improvements, subject to data availability and institutional collaboration.	Responds directly to survey findings showing significant transport-related non-attendance across the region. Supports NHS efficiency and patient outcomes.	Reduction targets to be defined once improved data linkage and baseline confirmation are established.
TPO5	Improve clarity, coordination and accessibility of transport information and support	Integrate transport information within healthcare communications and improve awareness of community transport, reimbursement and eligibility processes.	Increased inclusion of transport information in appointment communications; user-reported ease of journey planning; uptake of coordinated information platforms.	Dependent on NHS digital system integration and inter-agency coordination. Practical constraints to be examined at implementation stage.	Aligns with Transport to Health Delivery Plan commitments regarding improved coordination and information provision.	Phased implementation expected alongside digital system updates; detailed timeframes to be defined in delivery plan.
TPO6	Integrate and enhance community and demand-	Improve formal coordination	Increased coordinated	Subject to funding models, governance	Supports duties under the Transport	Improvement targets and service coverage

Ref	Transport Planning Objective	Specific	Measurable	Attainable	Relevant	Timely
	responsive transport to support healthcare access	between NHS Boards and community or demand-responsive transport providers and expand coverage where fixed-route services are not viable.	bookings; reduction in unmet trip requests; expanded geographic coverage of community or demand-responsive transport services supporting healthcare trips.	arrangements and operator capacity; to be assessed through detailed option appraisal.	(Scotland) Act 2019 and addresses identified gaps in rural and semi-rural connectivity.	benchmarks to be defined following appraisal and partnership agreements.
TPO7	Reduce unnecessary car dependency and improve system efficiency in healthcare travel	Encourage modal shift for appropriate healthcare trips, reduce parking pressure at major hospital sites and support more efficient use of transport resources.	Changes in mode share for healthcare journeys; reduction in parking demand at key hospital sites; estimated reduction in transport-related emissions where feasible.	Long-term behavioural and system change requiring coordinated investment and policy alignment; feasibility to be examined through appraisal.	Supports NTS2 climate and health priorities, Regional Bus Strategy objectives and wider net zero commitments.	Mode shift and efficiency benchmarks to be established in the subsequent strategy phase, aligned with regional carbon and transport targets.

Equality Impact Assessment (EqIA)

January 2026

Assessment stage: Case for Change (policy development stage)

Summary

This Equality Impact Assessment (EqIA) is undertaken at the Case for Change stage of SEStran's development of a Regional Transport to Health Strategy. The assessment responds to the Scottish Transport Appraisal Guidance (STAG) requirement to consider equality and socio-economic impacts from the earliest stage of policy development.

STAG requires that EqIA (and other impact assessments) align with each appraisal stage (Case for Change, options, detailed appraisal), but it does not prescribe a specific EqIA document format or template.

This EqIA summarises the equality evidence and baseline, assesses the likely impacts on protected groups and records mitigation options. It outlines how findings will influence the options available at the full Strategy detailed appraisal and consultation stage.

Key findings:

The protected groups most affected include:

- Disabled people and those with long-term health conditions
- Older adults (particularly those aged 75+)
- People without access to a private car
- Carers (predominantly women)
- People living in rural and remote areas
- People living in areas of high deprivation
- Pregnant people

Primary equality concerns identified:

1. Accessibility barriers: long or complex public transport journeys to hospital care compound accessibility barriers for disabled people and those with mobility impairments, creating disproportionate disadvantage
2. Gender dimension to care: 73% of survey respondents providing care when travelling to healthcare appointments are women, reflecting broader patterns of unpaid care responsibility that constrain travel flexibility and compound disadvantage
3. Spatial deprivation overlap: communities with highest deprivation show lowest car access and longest public transport journey times to hospital care, compounding health inequalities

4. Age-related vulnerability: older adults (75+) experience multiple intersecting barriers including reduced driving confidence, accessibility challenges, lower digital confidence, and sensitivity to service frequency or reliability changes
5. Rurality and remoteness: remote rural residents face public transport journey times to hospitals of four to six times longer than urban residents, with significantly reduced service alternatives
6. Cost accumulation: while not universally reported as a barrier, cost of transport can be significant for people attending frequent appointments (oncology, dialysis, physiotherapy) and impacts disproportionately on low-income households

Main aspects of the Case for Change that address these concerns:

- Explicit recognition in Transport Planning Objectives (TPO2, TPO3, TPO5) of accessibility, car-free access and support for disabled and older people
- Engagement with disabled people's perspectives
- Gender-disaggregated data on carers captured in survey
- Distributed analysis by deprivation decile and urban-rural classification
- Community transport operators explicitly engaged and their role recognised
- Cross-sectoral partnership approach involving NHS, local authorities and transport providers

SECTION 1: Policy overview and legislative context

Purpose and scope of policy

The Transport to Health Case for Change establishes an evidence base for developing a Regional Transport to Health Strategy for the South East of Scotland (SEStran region). The strategy will address how people travel to primary, secondary and tertiary healthcare services across eight local authority areas encompassing NHS Lothian, NHS Fife, NHS Borders and NHS Forth Valley.

The Case for Change maps existing access patterns and barriers to healthcare and identifies transport-related missed and delayed appointments. The process documents lived experience of diverse population groups and sets Transport Planning Objectives to guide future intervention development. This establishes an evidence base for future development stages aligned with Scottish Transport Appraisal Guidance (STAG).

Legislation and policy

Under the Equality Act 2010 (Public Sector Equality Duty) SEStran, as a public body, has a general duty to eliminate unlawful discrimination and harassment, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not.

Protected characteristics under the Equality Act 2010 include: age, disability (including long-term health conditions), gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including ethnicity and national origin), religion or belief, sex (including gender), sexual orientation.

The Fairer Scotland Duty requires public bodies to consider how policies and decisions can reduce inequalities of outcomes. The duty particularly focuses on people with protected characteristics and people experiencing socio-economic disadvantage, defined as those experiencing low income, low wealth, low employment, area deprivation and social isolation.

Sections 120-121 of the Transport (Scotland) Act 2019 place specific duties on NHS Health Boards to have regard to economic, social and environmental wellbeing in non-emergency patient transport contracts, work with community transport organisations, and publish annual reports on compliance with these duties.

Additionally, National Transport Strategy 2 (NTS2) commits to improving sustainable access to healthcare, with explicit focus on older and disabled people linked to:

- Priority 1: Reduce inequalities
- Priority 4: Improve health and wellbeing
- Specific objective: Improve sustainable access to healthcare facilities for staff, patients and visitors

Alongside this, in 2024 Scottish Government published its Transport to Health Delivery Plan, which contains commitments to:

- Improve cooperation and coordination between transport and health systems, with RTPs required to convene multi-agency Transport to Health groups
- Health Boards and RTPs must work together on equalities in patient transport
- Ensure patients have access to information on transport, community transport, and reimbursement
- Review Scottish Ambulance Service Equalities Impact Assessment
- Integrate transport information into NHS inform app and Traveline
- Support care closer to home and digital services where appropriate

Scottish Transport Appraisal Guidance

STAG applies broadly to all stages in public sector-led strategy development processes, including for the Case for Change, primarily to identify distributional impacts and equality concerns to inform problem definition. At option generation and sifting, STAG requires an assessment of how options support or hinder equality objectives. Detailed appraisal incorporates an EqIA that quantifies equality impacts and identifies appropriate mitigations.

Over the past five years, significant developments in Scottish Government policy, guidance, and legislation have reshaped expectations for how equality and socio-economic impacts are assessed in transport strategy development. This EqIA reflects updated best practice.

Fairer Scotland Duty Guidance updated in 2023 emphasises integration with the Public Sector Equality Duty and other equalities duties. This EqIA treats socio-economic disadvantage (deprivation,

transport poverty, car access) as a central equality concern, not just wider context. Links to Fairer Scotland Duty are woven throughout this EqIA.

Since the Fairer Scotland Duty 2023 guidance, bodies are now encouraged to draft assessments at early stages, including at the Case for Change stage. Accordingly, this EqIA should be seen as a 'live' document, revised at each STAG stage.

EqIAs for strategy development in earlier years often separated protected characteristics analysis from socio-economic disadvantage. These issues are now interlinked, with deprivation and socio-economic disadvantage treated as equal to disability, age or gender. For example, earlier formats of EqIAs would highlight that some people in deprived areas cannot access cars and this is a transport problem addressed by better public transport. The approach of this EqIA is to highlight that those in the most deprived areas have lowest car access, as well as the longest public transport journey times to hospital, creating compounded health inequality. This is an equity issue requiring targeted intervention for lowest-income households, not necessarily more public transport.

This EqIA frames Transport to Health improvements as health inequality interventions, not just transport or service delivery issues. Intersecting disadvantages are also flagged, where age, disability, locality (e.g., living rurally) and low-income compound inequalities. This EqIA considers those cumulative impacts.

SECTION 2: Information about the affected population

Demographic profile of the region

Population:

- Total population: 1.6+ million across eight local authority areas
- Geographic diversity: dense urban (Edinburgh), expanding commuter towns, coastal settlements, remote rural communities

Age distribution:

- Scottish Borders and Clackmannanshire have the highest proportion of residents aged 75 or over
- Edinburgh has the youngest age profile with high proportion of working-age adults
- Midlothian, Falkirk, West Lothian have younger distributions reflecting continued residential expansion
- National projections show significant growth expected in Edinburgh, Midlothian, East Lothian to 2032, with stagnation or decline in many rural areas

Implications for Transport to Health

Older populations in rural areas experience greater healthcare need, reduced driving confidence or ability, higher sensitivity to service changes, with compounded accessibility barriers.

Rapid growth areas, such as Midlothian, have increased healthcare demand without corresponding transport infrastructure expansion.

Older adults are also among the highest users of NHS services. While the over-75s make up a relatively small share of the population across Scotland, they account for a disproportionately large share of GP consultations, outpatient referrals and emergency and elective admissions.

Disability and long-term health conditions

A notably high proportion of the population in the area of NHS Fife have long-term health conditions or disabilities (over 4% above the regional average).

40% of all those responding to surveys conducted for the Case for Change reported having a long-term health condition or disability (compared to 23% in general population), and 21% provide unpaid care.

People living with long-term conditions are high users of healthcare, and prevalence of limiting long-term conditions rises sharply with age, meaning that older and disabled people are both more likely to need regular contact with NHS services and more affected when transport barriers limit access.

Access and transport needs

People with disabilities are more likely to have fewer independent travel options. They are also more likely to be unemployed, partly due to transport difficulties. However, people with disabilities also make higher proportion of journeys to healthcare compared to general population

Additional barriers include:

- Inconsistent patient escort rules across transport services
- Lack of accessible taxis (many tied into school transport contracts)
- Long walking distances between interchanges
- Physical demands of multi-stage public transport journeys

Transport poverty and deprivation

Car ownership patterns show 75% of households have access to a car across the region, with lowest levels in Edinburgh (63%) and the highest in Midlothian and Borders (86%). 25% of households have no car access.

There is socio-economic variation within this spread. Areas with the highest levels of deprivation have significantly lower car ownership or access than affluent areas, whilst vulnerable households in urban areas retain cars despite financial hardship, as they are unable to rely on public transport alternatives.

With 25% of the population relying entirely on public, community or informal transport for healthcare, people in deprived areas face compounded burdens: those most likely to have complex health needs are also least likely to have car access.

Public transport journey times that are two to four times longer than car journeys when accessing primary care, or three times longer to visit a hospital, become material barriers without access to a car.

Rurality is not the only issue: 91% of people with high health deprivation and poor connectivity live in urban or semi-urban settings. Particularly affected areas include urban peripheries (e.g., south Edinburgh, parts of West Lothian), coastal towns (e.g., Leven in Fife), and rural pockets with high deprivation (Clackmannanshire, parts of Borders).

Deprivation is already associated with poorer health outcomes. Transport barriers compound this by increasing missed appointments, delaying care-seeking, creating stress and anxiety and reducing opportunities for preventive or screening appointments.

Gender and unpaid care

21% of survey respondents provide unpaid care. Most carers in the region are female (73%), which matches the number of women responding to the survey who provided care when travelling to healthcare appointments.

Carers frequently reported time pressures, reliance on others for lifts, and complexity of coordinating transport around caring responsibilities. Specific barriers for carers include difficulty in arranging and affording dual transport (for both carer and the cared-for person) and limited flexibility in appointment timing to accommodate other caring responsibilities. Survey respondents also experienced stress and anxiety managing long, complex or uncertain journeys.

Previous work by the Mobility and Access Committee for Scotland (MACS, 2019) highlights that not providing free transport for a carer to accompany the patient can be a false economy, leading to greater costs for the healthcare service.

Ethnicity

There remains a lack of specific data on transport barriers for ethnic minority communities. Most (90%) respondents to the survey provided ethnicity data, most of whom (97%) identified as white (Scottish/British/other white). Less than 1% were from Asian, African and other ethnic groups and were underrepresented compared to the regional population, which is 4% Asian, 2% African and 2% from other ethnic groups.

Rural and remote communities

In remote rural areas the average public transport journey time to the GP is 24 minutes (three times longer than in urban areas).

Parts of Clackmannanshire, Borders, rural Fife experience public transport journeys of 50 minutes or longer to hospital, with no feasible connections. Where there is bus provision in semi-accessible, rural areas, this is often only daytime or on weekdays, limited by population density that impacts the viability of frequent fixed-route services. Large rural areas may rely on a single community transport provider (e.g., Borders Wheels for the entire Scottish Borders area).

There is also limited rail access for many communities, with services having reduced over time in some areas.

Compounding issues in rural areas include the higher proportion of older adults and lower car ownership in some locations, and smaller or small numbers of GP practices due to GP mergers or relocations. Informal support networks are also more limited in areas where populations are not growing.

Young adults and sexual and gender minorities

There remains limited data on how young adults experience transport barriers to healthcare (e.g., sexual health services, mental health support). Whilst there is no specific evidence on barriers for LGBTQ+ people, this group may need to travel further for specialist services (e.g., gender identity services). They may also anxiety in accessing healthcare in unfamiliar settings, and intersectional disadvantages (being also young, poor or in a rural area). Future strategy development stages should seek to evidence potential barriers for this group.

SECTION 3: Equality impacts for the different groups

This section outlines the inequalities faced by those with protected characteristics and wider groups that the Transport to Health Strategy could address.

Age: older adults (65+, particularly 75+)

↘ Potential impacts

Older adults not only face greater mobility and accessibility challenges, they are also the group most likely to require frequent GP, outpatient and hospital care, so any increase in journey time or complexity has a disproportionate impact on their ability to access the NHS.

Mobility and accessibility challenges

- ↘ Older adults often experience reduced mobility, hearing loss, vision changes, cognitive changes.
- ↘ Long walking distances between interchanges, steep gradients, poorly maintained bus stops, difficulty boarding or alighting buses all reported as barriers.
- ↘ Without accessible transport redesign, barriers may worsen for frailer older people, increasing reliance on informal support or leading to missed appointments.

Digital exclusion and information barriers

- ↘ Older people often have lower digital confidence, with greater reliance on paper information, staff advice, personal knowledge rather than digital tools.
- ↘ If transport information is primarily delivered via apps or digital platforms without parallel non-digital routes, older people may lack information needed to plan journeys.

Service reliability and frequency sensitivity

- ↘ Older adults are more affected by service changes, closures, or frequency reductions. This Scottish Borders disproportionately affects population with 29% aged 65+
- ↘ Planned bus service changes could disproportionately impact older people, with no evidence of equality impact assessment of the proposed changes.

Health vulnerabilities and appointment frequency

- ↘ Older adults attend healthcare more frequently, compounding impact of transport barriers.
- ↘ There is a strong correlation between missing appointments and worsened health outcomes.
- ↘ Transport barriers may lead to missed preventive and screening appointments, and acute deterioration.

Driving cessation

- ↘ Some older adults cease driving due to age or health. Forced car ownership creates unexpected vulnerability.
- ↘ Rapid loss of familiar travel modes with inadequate public transport alternatives creates crisis situations for older people.

↘ Mitigation

Transport Planning Objectives (TPO3, TPO7) recognises older people as a priority group. The evidence base maps age-related deprivation and travel times, cross-referenced with literature on older people's transport needs.

Demand-responsive transport (DRT) pilots that are ongoing (e.g., Scottish Borders, Fife) could address some issue.

↘ Further evidence needed

- ↘ Impact of specific proposed interventions on journey times or complexity for older people
- ↘ Accessibility of different transport modes (bus, rail, community transport, taxi)
- ↘ Feasibility of demand-responsive services for older people across region

Disability and long-term health conditions

↘ Potential impacts

Disabled people and those with limiting long-term conditions typically have higher and more frequent contact with healthcare services than non-disabled people, including repeated outpatient appointments and ongoing primary care, which makes accessible and reliable transport to health particularly critical for this group.

Physical accessibility barriers

- ↘ Limited accessible taxis for wheelchairs (many in school transport contracts), poor accessibility at bus stops, inaccessible interchanges
- ↘ Mobility limitations include long walking distances between connecting buses, difficulties boarding or alighting
- ↘ Without systematic accessibility audit and redesign, disabled people may face worsening barriers if services change

Sensory barriers

- ↘ Poor audio announcements, crowded or noisy interchanges are more significant barriers for those with hearing loss
- ↘ Vision loss leads to difficulty reading timetables, affected more so by poor lighting at bus stops, compounding navigation challenges
- ↘ No specific data on prevalence of sensory barriers

Cognitive and mental health barriers

- ↘ Complexity of multi-stage journeys, need to read multiple timetables, anxiety in unfamiliar environments or linked to long or uncertain journeys, which information improvement alone may not address there is a need for simplified journeys and consistent service

Carer support gaps

- ↘ Inconsistent patient escort rules across transport services
- ↘ Health conditions affect toilet access needs (breaking journeys)
- ↘ Formal carer support (e.g., to accompany patient) often not funded
- ↘ Disabled people may be unable to travel independently, with reliance on informal carers (often family, frequently women) increasing vulnerability

Frequent appointments and cumulative burden

- ↘ Regular outpatient care (oncology, dialysis, physiotherapy) compounds impact of long journeys
- ↘ Fatigue, stress accumulation, cost burden all multiply with frequency
- ↘ Disabled people with complex needs may face greatest cumulative burden

↘ Mitigation

TPO3 explicitly targets accessibility for disabled people and Case for Change process engaged with disabled people's organisations and captured lived experience.

Recognition in Case for Change of need for personalised support and potential for demand-responsive transport and door-to-door services.

↘ Further evidence needed

- ↘ Systematic accessibility audit of current transport network
- ↘ Impact assessment of specific proposed interventions on different disability groups
- ↘ Cost-benefit analysis of accessibility improvements vs. cost of missed appointments
- ↘ User-led design process for accessible services

Gender (with focus on unpaid carers and women)

↘ Potential impacts

Unpaid carers are frequent users of NHS services in their own right and play a central role in enabling the person they care for to attend appointments, with survey evidence suggesting that almost all carers have supported someone to attend at least one hospital appointment in the last year.

Women and pregnant people are more likely to be travelling with prams, young children or pregnancy-related mobility and comfort needs, and are simultaneously required to attend frequent maternity appointments, which makes them especially vulnerable to long, complex or inaccessible public transport journeys.

Unpaid care responsibilities and time poverty

- ↘ Most people providing care when travelling to healthcare are women
- ↘ Time pressures, complexity of coordinating multiple journeys, stress
- ↘ Care responsibilities often constrain flexibility in timing of healthcare journeys
- ↘ Without childcare-friendly services or support for carer transport, gendered care burden intensifies

Transport cost burden

- ↘ While not universally reported, cost barriers are significant for some
- ↘ Cost burden multiplies for carers accompanying patients on regular journeys
- ↘ Women carers from low-income backgrounds are most affected

Safety and personal security

- ↘ Women using public transport may experience or fear sexual harassment or assault
- ↘ Waiting at isolated bus stops, travelling at off-peak times
- ↘ No specific data on safety concerns

Gendered health conditions

- ↘ Pregnancy and maternity-related appointments often require specialist travel
- ↘ Miscarriage or termination services may require confidential travel options
- ↘ Unequal access to women's health screening services
- ↘ Limited consideration to date of reproductive health appointment journeys

↘ Mitigation	Case for Change disaggregates gender data on carers and carers' perspectives are explicitly cited. There is recognition of carers' distinct transport needs in TPO5 (coordination and clarity of information). Potential for flexible or demand-responsive transport to accommodate caring responsibilities
↘ Further evidence needed	↘ Specific consideration of how proposed interventions will support carers. ↘ Engagement with women's health services on transport barriers to appointment attendance. ↘ Safety audit and mitigation strategies for women using public transport.

Rurality and geographic isolation

↘ Potential impacts	Journey time and service frequency ↘ Public transport journey to hospital 50-90+ minutes with multiple interchanges required ↘ Service frequency is often single daily service or inter-daily services ↘ Without targeted intervention, rural residents remain locked out of timely hospital access Structural service gaps ↘ Fixed-route services often not viable in low-density areas ↘ Community transport capacity constraints (e.g., Borders Wheels serves entire Scottish Borders) ↘ Demand-responsive transport limited and often expensive ↘ Service gaps may widen if public transport operator reduces services further Appointment scheduling misalignment ↘ Early-morning hospital appointments cannot be reached by public transport (no early buses) ↘ No weekend services and afternoon appointments are also difficult ↘ Rural patients are forced to miss or reschedule appointments with no choice about timing Informal support dependency ↘ Rural residents often rely on lifts from family or friends

- ↘ Limited taxi capacity creates vulnerability (when told to get a taxi, research survey respondents report there are sometimes none available)
- ↘ Dependency on informal support creates stress and unpredictability

Compounding disadvantages

- ↘ Rural areas show higher proportion of older adults in some locations
- ↘ Rural deprivation pockets have lower car ownership
- ↘ GP closures (e.g., Chirnside, Coldingham) push primary care further away

↘ Mitigation

Case for Change has systematically mapping of journey times by urban-rural classification, origin-destination modelling showing spatial patterns of disadvantage.

Community transport operators have been explicitly engaged.

Demand-responsive transport trials are ongoing.

TPO6 recognises the need for different solutions in rural vs. urban contexts (TPO6).

Potential opportunity for local and community-based care to reduce travel distance (TPO Opportunity 2).

↘ Further evidence needed

- ↘ Detailed cost-benefit analysis of community and demand-responsive transport expansion
- ↘ Modelling of impact of potential public transport reductions on rural communities
- ↘ Feasibility assessment of appointment scheduling aligned with transport availability

Deprivation and socio-economic disadvantage

↘ Potential impacts

People in more deprived communities experience a higher burden of disease and poorer health outcomes, which leads to higher need for NHS care; transport barriers in these areas therefore translate directly into unmet need and increased risk of avoidable deterioration.

Transport cost accumulation

- ↘ Transport costs affect attendance at appointments
- ↘ For frequent appointments (oncology, dialysis, physiotherapy), costs accumulate
- ↘ Public transport fares, rail and taxis compound costs for those with accessibility needs

- ↘ Lack of multimodal ticketing means each leg costs separately
- ↘ People from low-income backgrounds attending frequent appointments face cumulative financial barriers

Forced car ownership or inadequate alternatives

- ↘ Deprived communities have lower car ownership (no choice) and others face forced car ownership (creating a debt trap). Either scenario limits resources for healthcare: no car = long journeys; forced car = financial vulnerability
- ↘ Further financial hardship for already vulnerable populations

Accessibility of reimbursement schemes

- ↘ NHS reimbursement process complex, requires payment upfront then reimbursement
- ↘ Many healthcare professionals unable to advise on access or eligibility
- ↘ People without savings are unable to afford upfront costs and miss opportunities for reimbursement

Compounding health inequalities

- ↘ Deprivation already associated with poorer health outcomes
- ↘ Transport barriers prevent access to preventive and screening for early intervention care
- ↘ Missed appointments correlate with worse health outcomes
- ↘ Transport barriers deepen existing health inequalities

Digital exclusion

- ↘ Deprivation correlates with limited digital access and skills
- ↘ If transport information or booking is primarily digital, low-income households may be excluded
- ↘ Information asymmetry: those most able to pay can overcome complex journeys through taxis, while those least able cannot

↘ Mitigation

TPO2 explicitly targets improving access for people without car access. Community transport focus recognises affordability issues, with future option development to include cost implications.

The Case for Change recognises the need to reduce journey complexity (which increases reliance on expensive alternatives such as taxis).

↘ Further evidence needed

- ↘ Detailed cost analysis of transport barriers across deprivation deciles
- ↘ Audit of reimbursement scheme accessibility and uptake
- ↘ Modelling of how proposed interventions will impact lowest-income households

- Consideration of subsidised or free transport options for low-income households attending frequent appointments

Race and ethnicity

Potential impacts

Language and information barriers

- Ethnic minority populations may have limited English proficiency
- Timetables, signage, announcements predominantly in English
- Information barriers prevent journey planning and access to support

Cultural and religious considerations

- Prayer or worship facilities may be lacking at healthcare sites or transport hubs
- Gender-segregated or culturally appropriate care preferences may not be available at allocated or closest settings
- No data on whether transport planning considers cultural needs

Trust and safety

- Ethnic minority communities may face discrimination in transport settings
- Safety concerns using public transport in areas of racial tension
- No data on lived experience of ethnic minority patients

Health disparity intersection

- Some ethnic minority groups experience health disparities
- Transport barriers compound access to healthcare for conditions affecting specific groups, with potential for worsened health outcomes for ethnic minority communities

Mitigation

Partnership approach with NHS Boards provides opportunity for detailed Health Board Equality Impact Assessments.

Systematic mapping of deprivation patterns and car access has been undertaken.

Further evidence needed

- Survey response heavily skewed to white population: further data needed on how ethnic minority communities experience transport barriers
- Community engagement with ethnic minority communities in next phase
- Specific consultation on information accessibility (language, formats)

- Review of cultural and religious needs in healthcare transport planning as part of evidence base

Pregnancy, maternity, paternity, and family status

Potential impacts

Pregnancy and the postnatal period typically involve multiple planned NHS contacts, including regular midwife, GP and hospital appointments, so pregnant people are intensive users of health services over a relatively short period of time. Standard maternity pathways mean that most pregnant people will have around 8 to 10 face-to-face antenatal appointments, plus additional visits where there are clinical concerns, making reliable and affordable transport to health particularly important during pregnancy.

Pregnant women and transport barriers

- Pregnant women need regular antenatal appointments
- Physical discomfort on long journeys, with greater mobility changes and accessibility needs
- Limited specific data on pregnant women's experiences

Parents accompanying children

- Dual transport costs (self plus child or children)
- Need for child-friendly facilities at stops and on vehicles
- Mothers often primary carers, introducing a care coordination burden
- Cost barrier may prevent parents from attending healthcare with children

Single parents

- Often from lower-income households
- Limited flexibility for complex journey planning
- Higher likelihood of missing appointments

Mitigation

Carers' needs recognised in TPO5. Community transport can provide family-friendly options, demand-responsive transport could accommodate children.

Further evidence needed

- Specific consideration in future option development of family-friendly transport features
- Great engagement with maternity services and children's health services on transport barriers

SECTION 4: Cross-cutting equality issues

Intersectionality

Many individuals experience multiple intersecting inequalities. Examples identified in the evidence base include:

Case 1: Older, disabled, rural, low-income woman

- Lives in remote Borders with no car, partner recently passed away
- Has diabetes and mobility impairment
- GP relocated, nearest is 20 minutes' walk (cannot manage)
- Hospital in Melrose 45 minutes by public transport (two buses, one interchange)
- Lives on fixed pension income, cannot afford taxi frequently

↘ Cumulative impact: reduced access to primary care, complex barrier to hospital care, reliance on irregular community transport, financial vulnerability, social isolation, worsening health outcomes

Case 2: Young, low-income, non-driver carer living in semi-rural area

- Provides unpaid care to ageing parent
- Works part-time, attending GP with parent requires juggling multiple responsibilities
- No flexibility in appointment timing
- Cost of transport adds to financial precarity

↘ Cumulative impact: Time poverty, financial stress, risk of missing carer's own health appointments, burnout

Case 3: Disabled person of ethnic minority background living in deprived urban area

- Limited English proficiency, digital access limited
- Chronic health condition requiring frequent hospital appointments
- Wheelchair user, accessibility barriers on buses (long walk to stop, barriers, inaccessible interchange)
- Experiences racism on public transport, safety concerns

↘ Cumulative impact: Multiple information barriers, accessibility barriers, safety concerns, cost burden, health deterioration

Positive equality duties

Beyond avoiding negative impacts, public bodies have duty to advance equality and foster good relations. Opportunities in the Transport to Health Strategy include:

1. Advancing equality of opportunity: improving transport to healthcare directly enables more equal access to health services. Reducing transport barriers particularly benefits disabled people, older adults, and low-income households. This could actively improve health outcomes for disadvantaged groups.

2. Reducing transport poverty: targeted improvements to community transport, demand-responsive services could directly address transport poverty, while affordable or free transport options could support low-income households.
3. Fostering good relations: cross-sector partnership (transport, health, communities sectors) builds shared understanding, while engagement with disabled people's organisations and community groups strengthens relationships. This can improve how community transport providers recognised and valued.

SECTION 5: Evidence gaps and limitations of assessment

Consultation and engagement gaps

There is no specific consultation with ethnic minority communities, and limited engagement with LGBTQ+ health services or communities. There is also limited engagement with mental health users and consultation could be more accessible to people with communication support needs (deaf, British Sign Language users, etc.).

The survey evidence snapshot from October to November 2025 may not capture seasonal variations or recent service changes. As this is an assessment at the Case for Change stage, the impacts will need reassessment at option development and detailed appraisal stages.

Population projections to 2032 are identified, but not systematically linked to equality impacts.

SECTION 6: Further work for strategy development phase

Further work for the next phases of the Transport to Health Strategy development should consider the following points:

1. Expand evidence base on underrepresented groups:
    a. Ethnic minority communities
    b. LGBTQ+ health services and communities
    c. Mental health services and service users
    d. Women's health services (maternity, reproductive health, women's mental health)
2. Accessibility audit and user-led design
    a. Systematic audit of accessibility of current transport network (bus, rail, community transport, taxi)
    b. User-led co-design process involving disabled people
    c. Consider accessibility standards (e.g., British Standard for accessible urban design)
3. Carer and unpaid care considerations
    a. Specific work with carer organisations to understand transport needs

   b. Consider subsidised or free carer transport
   c. Review reimbursement scheme accessibility

4. Cost-benefit analysis with equity focus
   a. Standard cost-benefit analysis plus equity considerations
   b. Who benefits financially from interventions?
   c. Who bears the costs?
   d. Consider progressive pricing (those with more ability to pay subsidise those with less)
5. Information accessibility and multi-lingual support
   a. Audit current transport information accessibility (formats, languages, digital/non-digital)
   b. Ensure information accessible to people with visual, hearing, cognitive impairments
   c. Provide non-digital routes
6. Safety and security
   a. Consult with women's safety groups, ethnic minority communities on safety concerns
   b. Review of CCTV, lighting, staffing at transport hubs
   c. Training for transport workers on equalities and anti-discrimination
7. Appointment scheduling and transport alignment
   a. Work with NHS Boards to identify how appointment scheduling can be aligned with transport availability
   b. Consider flexible, remote consultations where appropriate to reduce unnecessary travel
8. Community transport integration and funding
   a. Systematic review of community transport capacity and sustainability
   b. Work with providers to understand funding gaps and barriers to expansion
   c. Consider how statutory funding can support community transport expansion
   d. Ensure community transport is visible and accessible to people who need it

Next steps

This Case for Change establishes a robust, region-wide evidence base for Transport to Health across the SEStran area. The Problems, Opportunities, Issues and Constraints identified in this report will inform the next stage of work to develop a Regional Transport to Health Strategy.

The next phase will focus on:

- Refining and agreeing the Transport Planning Objectives with partners
- Developing a longlist of potential interventions aligned to these objectives
- Undertaking initial sifting to identify feasible and impactful options
- Considering distributional and equality impacts alongside deliverability and value for money

This work will be taken forward collaboratively with NHS Boards, local authorities, transport operators, community transport providers and third-sector partners. Ongoing engagement and further qualitative insight, including planned focus groups and pop-up engagement, will continue to inform the development and refinement of options.

APPENDIX A:

Survey Response Overview

Appendix A: Public survey response overview

SEStran Transport to Health Case for Change: Public consultation

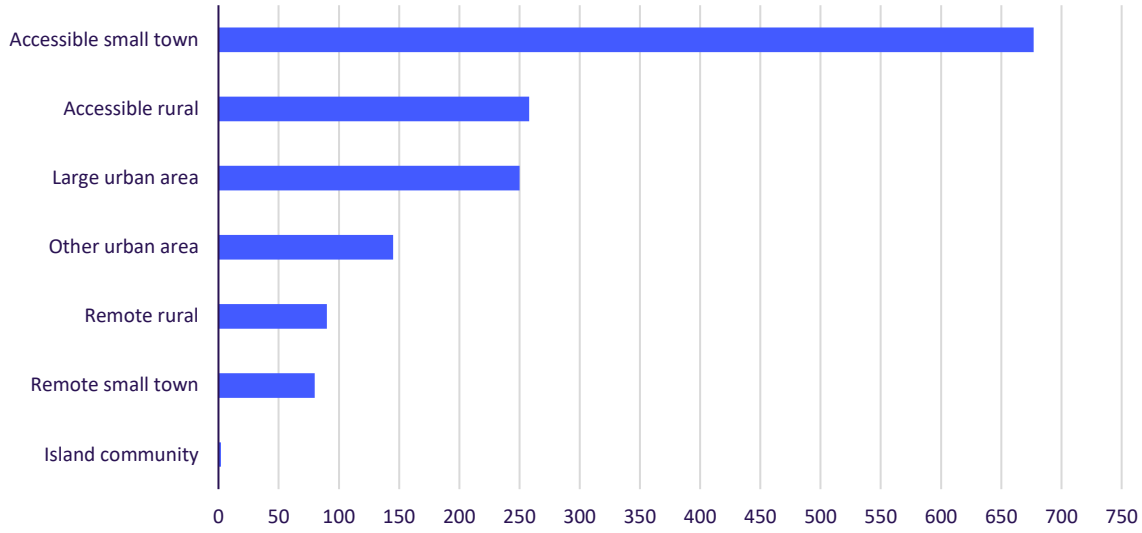
The survey analysis below relates to the public consultation phase of the SEStran Transport to Health Case for Change development. The consultation was delivered through a public survey, supported by a paid advertising campaign that ran for three weeks. The survey was open for six weeks in total. It was primarily accessible online, with paper copies available on request.

Q1 What are the first 4-5-digits of your postcode? (e.g., EH8 1, TD15 2)

Responses: 1346

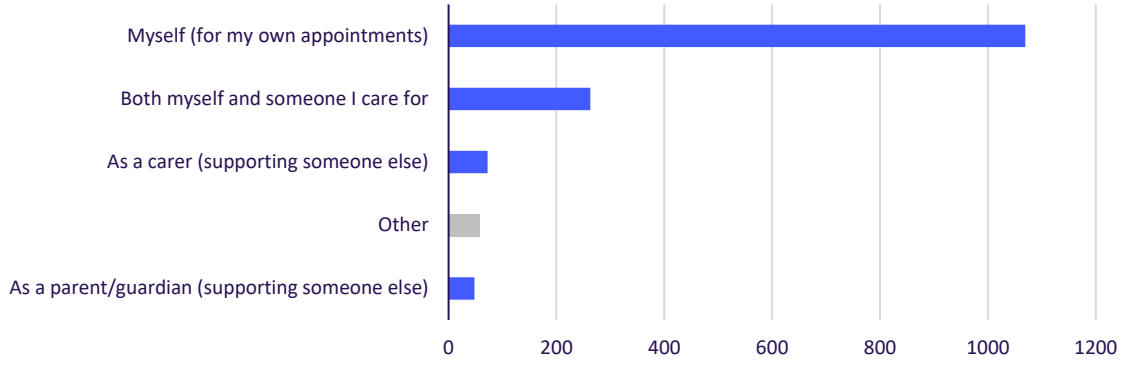
Q2 Which do you feel best describes where you live?

Responses: 1502



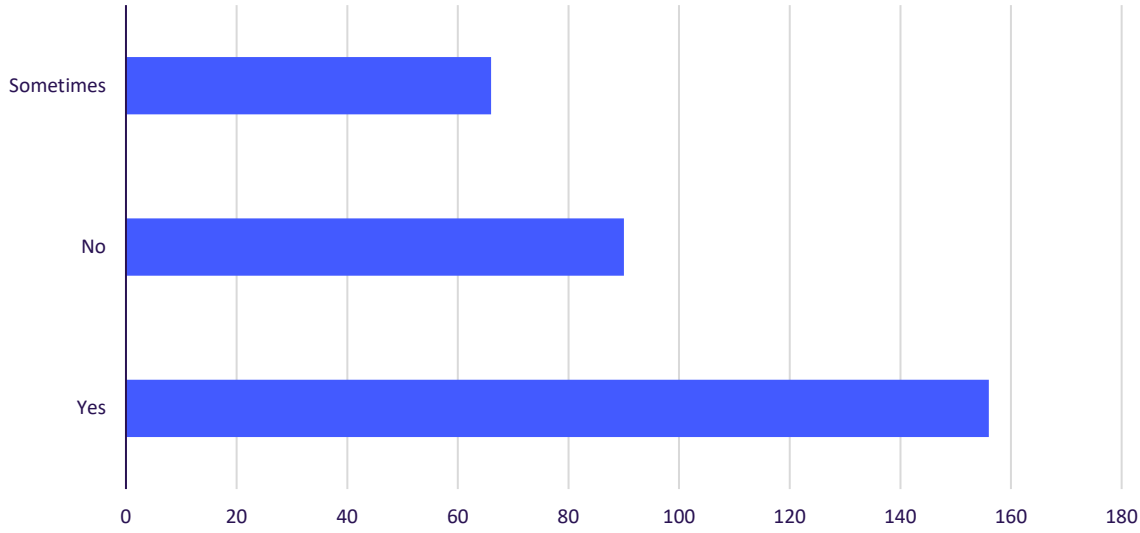
Q3 Who are you usually travelling for when attending healthcare appointments?

Responses: 1510



Q4 If you are a carer, does transport affect your ability to support or attend appointments?

Responses: 312



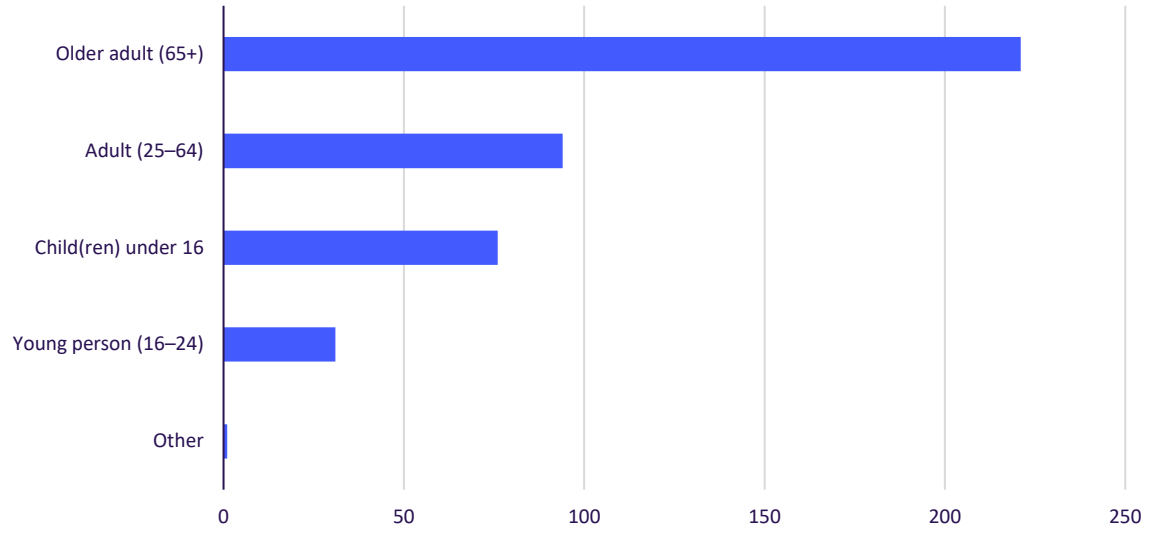
Q5 Please briefly describe any challenges you face as a carer when arranging or using transport for healthcare appointments.

Responses: 203

Random sample of responses
Difficult to get parked, patient transport won't come to our home (single lane country road). Can't get to public transport stops as they are over 2 miles away.
Child has severe motion sickness; long distances force us to disembark and walk for hours.
When the person I care for can't drive, it takes all day to go to hospital and back home
There is no longer a bus service so my mother cannot travel on her own. I therefore have to take time off work to drive her. There is no local minor injuries or accident emergency, so we also have a long journey into Edinburgh for that.
I don't drive so rely on public transport and living at the opposite side of the city to the hospital takes almost 1.5 hours each way.

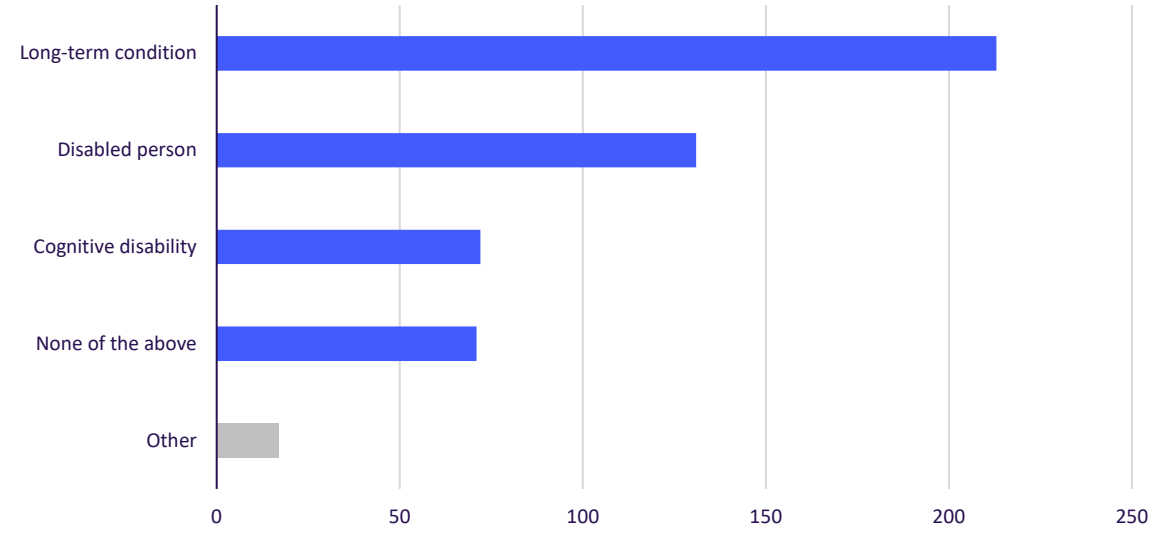
Q6 Who do you usually support when travelling to healthcare appointments? (Tick all that apply)

Responses: 423



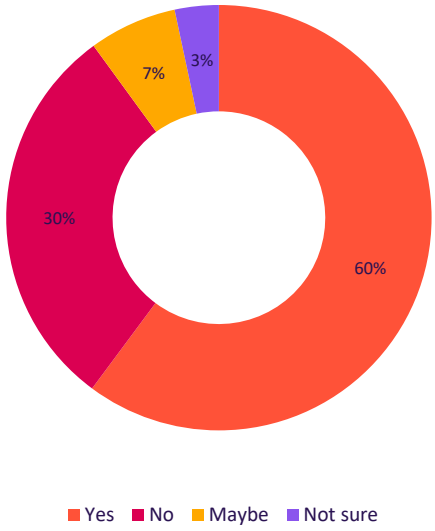
Q7 Does the person you support fall into any of the below categories (Tick all that apply)

Responses: 504



Q8 Do the people you support face any additional transport barriers? (e.g. mobility, accessibility, cost, confidence, safety, communication or language barriers)

Responses: 359



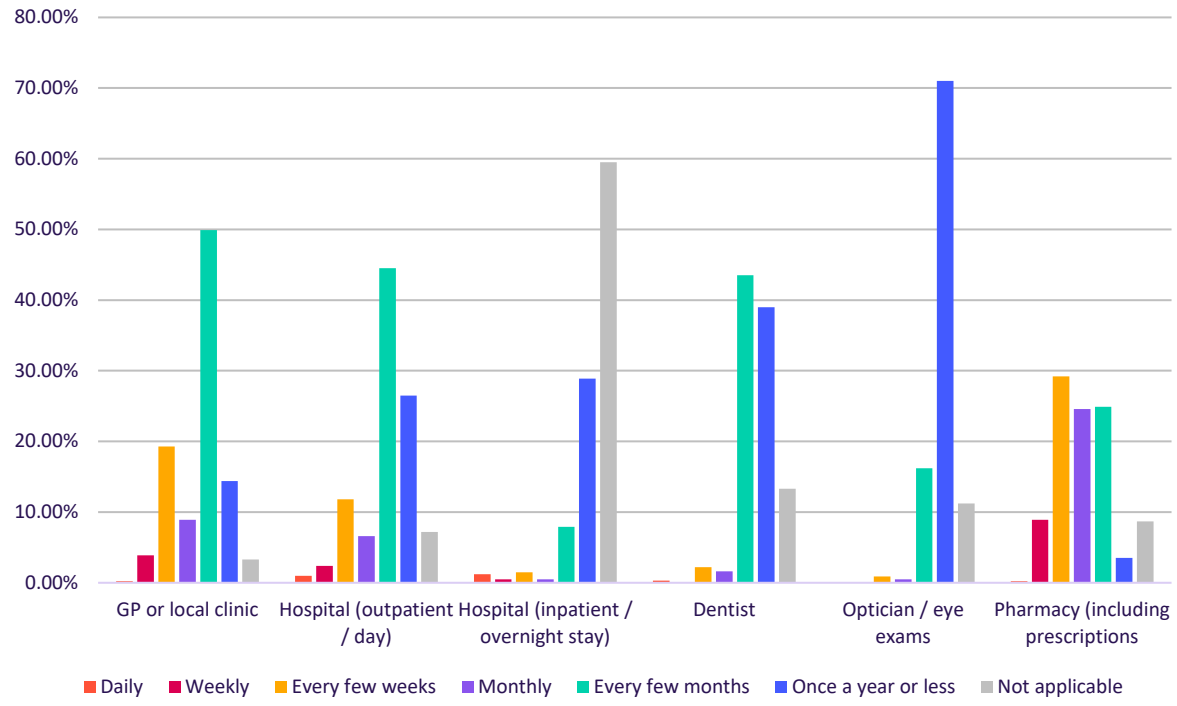
Q9 Do the people you support face any additional transport barriers? (e.g. mobility, accessibility, cost, confidence, safety, communication or language barriers), Please describe briefly

Responses: 203

Random sample of responses
Lack confidence to make journeys by bus due to visual impact of health condition and challenges in communicating and dealing with Interchange between services
Person uses Electric Wheelchair due to poor mobility. Also has difficulties communicating and understanding
My husband and I both have mobility issues requiring expensive taxi fares which living on benefits we can't afford
Frail, elderly sometimes confused
not be able to travel with the local bus provider because if not being allowed folding mobility scooter in bus even when folded up

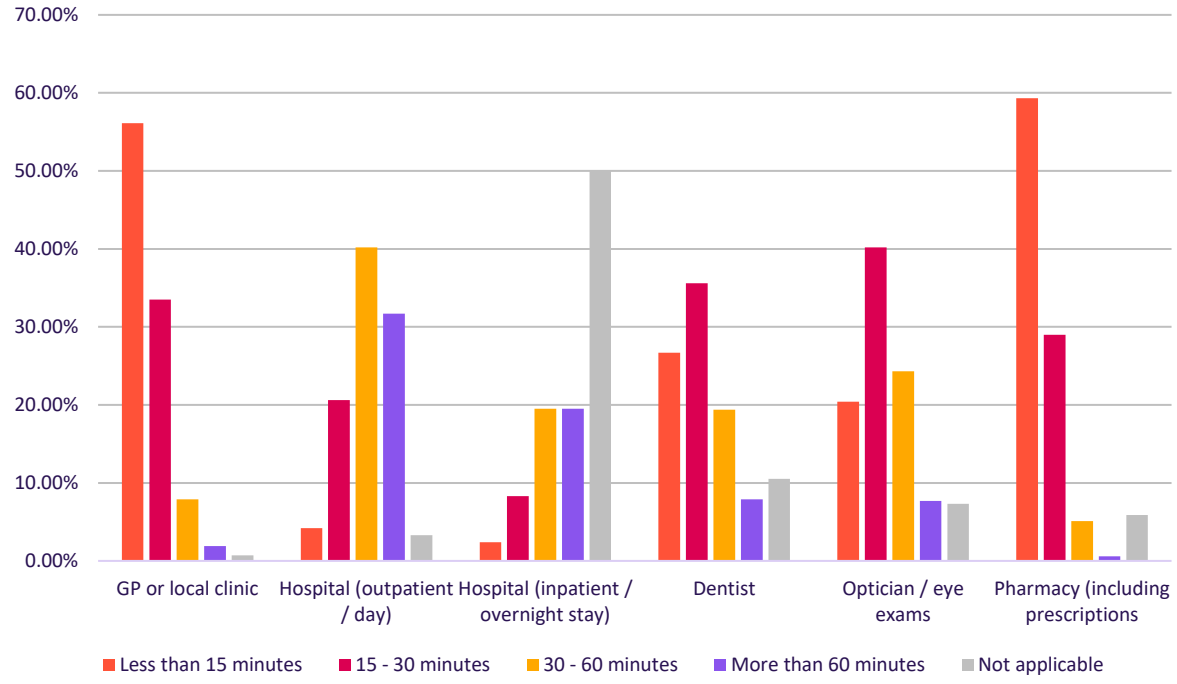
Q10 In the past 12 months, how often have you or someone you support travelled for the following types of healthcare?

Responses: 1447



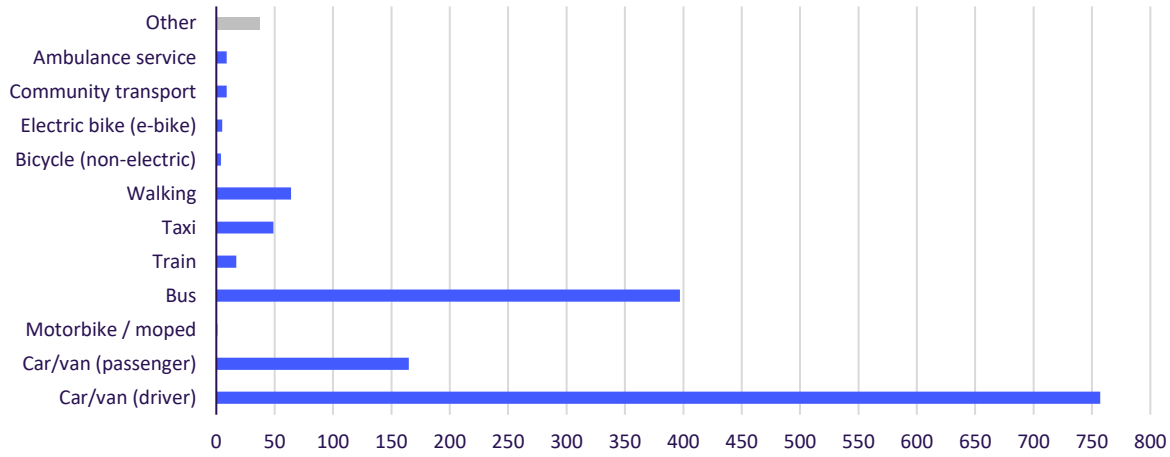
Q11 How long is your usual journey to a healthcare appointment (one way)?

Responses: 1470



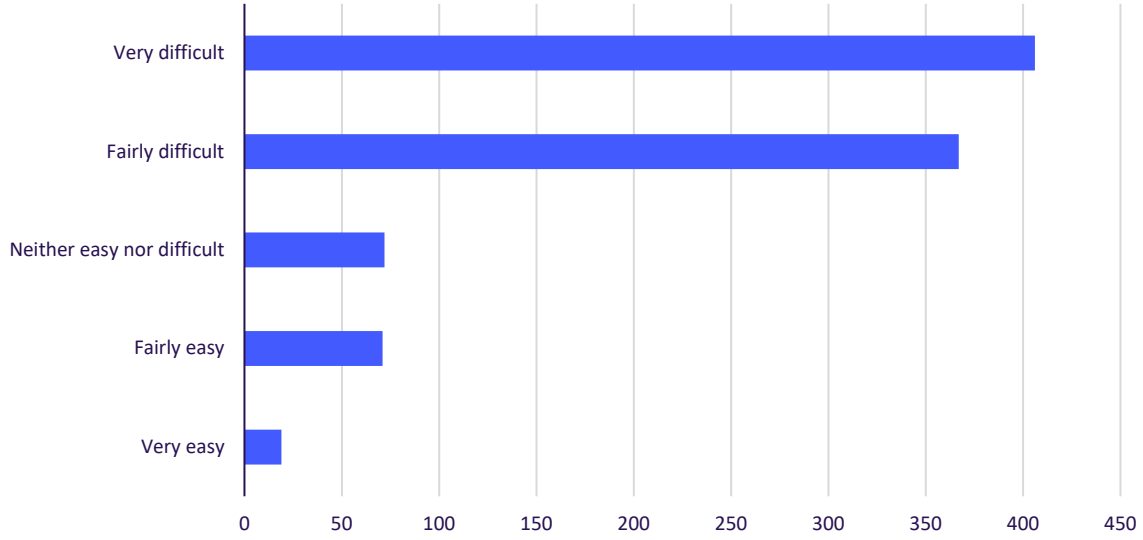
Q12 What is your main mode of transport you usually use to travel to healthcare appointments?

Responses: 1514



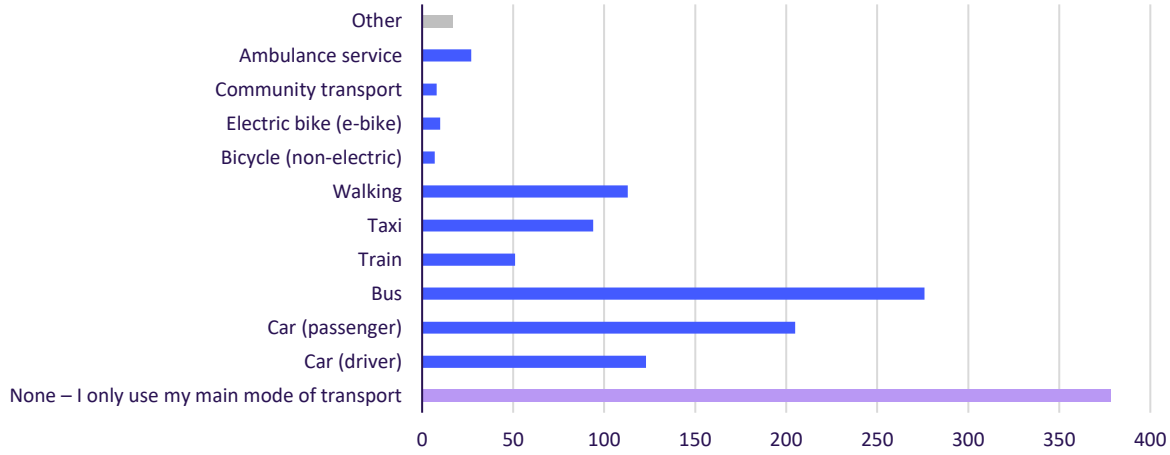
Q13 How easy would it be to attend without using a car/van?

Responses: 935



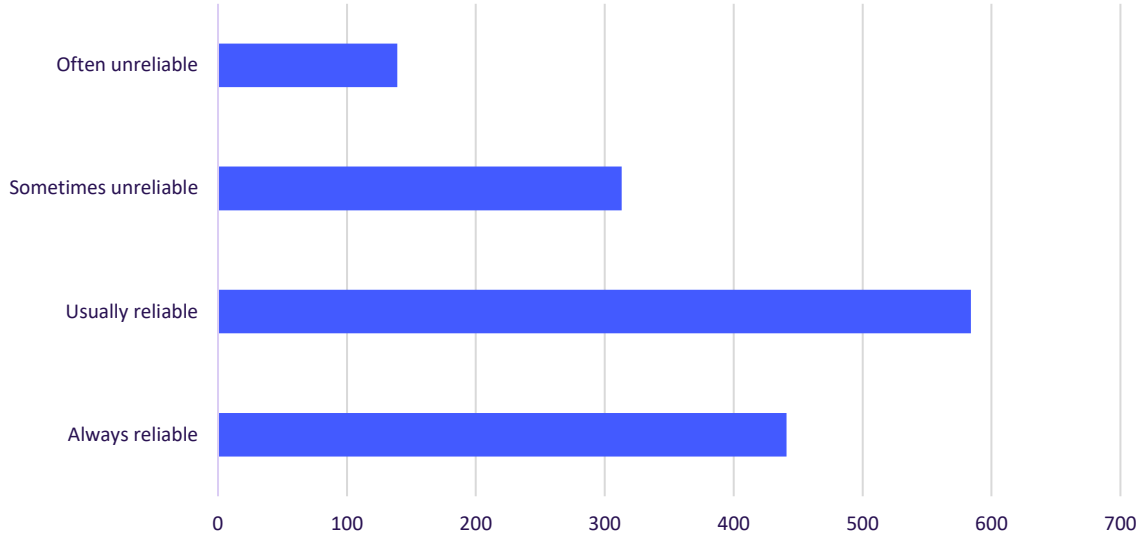
Q14 Do you rely on any other types of transport to reach healthcare appointments - for example, when your main option isn't available, or for certain trips?

Responses: 1309



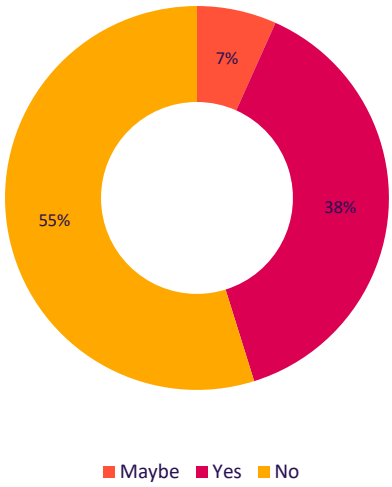
Q15 How reliable do you find the transport you usually use for healthcare?

Responses: 1477



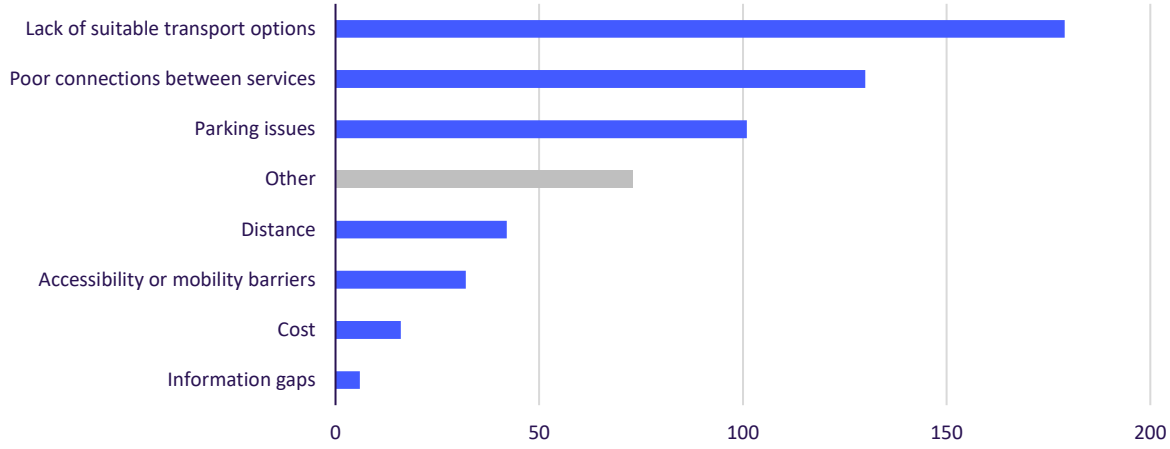
Q16 Have you ever missed or delayed a healthcare appointment due to transport issues?

Responses: 1505



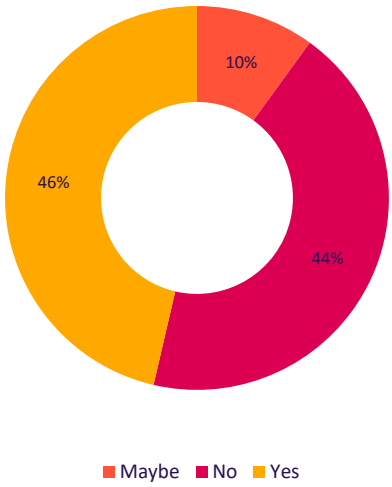
Q17 If yes, what was the main reason? Tick any that apply:

Responses: 579



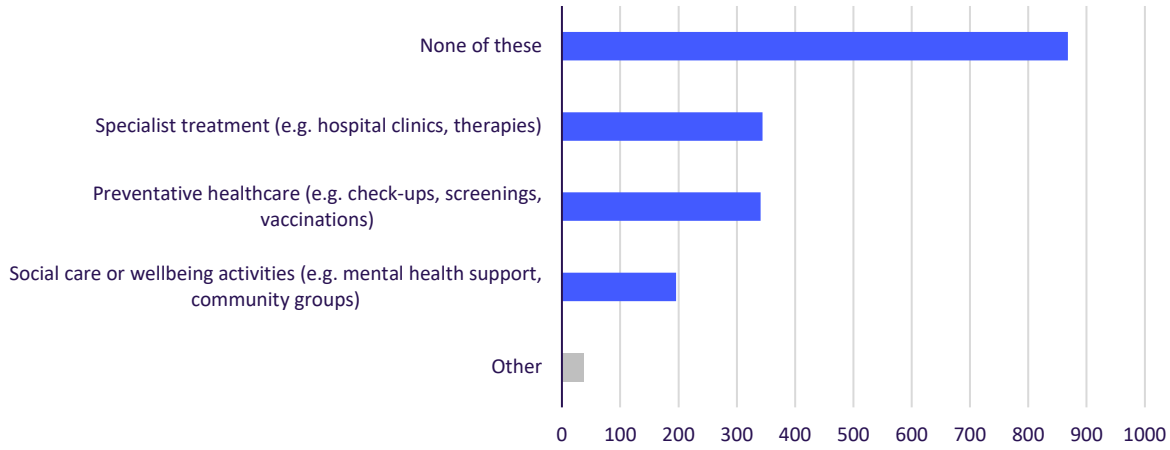
Q18 Have transport issues ever affected your health or wellbeing?

Responses: 1499



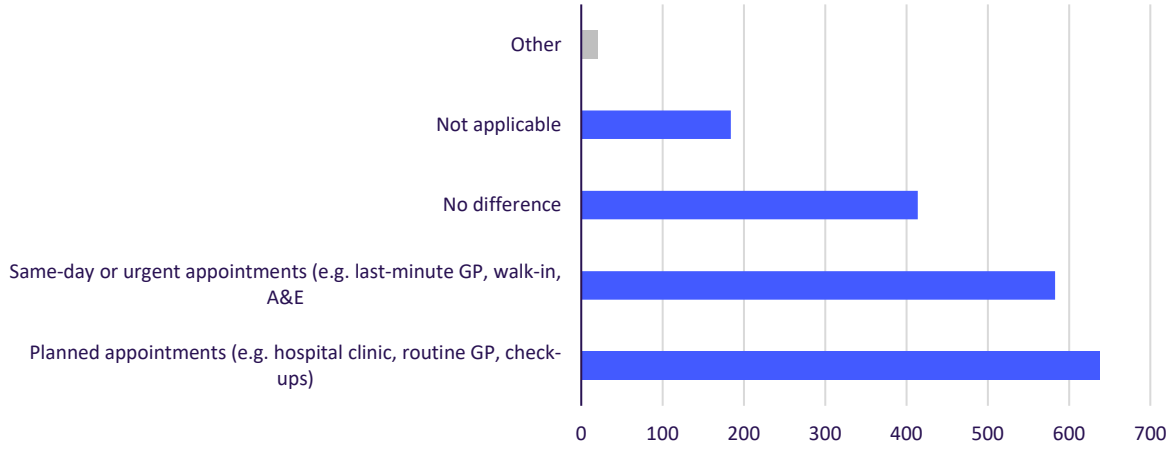
Q19 Have transport difficulties ever prevented you from accessing any of the following? (Tick all that apply)

Responses: 1786



Q20 Do transport challenges affect you differently depending on the type of appointment? (Tick all that apply)

Responses: 1839



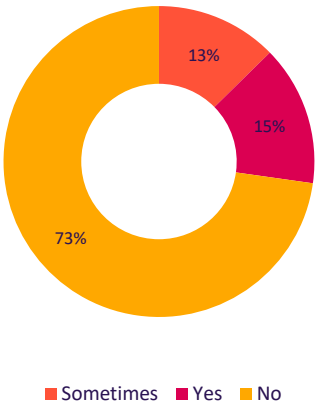
Q21 Please briefly tell us more about any differences or challenges you experience when travelling to different types of appointments. (Optional)

Responses: 984

Random sample of responses
require to travel to city (Western Hosp) so use car then train then bus and walk then reverse on return journey.
Given appointment to attend Borders General Hospital which is 23 miles each way Unable to attend as Transport informed booking stop @ midday no other advice given
With unplanned and more urgent appointments, especially at weekends or evenings, infrequent bus service and bus journey can mean that the only option is an expensive taxi
Issues with parking for hospital appointments, GP are fine, dentist within walking distance but the hospital is a nightmare & due to this have been just about late for appointment
Out of hours appointments not easy to get to without a car

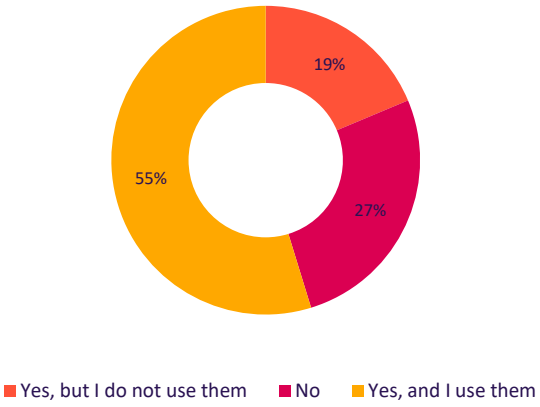
Q22 Do transport costs affect your decision or ability to attend healthcare?

Responses: 1487



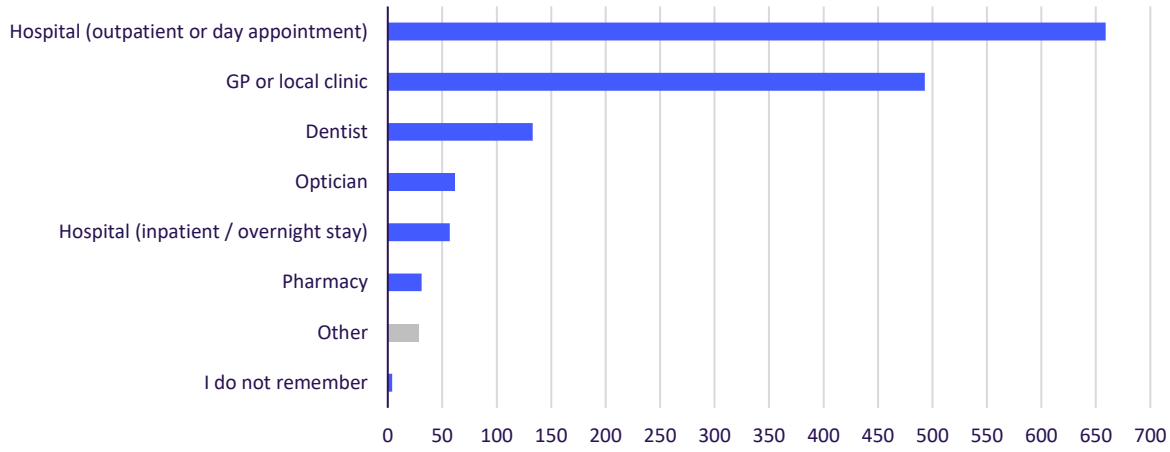
Q23 Are you eligible for and do you use a free bus pass or other travel concessions?

Responses: 1484



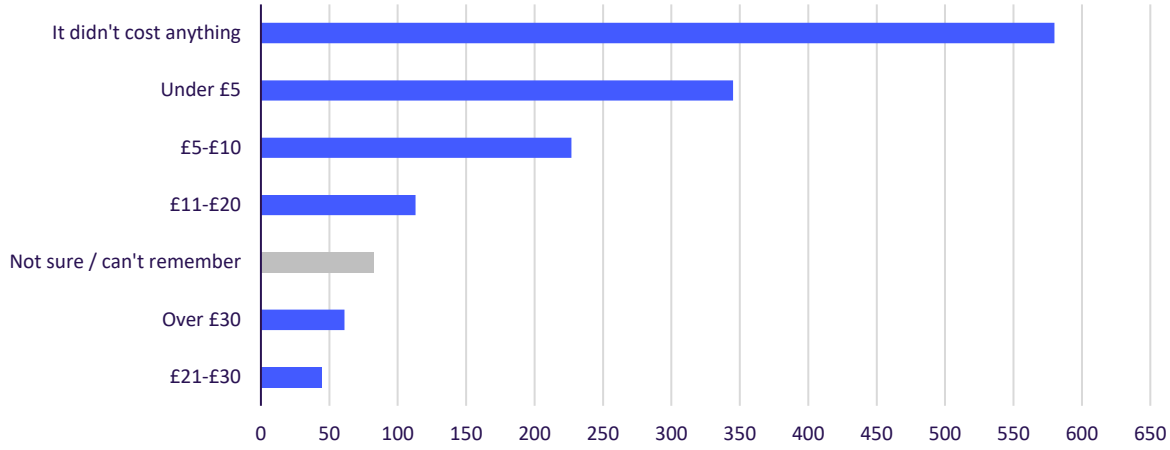
Q24 Thinking about your most recent healthcare appointment, what type of appointment was it?

Responses: 1466



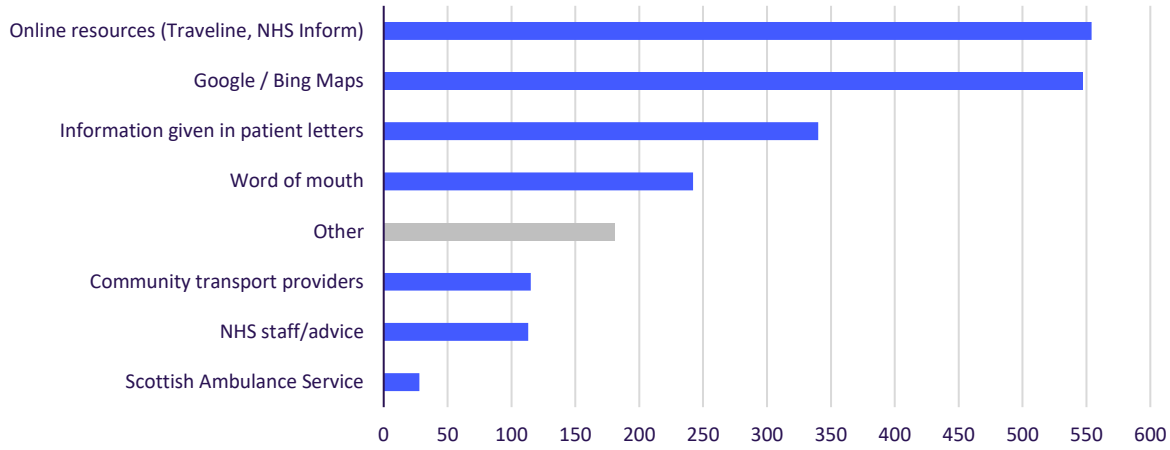
Q25 Roughly, how much did your return journey cost for this appointment?

Responses: 1452



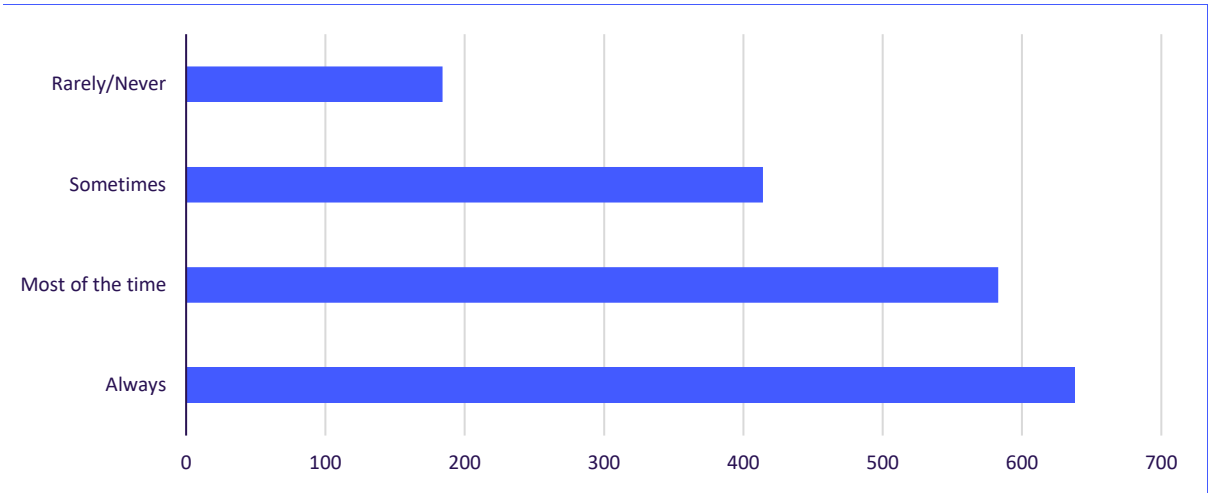
Q26 Where do you usually get information on travel options to healthcare? (tick all that apply)

Responses: 2120



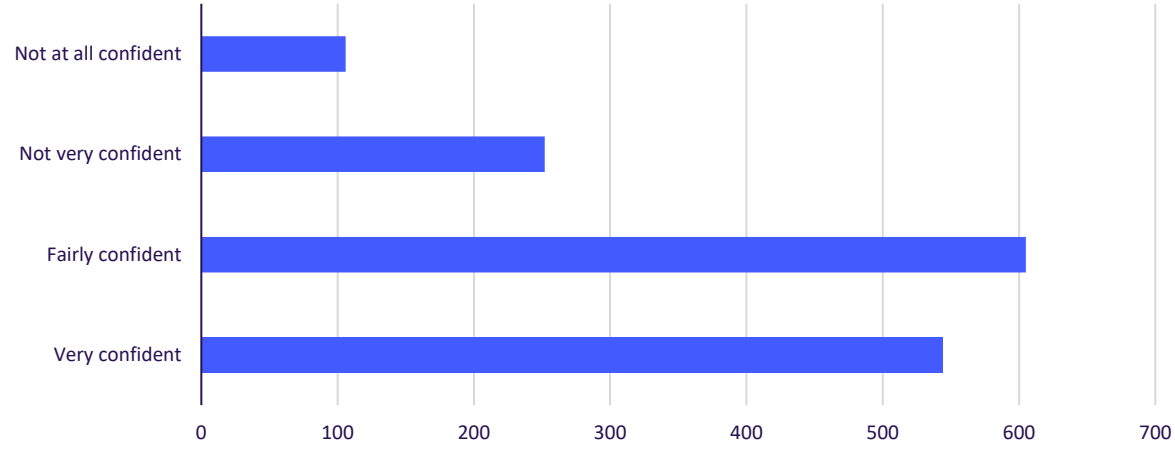
Q27 The information I need about travel (routes, times, reimbursement, carer support) is easy to find and understand.

Responses: 1819



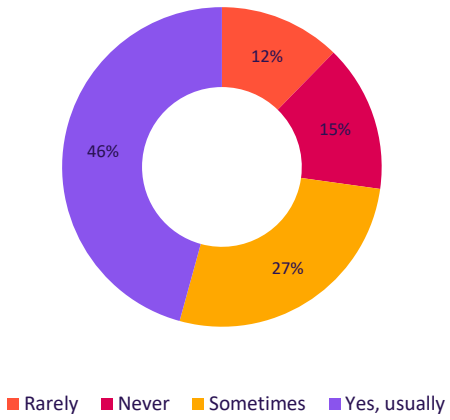
Q28 How confident are you using online/digital tools to find travel information or book transport?

Responses: 1507



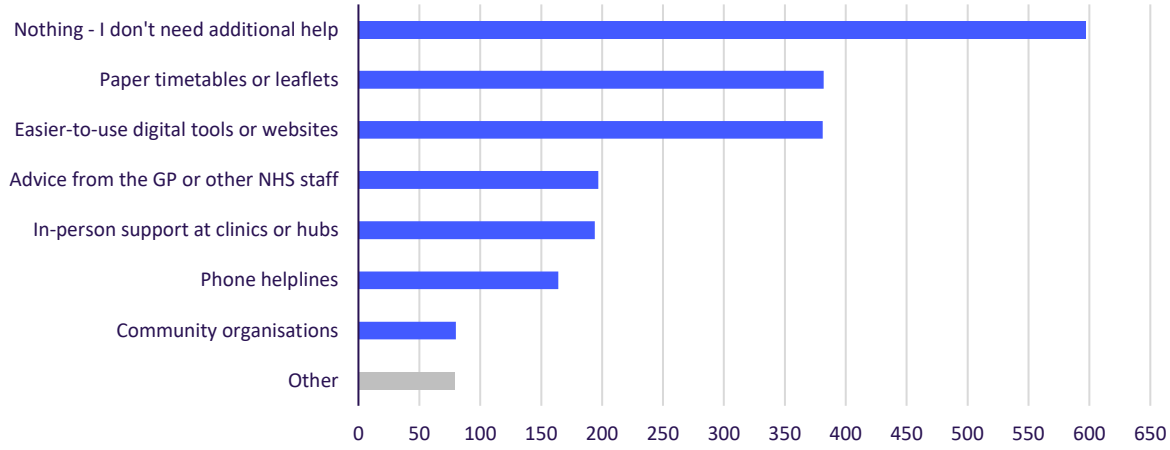
Q29 Do you usually use online or digital tools to find travel information or book transport?

Responses: 1511



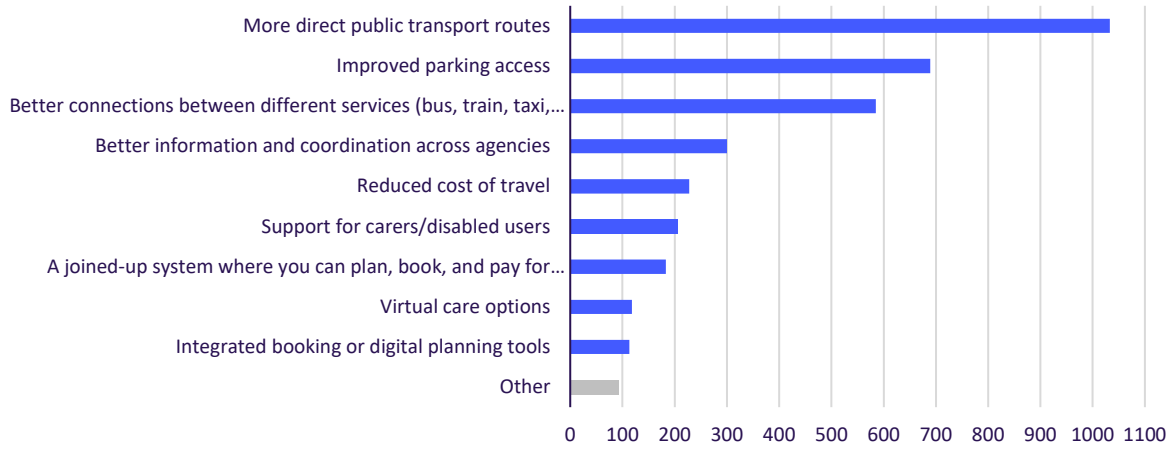
Q30 What would make it easier for you to find travel information or book transport?

Responses: 2074



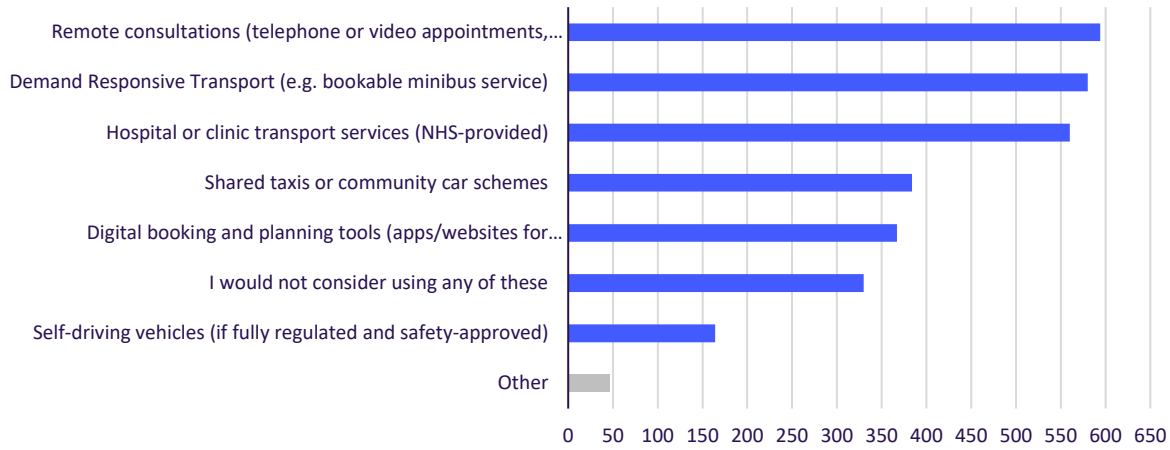
Q31 What would be the top 3 things that would most help you get to healthcare appointments?

Responses: 3548



Q32 Would you consider using any of the following to help you access healthcare, if they were available in your area? (Tick all that apply)

Responses: 3025



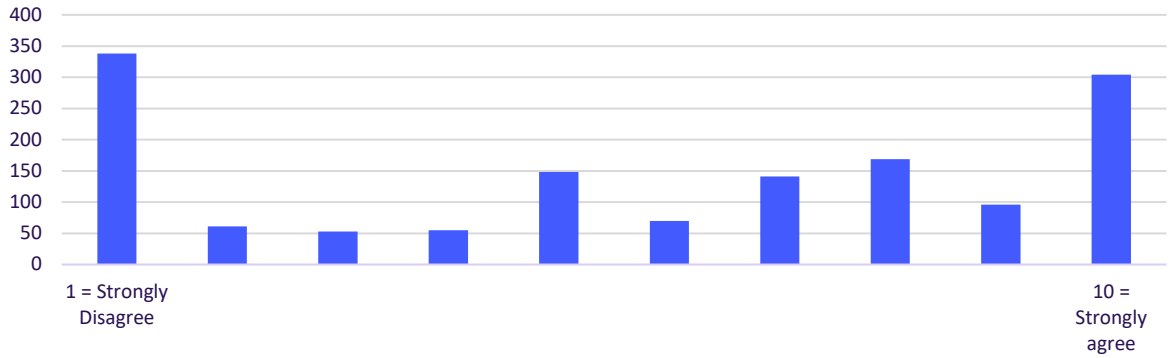
Q33 Are there particular services or locations where transport barriers are worst?

Responses: 1016

Random sample of responses
All of them because there is no public transport and none of these services are in my immediate community, closest is 8 miles away
Victoria Hospital Kirkcaldy. Parking situation horrendous
Victoria hospital Kirkcaldy's. Dentist is now in St Andrews 45 mins drive (plus parking) as I cannot get local … this is very costly in fuel etc and time off work
Royal Infirmary of Edinburgh/RHCYP/DCN is hard to access from any area of Midlothian via public transport with very limited direct links I also cannot reach the community hospital via public transport
Edinburgh Western Infirmary has inadequate parking and barriers always breaking. Dental hospital is too difficult to get to from train station if walking is a problem. I paid £10 in a taxi

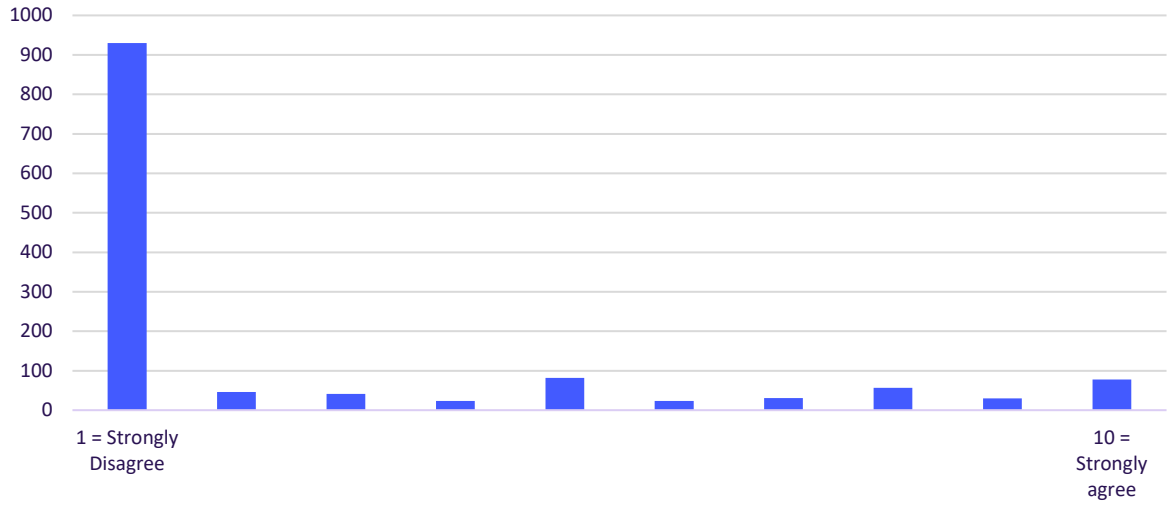
Q34 Physical disability or mobility issues make travel to healthcare more difficult for me or someone I support.

Responses: 1435



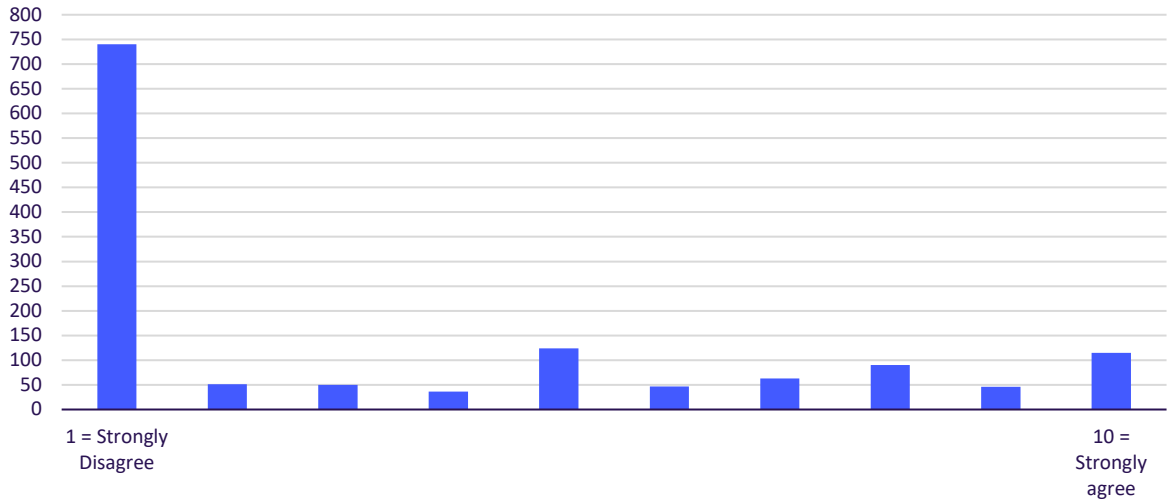
Q35 A learning disability makes travel to healthcare more difficult for me or someone I support.

Responses: 1341



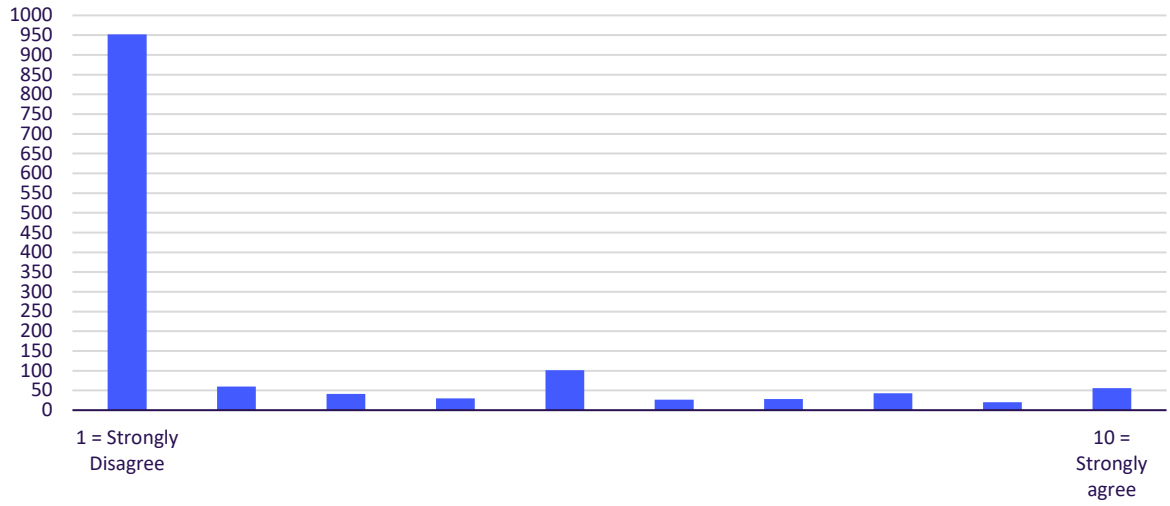
Q36 Mental health conditions make travel to healthcare more difficult for me or someone I support.

Responses: 1362



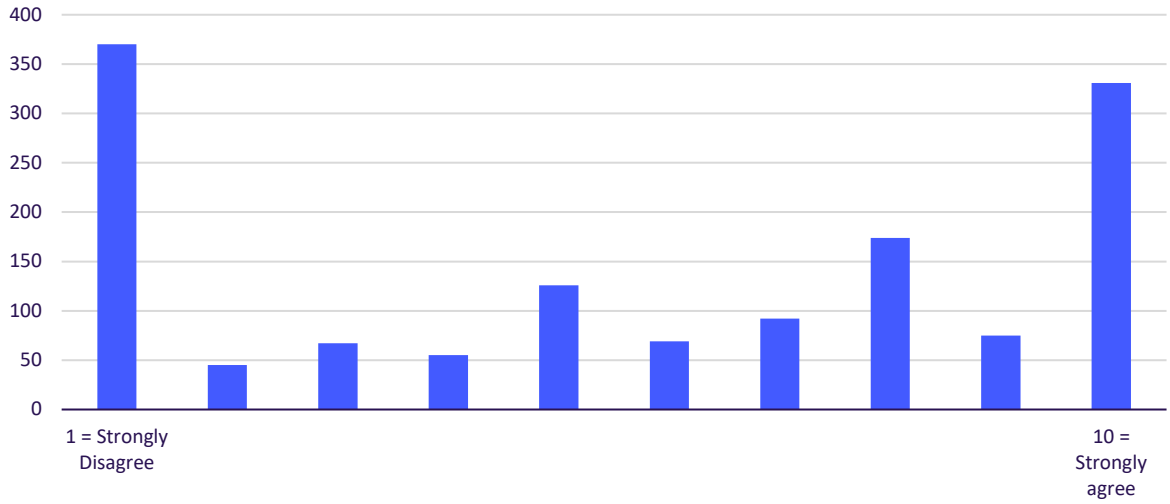
Q37 Communication or language barriers make travel to healthcare more difficult for me or someone I support.

Responses: 1358



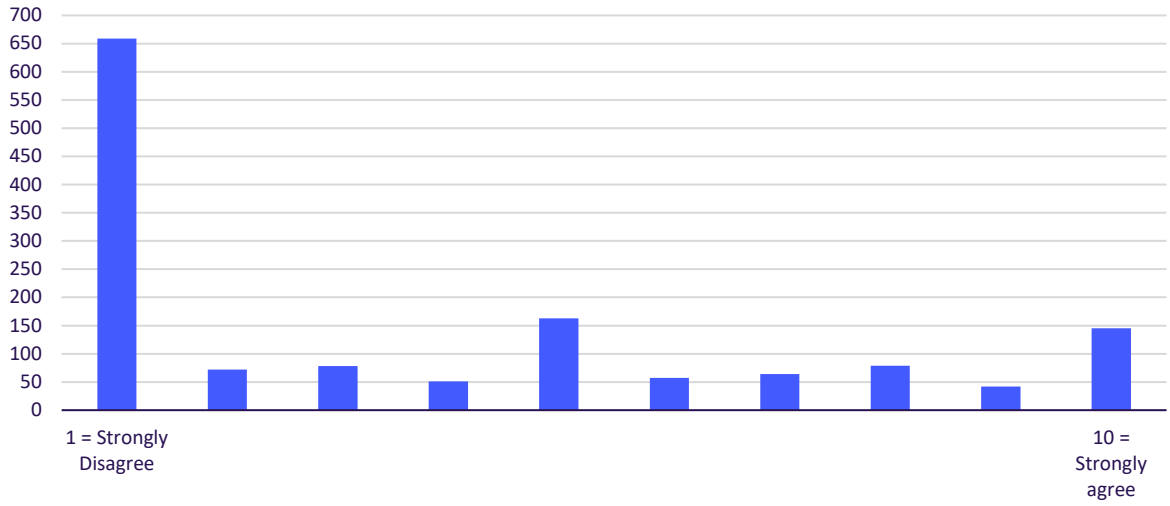
Q38 Rural isolation or lack of nearby services make travel to healthcare more difficult for me or someone I support.

Responses: 1404



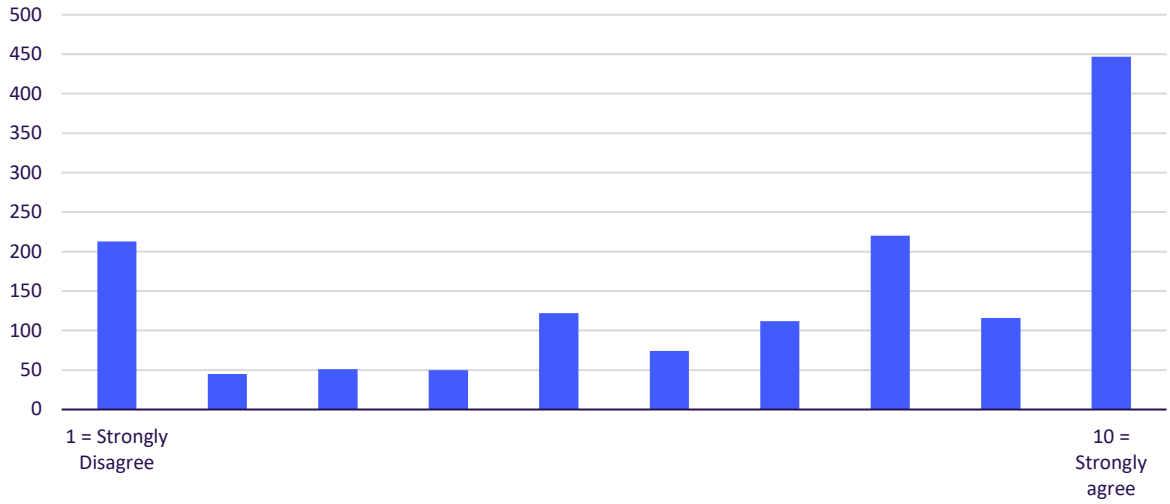
Q39 The cost of travel makes it more difficult for me or someone I support. Rural isolation or lack of nearby services make travel to healthcare more difficult for me or someone I support.

Responses: 1410



Q40 A lack of reliable or available transport options makes travel more difficult for me or someone I support.

Responses: 1450



Q41 Are there any other factors that make travel to healthcare more difficult for you or someone you support? (optional)

Responses: 479

Random sample of responses
I am quite happy to get the train and walk a mile to an appointment in Edinburgh (or Livingston); but need transport to come back home after an operation.
I am mostly unwell and if I had to get a bus I first have to walk half an hour to the main bus route, I cannot do that
One bus an hour from village to GP surgery. Appointment times rarely work out for bus there and bus back. No streetlights or pavements so walking (50mins each way) not feasible.

Random sample of responses
Im about 2 miles from the hospital. A taxi is under a tenner, around £8, I think. The bus takes exactly an hour from the hospital to bus stop near my house. It does the science route through the estates
Just bus times

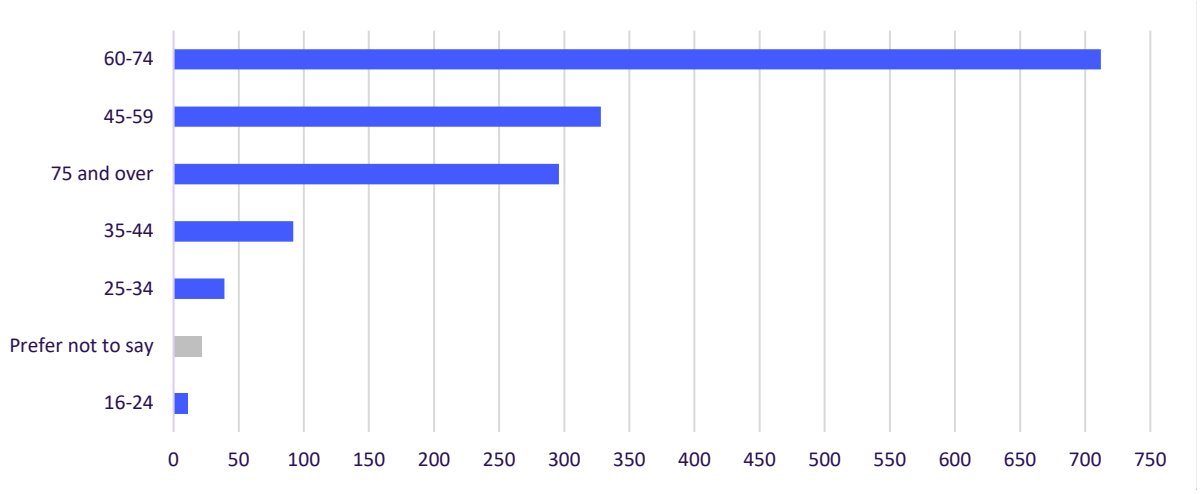
Q42 Do you have any other comments or suggestions on how transport to healthcare could be improved in your area? (optional)

Responses: 534

Random sample of responses
No would be same as previous comment more or less. Better access on buses for disabled/new parents with prams, like maybe create buses with more than one wheelchair/pram space.
Better public transport connections between the towns and villages in Midlothian.
Temporary disabled badges for people with short/ medium length disability i.e. broken legs
Availability of public transport in East Lothian regresses every year and given the ever-increasing population of East Lothian, the public transport system for medical care is simply not fit for purpose.
More transport links. Reduce rail fares, make public transport safer for women and vulnerable to travel on. Special buses for hospitals running along coastal routes

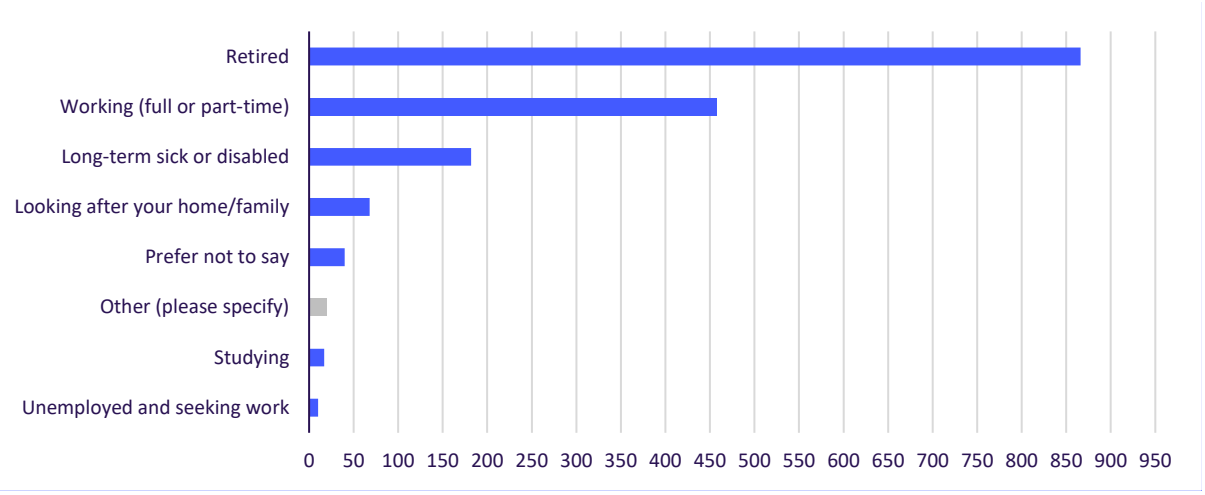
Q43 Please select your age group

Responses: 1500



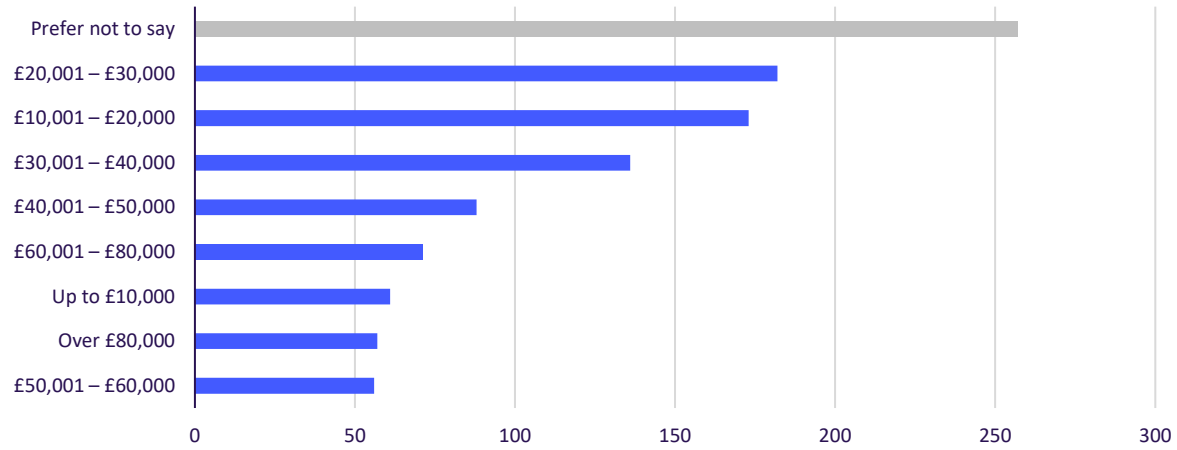
Q44 What is your current situation? (Tick all that apply)

Responses: 1661



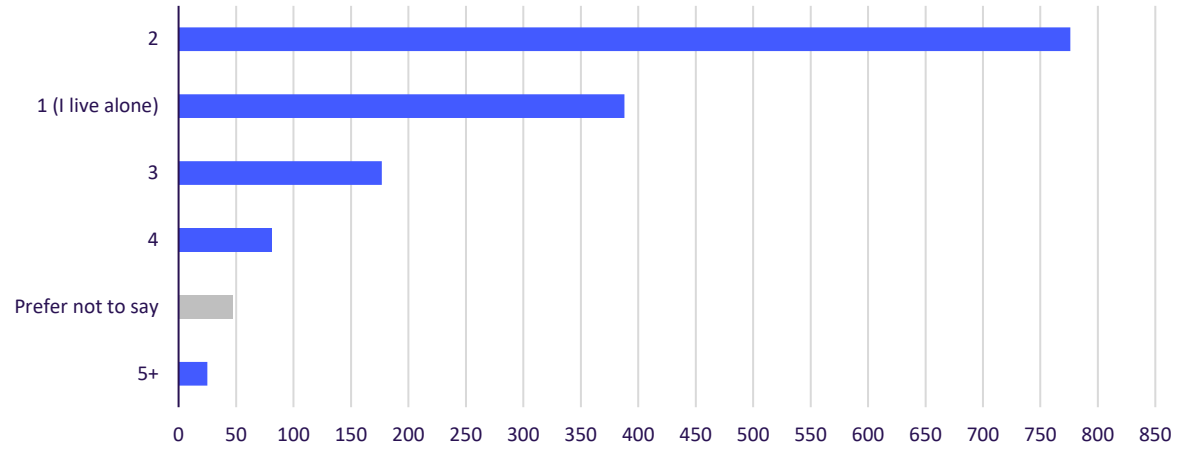
Q45 What is your approximate household income (before tax)?

Responses: 1081



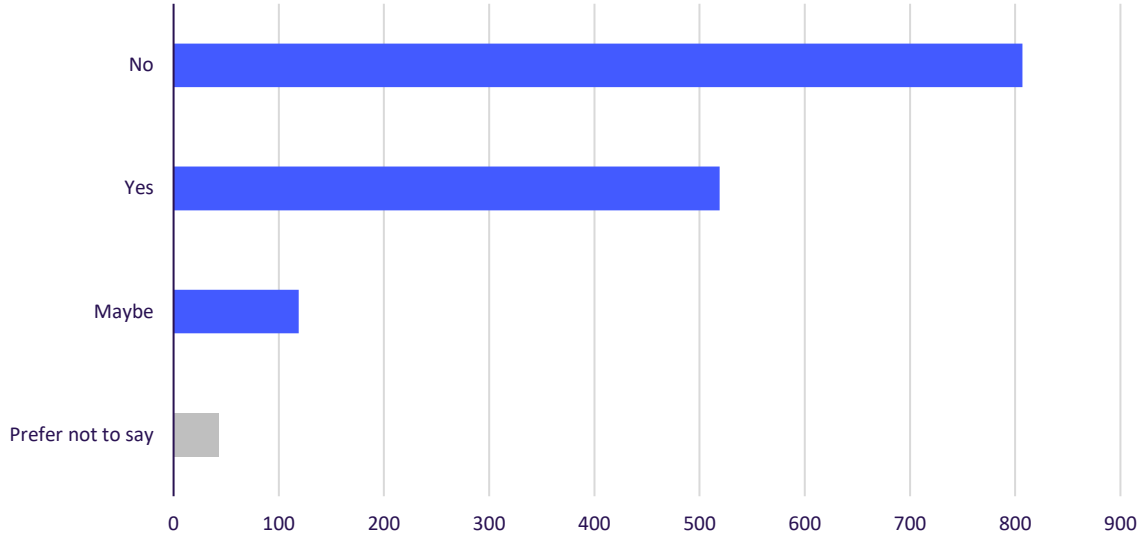
Q46 How many people live in your household (including yourself)?

Responses: 1494



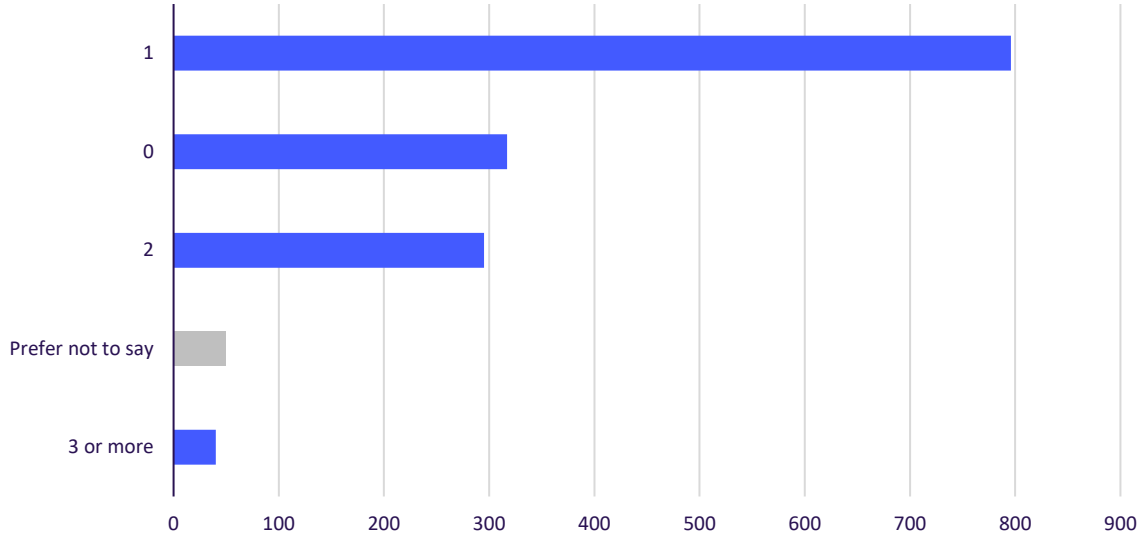
Q47 Does anyone in your household rely on you for transport to healthcare appointments?

Responses: 1488



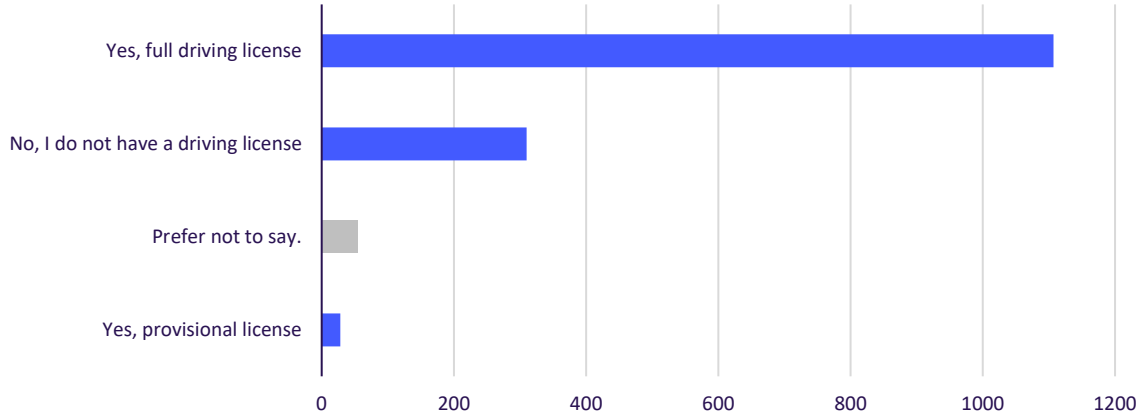
Q48 How many cars or vans are available for use by your household?

Responses: 1498



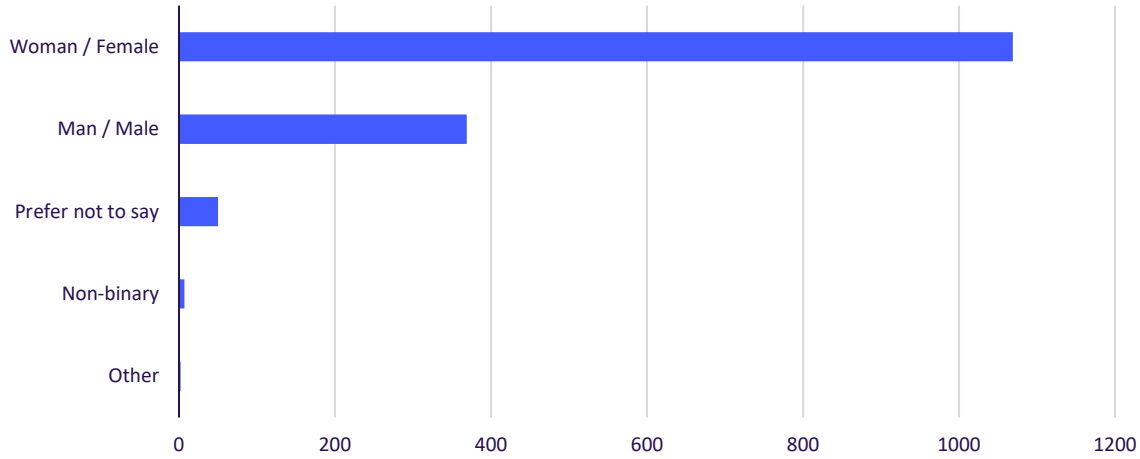
Q49 Do you personally hold a full or provisional driving licence?

Responses: 1500



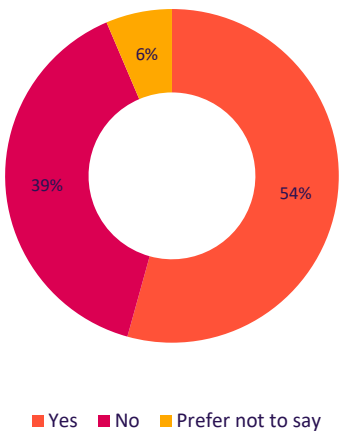
Q50 What best describes your gender?

Responses: 1497



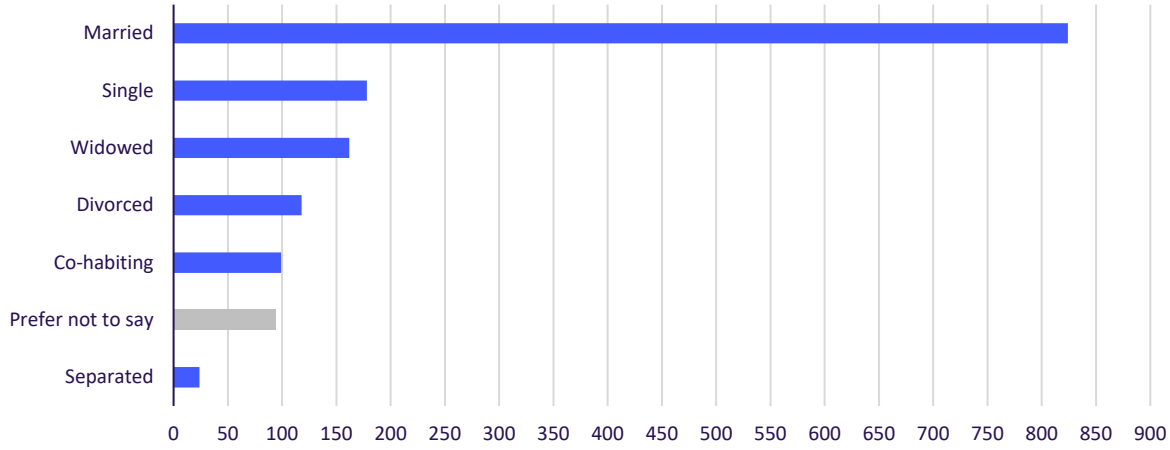
Q51 Do you consider yourself to be disabled, or do you have a long-term health condition?

Responses: 1497



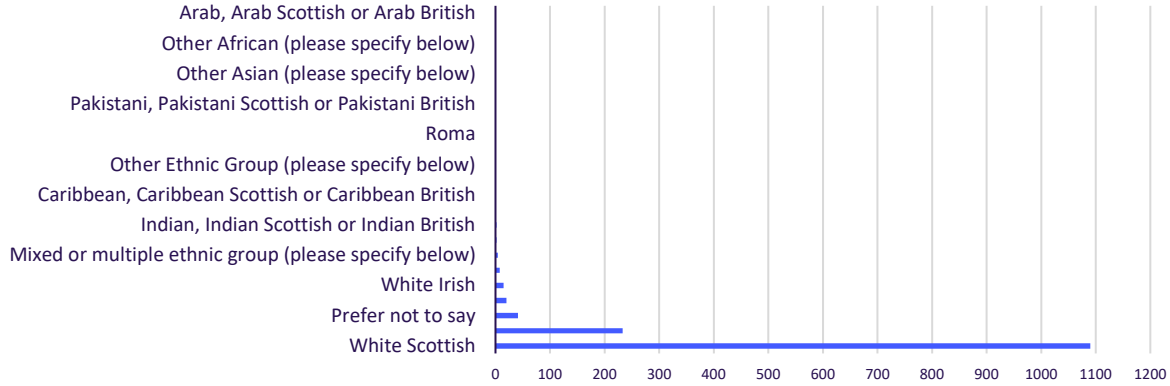
Q52 What is your marital or family status?

Responses: 1499



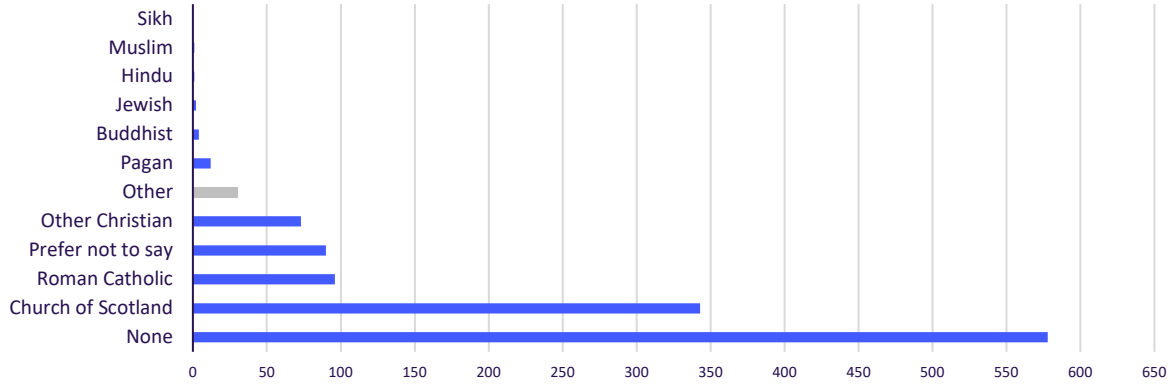
Q53 & Q54 What is your ethnic group?

Responses: 1419



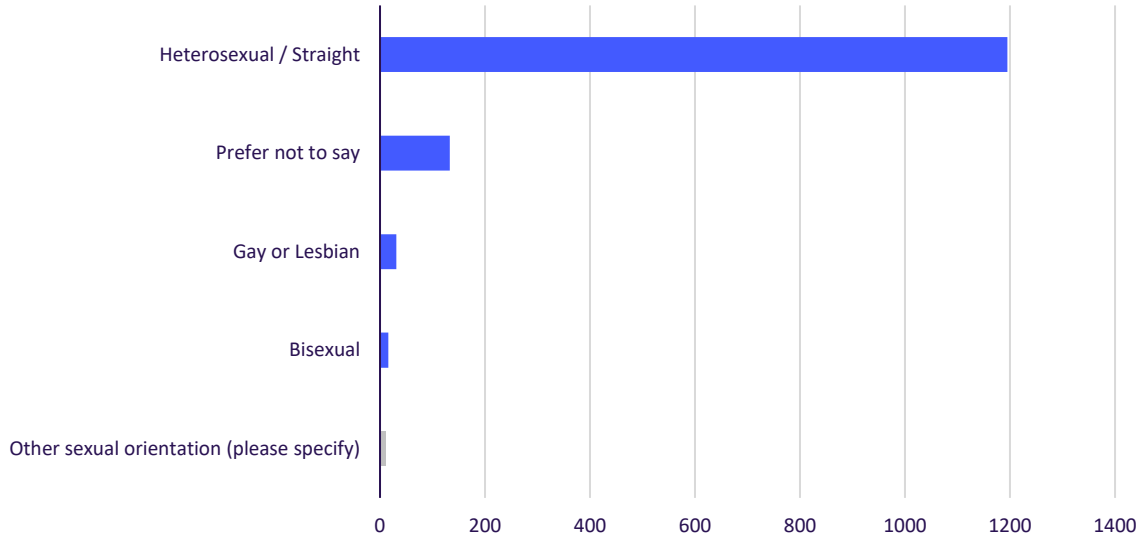
Q55 What religion, religious denomination or body do you belong to, if any? (Please select one option)

Responses: 1230



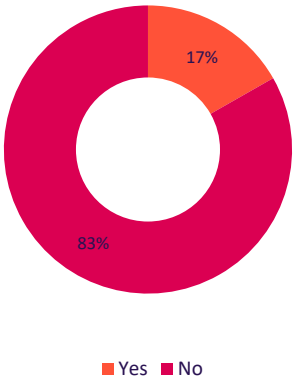
Q56 What is your sexual orientation?

Responses: 1385



Q57 Would you be interested in telling us more in a quick conversation?

Responses: 1480



Q58 If yes, please leave your name; and email address (e.g. John Doe; John.Doe@gmail.com) so we can get in touch:

Responses: 264

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SCOTLAND'S DRAFT CLIMATE PLAN CONSULTATION

1. INTRODUCTION

1.1 The purpose of this report is to update Members on SEStran's response to consultations between December 2025 and March 2026. In particular, to summarise the response given to the **Scotland's Draft Climate Plan Consultation** which was brought to the Board for responses in December 2025.

2. CLIMATE CHANGE PLAN

2.1 In the December 2025 report to board, it was highlighted that it was the consultation period for the draft version of Scottish Government's Scotland's Climate Change Plan for consultation: Draft Climate Change Plan - Scottish Government consultations - Citizen Space. In particular, the detailed section on Transport, : Supporting documents - Scotland's Climate Change Plan – 2026-2040 - gov.scot.

2.2 Following on from this, responses were received from Board members, and we reviewed the SCOTS response to the consultation, and a collective response was drafted.

The response notes concern around lack of clarity in delivery, insufficient detail on major policy levers, and the importance of ensuring a Just Transition. SEStran emphasises that delayed car-reduction targets create confusion for regional planning and risk undermining the necessary pace of change.

The main body of the response highlights persistent inequalities in public transport provision—particularly for disabled people, older adults, low-income households, and rural communities—and stresses that reducing car use must be accompanied by major improvements to public transport, active travel, and accessibility. SEStran calls for clearer outcomes, stronger monitoring, and more meaningful community engagement to build trust and support behavioural change. It advocates for investment in skills, training, diverse workforce pathways, support for employers, regionally tailored delivery, and better intermodal connections including smart ticketing.

Across sectoral and impact-assessment questions, SEStran reinforces the need for fair transition measures, adequate funding, and regional flexibility. It stresses that climate policies must not disadvantage rural areas, low-income communities, or those reliant on public EV charging. SEStran encourages the use of consistent indicators—such as car kilometres travelled, mode share, and bus reliability—and proposes stronger alignment between regional and national priorities. The response

concludes by emphasising the importance of resilience alongside decarbonisation, ensuring public-sector fleets and infrastructure can operate reliably under increasing climate-related pressures.

3. OTHER CONSULTATION RESPONSES

3.1 Local Services Franchises Draft Guidance

SEStran's response included feedback on the Transport (Scotland) Act 2019: Local Services Franchises Draft Guidance, and advocating for the recognition of Regional Transport Partnerships (RTPs) in various roles including supporting bus reform, collaboration across authorities, and governance in multi-authority franchising. It also suggests considering impact assessments at key points, integrating ticketing with timetables, clarifying terminology around transport services, and including RTPs in best practice lists, reflecting their statutory and strategic significance in regional transport planning.

Rebecca Smith
Projects Officer
March 2026

Appendix 1: Scotland's Draft Climate Plan Consultation SEStran Response
Appendix 2: Local Services Franchises Draft Guidance SEStran Response

Policy Implications	Potentially significant policy implications, although more likely to align closely with RTS and existing policies
Financial Implications	None
Equalities Implications	None
Climate Change Implications	Potentially significant in future dependent on outcome of the consutlations

Consultation on the Draft Climate Change Plan

Scottish Government
Riaghaltas na h-Alba

Respondent Information Form

Please Note the respondent form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Respondent Information Form

Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

South East of Scotland Regional Transport Partnership (SEStran)

Phone number 0131 524 5150

Address

Area 3D (Bridge), Victoria Quay, Edinburgh

Postcode (will not be published) EH6 6QQ

Email Address reception@sestran.gov.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☒ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☒ Yes

☐ No

Where do you live most of the time?

N/A – organisation response

How would you describe your local area? [SG Classification: Large Urban, Other Urban, Accessible Small Town, Remote Small Town, Accessible Rural Area, Remote Rural Area, Island*, Other (specify)

*We have included a separate category for island residents in recognition of the potential impacts of decarbonising Transport on these communities.

N/A – organisation response

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy (required)

☒

Questionnaire

Section 1: Delivering a Just Transition

Scotland's ambition to reduce car use and transition to sustainable transport is widely supported, but there are concerns that remain about the approach. While the need to move away from carbon-intensive travel is clear, progress on improving public transport has been slower than expected.

Public transport provision is still inconsistent, particularly for disabled people, older adults, low income households, and rural communities. The Accessible Travel Framework and National Transport Strategy (NTS2) set strong aspirations, but gaps in availability, affordability, and accessibility persist. For example, the SEStran Regional Bus Strategy highlighted that some markets are poor served by bus, network delays and congestion are reducing the attractiveness of the bus network, and these issues are eroding passenger confidence and negatively impacting perceptions of bus travel. Without addressing these, reducing car use could unintentionally increase social isolation, limit access to employment and services, and widen inequalities.

Previous initiatives, such as free bus travel for under-22s, removal of peak rail fares, and investment in active travel, are positive steps, but their benefits are not yet fully realised. Greater clarity on outcomes, stronger monitoring, and meaningful engagement with communities are essential to build trust and encourage behavioural change.

Future policy should prioritise investment in frequent, safe, and inclusive public transport, alongside devolving decision making closer to communities. Equality Impact Assessments and collaboration with organisations representing disabled people and vulnerable groups will help ensure a just transition. Aligning Scottish and UK policy signals and communicating benefits clearly will also be key to success.

It is disappointing to see the car reduction targets being delayed and reduced. This contradicts the need, highlighted in this document, to react to the climate emergency. In the *Achieving car reduction in Scotland updated policy statement*, it was revised that Scotland would now need a 6% car use reduction by 2035 in line with its proposed meeting of carbon budgets. This is creating an unclear narrative which is difficult to action and disseminate at a regional level. The car reduction target being clear, measurable, and consistent is key to create public-facing messaging and allowing organisations to create delivery plans in relevant sectors. SEStran support ambitious reduction targets to tackle motonormativity and emphasise the need to maintain momentum in shifting more journeys up the sustainable transport hierarchy, through measures such as reallocating road space and addressing 'avoidable' journeys, and incentives to ensure those mentioned above are supported in this shift.

The following questions concern the Delivering a Just Transition section of the Plan, more specifically: communities, skills, workforce, employers and adapting to climate change.

Question 1
What are your views on our approach to delivering a just transition for people and communities?

Question 2
We recognise that workers face particular impacts from the Plan and we have outlined our approach to supporting the transition of the workforce, including skills for jobs. What skills, training and qualification provisions will be most important in a net zero future and what more could be done to support them?

Diverse training and qualifications: formal education, professional accreditations and vocational training should be used in collaboration to enable a wide range of people in the net zero sector. Within transport, there are many barriers to a more diverse workforce, and we would be supportive of other funding opportunities to address this such as SCOT-ZED. Work to support more diverse avenues into employment is key to reducing our climate emissions as we transition to greener skills and the job market requires a skilled and diverse workforce.

Question 3
The Plan will bring opportunities and challenges for businesses and employers. How can we best support employers across the private, public and third sectors to make the changes needed and seize the benefits of net zero?

Invest in upskilling and reskilling programmes for existing roles, alongside training for emerging green jobs in areas such as electrification, energy efficiency, and software systems which are supporting this new technology. The introduction of measurable actions, to support green jobs and increase diversity in the transport sector, would enable employers and trainers to invest in opportunities to move towards net zero.

To ensure skills are being met at a regional level, supporting training hubs and working with colleges to review skills development and how local challenges are being met.

Question 4
Our approach recognises that some of the Plan's impacts will have greater implications for particular regions of Scotland. What are your views on our approach to supporting places where the transition presents particular regional impacts?

Historic evidence and current lived experience demonstrate that public transport inequality remains a significant issue in rural areas and areas of high deprivation. Low-income households are most reliant on bus services, yet in many of these communities, services continue to be poor, infrequent, unreliable, inaccessible, and unaffordable.

There is also considerable work required to improve intermodal connections including better timetabling, improved accessibility, passenger assistance, and ensuring journey destinations meet community needs - both current need and future demand. In regions where public transport connections and ticketing can be a major barrier to public transport use, prioritising smart ticketing is a key initiative which would increase passenger confidence and ensuring people are confident making multi-modal journeys.

We propose a regional delivery approach within a national framework, providing opportunities for regional input into specific projects and supporting regional accountability.

Section 2: Sectoral contributions, Policies and Proposals

The following questions concern the Sectoral contributions, policies and proposal sections of the Plan.

Buildings (Residential and Public)

Question 5
How can we decarbonise homes and buildings in a way that is fair and leaves no one behind?

N/A

Question 6
How can clean heating systems (such as heat pumps) be made more affordable for everyone?

N/A

Transport

Question 7
Which of the following would be most effective in enabling you to transition your vehicle(s) to zero emissions alternatives? Please rank your choices from highest to lowest priority, where 1 is the highest priority. Please only give one ranking to each option:

If you're responding for an organisation: you may want to consider car fleets as well as HGV fleets.

☐ Cost of new zero emissions vehicles needs to come down

☐ Cost of used zero emissions vehicles needs to come down

☐ Reliable infrastructure for vehicles (such as fuel or charging networks)

☐ Noticeably cheaper running costs (including electricity, maintenance and insurance)

☐ Convenient access to public charging infrastructure

☐ Ensuring an adequate number of trained mechanics available to perform essential maintenance and repairs

☐ Access to funding support /low cost finance

All of the actions above are support to ensure the transition to net zero is successful. Additionally, it is important to ensure there is accessible design of vehicles including room for mobility and medical kit.

It is also essential in these considerations; the value of the transport hierarchy is emphasised to ensure vehicles are only used where no other viable or attractive options are available to the user. The language above indicates replacing vehicles will lead to removing emissions and zero tailpipe emissions, however, it is important to recognise the lifecycle emissions associated with the manufacturing and distribution of EVs. Likewise, when considering the impact of fleet, it is important to fully consider the opportunities to get vehicles off the road such as freight trams and freight consolidation centres as well as decarbonising fleet.

☒ All of the above

☐ Other (use box below)

Question 8
How can the Scottish Government support communities to participate in planning of local sustainable infrastructure (such as, walking, wheeling and cycling routes)?

Local communities must be meaningfully involved in planning sustainable transport and infrastructure, with their reasonable requests acted upon. Often engagement leads to responses focused on budget constraints, leaving communities feeling ignored and disengaged. This undermines trust and reduces appetite for behavioural change, which is essential for a just transition.

Persistent issues result in paths, bus stops and shelters being unsafe and impractical to carry out transport journeys sustainably. Communities need visible improvements and assurance that their voices matter. Priorities include better pavements and lighting, liveable neighbourhoods, accessible bus stops, frequent and reliable services, and enforcement of pavement parking and speed limits. Bus infrastructure funding enables Local Authorities to invest in their bus network through real time information and bus provision, and ensuring maintenance is supported is key to creating a consistent approach for the user.

SEStran advocates for valuing regional networks. The regional model with frameworks and partnerships to support Local Authorities will enable economies of scale and efficiencies across active and sustainable travel projects.

As well as supporting solutions that enable reliable travel for the end user, supporting officers at a local and regional level by continuing to advocate for multiyear funding. This would ensure programmes developed to support communities are carried out with thorough community engagement with longer term conversations being discussed.

Question 9
What action by the Scottish Government would be most helpful in supporting you to live a more climate-friendly lifestyle?

The emission target can be unhelpful in that it no longer aligns with the reducing car km. To ensure people's lifestyles are able to adapt to government policies on climate, any demand management needs to be alongside significant investment in active and sustainable transport infrastructure. Additionally, ensuring rural transport users are supported in adapting at a different speed due to the difficulties experienced in a lot of rural areas.

It would be great to see the Scottish Government encouraging behaviour change through national and regional communications to create a consistent message for individuals. This could include highlighting to people what they can do, and how they can access sustainable travel options more readily.

Waste

Question 10
Are there any additional proposals to support waste sector emission reduction that should be considered across the following 5 areas:

- Strengthen the circular economy
- Reduce and reuse
- Modernise recycling
- Decarbonise disposal
- Other emission sources (including waste water and anaerobic digestion)

N/A

Energy Supply

Question 11
What are your views on Scotland generating more electricity from renewable sources?

N/A

Business and Industrial Processes

Question 12
What support do industries need to reduce their carbon emissions while remaining competitive?

It is important to recognise the support required by businesses to make the shift to net zero. In many industries, margins are under constant pressure and many methods for reducing carbon are costly and require long-term investment which can be challenging. Supporting measures that help with workplace planning, business fleet support, and shifting working practices can enable organisations to practise reducing their emissions from transport.

The CPT Manifesto highlights the need for consistency of policy to give certainty to encourage private sector investment and issuing clear guidance to councils to include coach services in their local transport plans (LTPs).

Agriculture and Land Use, Land Use Change and Forestry (LULUCF)

Question 13
How can the Scottish Government encourage sustainable land use, that is also productive for local communities?

N/A

Question 14
What do you think about our proposals for planting trees and restoring natural habitats like peatlands?

Question 15
How can the Scottish Government support farming to become more climate-friendly while continuing to support food production and improve biodiversity?

Section 3: Impact Assessments

The following questions concern the Business and Regulatory Impact Assessment (BRIA), Child rights and wellbeing impact assessment (CRWIA), Island Communities Impact Assessment (ICIA), Equality Impact Assessment (EQIA), Fairer Scotland Duty Assessment (FSD). The purpose of these impact assessments is to understand the effects of government policy on specific groups, including children and young people, island communities, business and equalities groups.

Question 16
Which groups or communities do you think will be most affected by the transition to net zero, and in what ways?

Question 17
How do you think the Climate Change Plan aligns with existing local, regional, or national priorities that you are aware of or involved in?

The Climate Change Plan (CCP) broadly aligns with SEStran's Regional Transport Strategy (RTS) and national priorities set out in the National Transport Strategy (NTS2). Both frameworks share core objectives: reducing car use and emissions, enabling active travel, and improving access to sustainable transport options. SEStran strongly supports the CCP's emphasis on decarbonising transport and promoting modal shift, as these are central to our RTS vision for a connected, inclusive, and low-carbon region.

However, SEStran stresses the importance of regional delivery within a national framework, enabling local authorities and Regional Transport Partnerships to tailor solutions to local needs. Practical challenges, such as intermodal connectivity and regional variances, must be addressed through timely funding, skills development, and collaborative planning.

Question 18

If you identified there could be negative impacts of the Climate Change Plan, are there any ways you think we could reduce that negative impact and if so, what would you recommend?

Ensuring all communities can participate in decarbonisation measures to support climate emission reduction. An example of this in transport is the need to support rural communities in the switch to electric vehicles. The public EV charging network, now being supported by RTPs and LAs, highlights the need for public subsidy in ensuring a just transition. Many rural communities are car dependent with public charging being challenging. There is currently a large difference between home and public charging, with variation in cost making it difficult for costs to be budgeted, which needs to be addressed. To ensure those reliant on the public network are being supported, and not penalised, looking at solutions such as subsidising the charging network is key to enabling the switch whilst considering a just transition.

Question 19

Please share any other quantitative data, or sources of this, to assist in developing the impact assessments:

Question 20

Are there any previous examples or case studies we should consider when assessing potential impacts?

We would encourage case studies which incorporate the ASI approach (avoid, shift, improve) to enable long term behaviour change. The local authorities we work with as part of our People & Place Plan have demonstrated the benefits to targeting certain and building a theory of change. This includes looking a local living and supporting local routes and journeys. For example, Scottish Borders Council, alongside partners, have worked with new flooding infrastructure in Hawick to build an active travel network and support behaviour change initiatives alongside this. Projects which can highlight the co-benefits of improvements can enable quicker results and support cross-partner working.

Question 21

Can you think of any further positive or negative impacts, that are not covered in the impact assessments, that may result from the Climate Change Plan?

The critical balance should be considered between delivering decarbonised solutions and ensuring those solutions remain resilient in the face of increasingly severe climate impacts. For the public sector, vehicles and assets must not only reduce emissions but also operate reliably under challenging conditions such as flooding, power outages, and other climate-related disruptions.

Failing to address resilience alongside decarbonisation risks undermining essential services when communities need them most. A robust approach ensures continuity of operations, protects vulnerable populations, and builds public confidence in the transition to a low-carbon future. We could encourage decision makers to prioritise solutions that combine sustainability with resilience, supported by investment in technologies and infrastructure capable of withstanding adverse conditions.

Section 4: Strategic Environmental Assessment (SEA)

The following questions concern the SEA. There is a legal requirement to consult on the SEA Environmental Report (Environmental Assessment (Scotland) Act 2005). The purpose of the SEA is to assess the likely environmental effects of government policy, considers how negative impacts can be avoided or minimised and ways that positive effects can be enhanced.

Question 22

What are your views on the accuracy and scope of the environmental baseline set out in the environmental report? Are you aware of further information that could be used to inform the assessment findings?

N/A

Question 23

What in your view are the most significant environmental effects which should be taken into account as the Draft Climate Change Plan is finalised?

N/A

Question 24

What are your views on the predicted environmental effects as set out in the environmental report? Please share any other useful sources.

N/A

Question 25

What are your views on the proposals for mitigation, enhancement and monitoring of the environmental effects set out in the environmental report?

N/A

Section 5: Monitoring emissions reductions

The following questions concern the reporting of annual emissions reductions.

Question 26

What are your views on the proposed approach to reporting annual emissions output and how this could support public understanding of Scotland's progress towards achieving our Carbon Budgets?

It is great to see annual emissions are being tracked more accurately. However, reporting should be manageable for local organisations, including local authorities, to collect and monitor. Where possible, additional resource and training would enable better data collection.

Question 27

How useful do you think reporting emissions statistics at a more detailed level (including at the sub-sectoral level), would be in helping people understand key sources of emissions, and our progress in reducing them?

Very useful

Question 28

How might the use of timely indicators, as proposed, help people to understand what needs to be delivered to achieve our Carbon budgets, and to understand whether

progress is on track?

Essential to ensure policy is understood and tracked against progress. With policy outcomes being delivered on a regional and local scale, indicators need to be appropriate for different measures as one national approach will not work for all areas.

Section 6: Monitoring Just Transition

The following questions concern the following 14 proposed indicators for monitoring and evaluation of the Climate Change Plan.

1. Participation in decision making
2. Community energy
3. Community benefits
4. Changes to places
5. Fuel poverty
6. Transport affordability
7. Socio-economic impact on oil and gas communities
8. Impact on household finances in oil and gas communities
9. Access to training for offshore oil and gas workers
10. Green jobs
11. Impact of energy prices on small businesses
12. Air pollution
13. Woodland creation
14. Peatland restoration

Question 29

Please detail any specific changes that would improve any of the 14 proposed indicators, including any data sources not currently included within this framework that could provide a useful indicator of progress towards a just transition in Scotland on an annual basis.

We would encourage the following documents to be considered as they've been developed utilising regional data:

- SEStran Regional Transport Strategy
- SEStran Regional Bus Strategy
- SEStran Regional Freight Strategy

SEStran developed a Regional Bus Strategy Case for Change which detailed the key opportunities and constraints in the region. This included the relationship between car dependency and rural poverty. SEStran can share any data collated as part of this work if helpful for measuring outcome 14.

Question 30

What are the most appropriate indicators for judging whether we are achieving meaningful public participation in decisions related to the climate? This includes both the quality of the participatory process itself, and the impact of that participation on the decision-making process.

Identifying how accessible the engagement is – how often is participation being asked? Are there a diverse number of ways people can respond? Measuring capacity building within communities – are people more informed to respond in a meaningful way?

Question 31

What indicator would provide the best measure of the impact of net zero development in local communities across Scotland? For example, the impact of the installation of renewable energy infrastructure or other land use changes (e.g. through peatland restoration or tree planting).

We encourage consistency in measuring impact. This can be gathered via:

Car Kilometres Travelled: A primary indicator in Scotland's climate and transport strategies, used to monitor progress towards the 20% reduction target by 2030.
Mode Share: Proportion of journeys made by private car compared to other modes, including short trips under two miles (walking) and under five miles (cycling).
Impact on Bus Reliability: Increased car use is linked to slower and less reliable bus services, which is monitored as part of regional strategies.

However, local needs and strategies should be considered and fed into the wider picture through tools such as the Scottish Climate Intelligence Service (SCIS)'s ClimateView Platform. Ensuring KPIs from local strategies can be fed into national KPIs will ensure data can be easily aggregated and understood on the national level.

Question 32

Ensuring positive outcomes for workers who have transitioned from jobs within high-carbon industries is central to delivering a just transition. What specific data or indicators could we use to monitor the extent to which workers in high-carbon industries are securing alternative employment?

Question 33

What specific data or indicators could we use to meaningfully monitor the impact of the transition to net zero on the environment and biodiversity across Scotland on an annual basis?

Any data collected should be supported with resource at a national level to ensure consistency. Understanding where data can be collected across industry to support better partnership working to ensure organisations are enabling work which is adapting to a changing climate and working with other sectors to ensure projects are aligned.

APPENDIX 2

SEStran response to Transport (Scotland) Act 2019: Local Services Franchises Draft Guidance document – Dec 2025

As.we.have.a.pdf?I.thought.it.would.be.easier.to.give.corrections–.suggestions.by.a.page.by.page.list¡

Alongside.these.specific.changes?we.would.commend.considering.the.role.of.RTPs.in.supporting.the.delivery.of.bus.reform¡.A.number.of.us.have.produced.Regional.Bus.Strategies?Plans.and.Network.Reviews?which.can.be.essential.tools.in.advancing.nation?regional.and.local.aims¡.

Pg 10	Foreword, not Forward
Pg 11	Don't need 'of' in the first box
Pg 12	2.3, RTP, not RPT
	2.6 and 2.7: It would be good to recognise that many LTSs are now historical, and that RTSs are in place, statutory, and up to date. Further, in a multi-authority context, RTSs and subsidiary strategies like Regional Bus Strategies are key documents.
Pg 13	2.7, apostrophe needed for LTAs'
Pg 15	Don't need of in final sentence
Pg 18	3.13, RTPs can play a key role in this work with neighbouring authorities, and it would be great to see that reflected here
Pg 21	Should impact assessments be considered at this key juncture?
Pg 23	Ticketing should be considered for integration, alongside timetables
Pg 24	DRT.or.other.road.transport.services, sounds like freight, but might be Community Transport? Unclear.
Pg 31	It would be good to see RTPs included in this list as best practice, even if not required to be consulted under the act
Pg 42	8.7 Again, think there's a role for RTPs here, that it would be good to see reflected.
Pg 51	Multi-authority franchising: In Section 11, there could be a mention of governance, either a committee of the relevant RTP, or a joint committee under the 1973 Act, which is how City Region Deal works.

RISK REGISTER

1. INTRODUCTION

1.1 The purpose of this report is to provide the Partnership Board with a quarterly update on SEStran's corporate risk register.

1.2 This report was presented to the Performance and Audit Committee on 27 February 2026.

2. BACKGROUND

2.1 The Performance and Audit Committee, at its meeting in November 2021 approved the SEStran Risk Management Framework Policy This policy supports the management of the overall risk process within the organisation, including its governance arrangements.

2.3 The latest version of the risk register can be found at **Appendix 1** of this report.

3. KEY NET RISKS

3.1 This report focuses on the 3 main current strategic risks, based on the total risk scores shown in the strategic risk register, which is included as an appendix to the report.

3.2 R001 1.1 Transport Governance

3.2.1 Transport governance refers to the roles and responsibilities of Transport Scotland, the seven Regional Transport Partnerships (RTPs), 32 local authorities, and other key partners in shaping how transport is managed across Scotland.

3.2.2 Transport Scotland has committed to carrying out a review of transport governance in 2026/27, and this likely to start after May 2026. The review presents an opportunity for SEStran to increase its direct influence and control over the delivery of the Regional Transport Strategy.

3.2.3 At the request of the Performance and Audit Committee, a full paper setting out the risks, opportunities and potential outcomes of the review was presented to the Partnership Board in December 2025. A further update will be presented to the Board meeting on 13 March 2026.

3.2.4 On 28 November 2025, at the State of the City Conference in Glasgow, the First Minister in his speech indicated his administration's intention to introduce enabling legislation to allow regional economic partnerships to seek legal status, unlock new powers, and design delivery models tailored

to local priorities. His speech mentioned economic development, planning and skills, but did not mention transport.

3.2.5 However, it is unlikely that Transport will not feature prominently in the discussions, particularly as both Edinburgh and Glasgow growth deals have both made it clear that Transport should be included. As with the review of transport governance, this is both a threat and an opportunity for SEStran, and much work has already been undertaken to explore the possibilities. A report detailing the latest position will be presented to the Partnership Board on 13 March, and a new risk will be added to the risk register in the interim period.

3.3 Funding

3.3.1 For the purposes of financial planning, it is assumed that Transport Scotland's core revenue grant will remain at the reduced 2025/26 level into 2026/27.

3.3.2 Council requisitions are assumed to remain at current levels for 2026/27. While discussions have taken place with constituent authorities regarding potential increases, the proposal to increase requisitions were not taken forward. The risk associated with continued flat rate requisitions reflects the wider financial constraints facing local government and has been reflected in the financial plan.

3.3.3 No allowance has been made for ad hoc or discretionary project funding beyond confirmed commitments. Although the People and Place programme continues to provide significant funding, this funding is ring-fenced, time-limited and restricted in use, and therefore does not mitigate risks associated with core operational costs or wider Regional Transport Strategy delivery.

3.3.4 Late note: Transport Scotland confirmed on 19 February 2026 that additional one-year funding will be made available to Regional Transport Partnerships to help eradicate child poverty. It is likely that SEStran will receive in excess of £2.6m to help remove transport barriers to employment. Given the timing of this announcement, it has not been possible to bring a report to this meeting of the Performance and Audit Committee, but a report will be taken to the Partnership Board meeting on 13 March.

3.3.5 No European Union funding is assumed for 2026/27. Participation in Horizon Europe and similar programmes remains possible but is competitive and uncertain and has therefore not been included in forward financial planning.

3.3.5 Overall, the funding assumptions for 2026/27 adopt a prudent approach, avoiding reliance on unconfirmed income streams. The residual risks arising from funding uncertainty, and their potential impact on service capacity and delivery, are reflected in the Indicative Financial Plan and monitored through the Partnership's financial risk management arrangements.

3.4 Scottish Parliament Election 2026

3.4.1 The upcoming election on 7 May presents both a risk and an opportunity to SEStran. The results could signal a significant shift in transport policy, which could support delivery of the Regional Transport Strategy or make it more challenging.

3.4.2 SEStran released a manifesto at its summit on 4 December 2026, with 3 key themes: bus reform, tackling congestion, and strong regions.

3.4.3 Work will continue both before and after the election to make strong cases for each as part of an integrated approach to delivery of the RTS.

4 OTHER CHANGES TO THE RISK REGISTER

4.1 A number of updates have been made to the Risk Register, and these are highlighted in red on the Register itself.

4.2 Risk R002 2.1: Pay awards being higher than the budgeted 3%. This risk has been closed as the pay awards for 2026/27 have been agreed and provision made.

4.3 Risk R002 2.10: A new risk has been added to the register to consider the risk that employers staff costs may increase due to increases in National Insurance contributions. The gross risk score has been assessed as medium, however, after mitigation measures has been downgraded to low.

5. RECOMMENDATIONS

5.1 The Board is asked to comment on the contents of the report.

Angela Chambers
Business Manager

Appendix 1: SEStran Risk Register

Policy Implications	Policies have been reviewed and updated.
Financial Implications	As highlighted in the register.
Equalities Implications	None
Climate Change Implications	None

APPENDIX 1

Risk Number	Risk Category	Risk Detail	Gross Risk Assessment						Planned Response/Mitigation						Risk After Mitigation	Date and Owner	Risk Appetite		Action Required
			Probability		Impact		Risk Score			Probability		Impact		Risk Score						
R001 1.1	**Strategic**	**Regional Governance** Transport Scotland review of regional transport governance arrangements could result in changes to functions of RTPs. This could present either a risk or an opportunity to SEStran.	4	Probable	4	Major	16	High	A new Directorate within TS has been created and an officer has been appointed to lead the transport governance review, which should begin around May 2026. This presents a real opportunity for SEStran, the other RTPs, and local authorities to gain more direct control over delivery of the RTS. The TS review will have a high depndency on the separate SG work on giving regional economic partnerships legal status (see xxx)	4	Probable	4	Major	16	High	**High** **Treat**	Review at end of May 2026 Partnership Director	Low	Med	⬇
RO01 1.2	**Strategic**	**Pandemic / Epidemic:** Interruption of normal service/inability to deliver functions. Financial impact of crisis on sources of funding.	3	Possible	4	Major	12	Medium	Adhere to Government restrictions, rules or guidance. Regular communication with Transport Scotland and consituent councils officials to guide any operational changes. Ensure that all staff are trained on the Business Continuity Plan, and that it is reviewed regularly. Maintain current functions that can be delivered within working guidance. Hybrid Working Policy in place.	3	Possible	3	Moderate	9	Medium	**Medium** **Tolerate**	Review at end of May 2026 Partnership Director	Low	Med	⬌
RO01 1.3	**Strategic**	**Political/Govt Change** There is a risk that a change in government could lead to changes to RTPs/Regional Governance	3	Possible	4	Major	12	Medium	Continued engagement with all political parties and agencies. A SEStran Manifesto was launched at the SEStran Summit on 4 December. A comms plan targetting MSPs before and after the election is being prepared in conjunction with our public affairs advisers.	3	Possible	4	Major	12	Medium	**Medium** **Tolerate**	Review at end of AprIL 2026 Partnership Director	Low	Med	⬌

R002 2.0	**Financial**	**Financial:** Significant deviation from budgeted spend	2	**Unlikely**	3	**Moderate**	6	**Low**	The Financial Rules do not permit spending (whether revenue or capital) to exceed available budget. Budget and spend is monitored on a monthly basis by SEStran officers, using financial information provided by CEC through the Partnership's Financial Services Service Level Agreement with CEC and supported by qualified accounting staff of CEC. Action is taken by Partnership officers to develop alternative savings measures, including options for development of contingency arrangements, if required and subject to approval by the Partnership. The Partnership's Financial Rules require reporting of financial performances to the Partnership Board on a quarterly basis. Transport (Scotland) Act 2019 includes section on RTPs carrying reserves.	1	**Remote**	2	**Minor**	2	**Low**	**Low** **Tolerate**	June 2026 Partnership Director	Low	Low	⇔
R002 2.1	**Financial**	Staff recharges - externally funded projects: The approved budget assumes staff time can be recharged to Projects. There is a risk this may not be achievable.	3	**Possible**	3	**Moderate**	9	**Medium**	Any shortfall in employee cost recharges will be offset by a corresponding reduction in Projects Budget expenditure. Other funding sources will continue to be pursued. Action is taken by Partnership officers to develop alternative savings measures, including options for development of contingency arrangements, if required and subject to approval by the Partnership.	3	**Possible**	3	**Moderate**	9	**Medium**	**Medium** **Tolerate**	May 2026 Partnership Director	Low	Med	⇔
R002 2.2	**Financial**	Inflation: There is a risk that the indicative budget does not adequately cover price inflation and increasing demand for services.	4	**Probable**	4	**Major**	16	**High**	When setting the revenue budget, allowances are made for specific known price inflation. Budgets adjusted in line with current cost forecasts. Ongoing monitoring and review of all costs and forecasts. In preparing estimates for future financial years, the Partnership will review all cost estimates to determine if it will be necessary to make a case to increase council contributions.	3	**Possible**	3	**Moderate**	9	**Medium**	**Medium** **Tolerate**	May 2026 Partnership Director	Low	Med	⇔
R002 2.3	**Financial**	Delays in payment of external grants results in additional short-term borrowing costs.	3	**Possible**	3	**Moderate**	9		SEStran grant claims for projects are submitted in compliance with grant funding requirements to ensure minimal delay in payment. Ongoing monitoring of cash flow is undertaken to manage exposure to additional short-term borrowing costs. Grant submission procedures in place, along with financial planning.	3	**Possible**	3	**Moderate**	9	**Medium**	**Medium** **Tolerate**	May 2026 Partnership Director	Low	Med	⇔
R002 2.4	**Financial**	Sources of additional income to the Partnership may become constrained in the current economic climate and/or due to changes in operating arrangements.	4	**Probable**	4	**Major**	16	**High**	Revenue budget-developed to take account of most likely level of external income. Continue to explore alternative funding options Lobby/bid for additional funds	3	**Possible**	4	**Major**	12	**Medium**	**Medium** **Treat**	May 2026 Partnership Director	Low	Med	⇓

R002 2.5	**Financial**	Funding reductions: Future reductions in core funding from Scottish Government and/or council requisitions. This could result in difficulty in delivering statutory obligations/duties.	**3**	**Possible**	**4**	**Major**	**12**	**Medium**	The Partnership will continue to source and develop external funding. Manage organisation in accordance with available funding but ability of organisation to deliver RTS objectives will inevitably be dictated by available funding. Engagement/advocating with SG/TS/constituent councils to maintain/increase funding Working with other RTPs to influence SG review of allocation of funding	**3**	**Possible**	**4**	**Major**	**12**	**Medium**	**Medium** **Tolerate**	May 2026 Partnership Director	Low	Med	⟷
R002 2.6	**Financial**	The funding position of the staff pension fund could lead to increases in the employers pension contribution	**4**	**Probable**	**3**	**Moderate**	**12**	**Medium**	Following Lothian Pension Fund's Triennial Actuarial Review in 2023, Partnership employer pension fund contribution rates are now confirmed at 26.8% until 31 March 2027. Financial planning assumptions have been updated and included in the revenue budget-approved by the Partnership Board.	**4**	**Probable**	**3**	**Moderate**	**12**	**Medium**	**Medium** **Tolerate**	May 2026 Partnership Director	Low	Med	⟷
R002 2.7	**Financial**	The Partnership may incur additional staff release costs if current staffing levels cannot be maintained due to funding constraints.	**3**	**Possible**	**4**	**Major**	**12**	**Medium**	The Partnership continues to seek additional sources of funding for activities aligned to the Partnership's objectives to supplement resources. Recruitment control measures in place. Additional resources can be managed through consultancy as required. People and Place Programme has increased financial flexibilty.	**2**	**Unlikely**	**4**	**Major**	**8**	**Medium**	**Medium** **Tolerate**	May 2026 Partnership Director	Low	Med	⟷
R002 2.8	**Financial**	**Funding/Grant Awards:** The timing of some funding applications and grant awards do not align with the financial year, resulting in an inability to spend allocated funding within prescribed timescales	**4**	**Probable**	**3**	**Moderate**	**12**	**Medium**	As part of the ongoing business planning process the Partnership will continue to develop and introduce where appropriate a number of suitable on the shelf schemes. All potential schemes will be subject to detailed impact assessments to ensure impacts on the Partnership's core activities are minimised or mitigated. Regular budget monitoring and reports to the Partnership Board.	**3**	**Possible**	**3**	**Moderate**	**9**	**Medium**	**Medium** **Treat**	May 2026 Partnership Director	Low	Med	↓

R002 2.9	**Financial**	**Increase in employers on-costs:** Changes to UK Government policy (for example increases in employer National Insurance contributions or other statutory on costs) could lead to higher staffing costs than budgeted, placing pressure on revenue budgets and limiting the Partnership's ability to deliver planned activities.	**3**	**Possible**	**3**	**Moderate**	**9**	**Medium**	Monitor UK Government fiscal announcements and emerging policy changes. Reflect known or anticipated changes in medium term financial planning where possible. Maintain dialogue with constituent councils and finance partners on cost pressures and assumptions. Consider mitigation through budget re profiling or prioritisation if increases materialise.	**2**	**Unlikely**	**3**	**Moderate**	**6**	**Low**	**Low** Review annually or following significant fiscal announcements. **Tolerate**	May 2026 Partnership Director	Low	Med	⟷
R003 3.0	**Reputational**	**Project Management:** Project incomplete or of poor quality Late Delivery	**3**	**Possible**	**4**	**Major**	**12**	**Medium**	All project progress reported to the Projects Team monthly and the Project and Strategy Delivery Oversight Subgroup quarterly. Minutes of PaSDOS and the full project report are also taken to P&A Committee quarterly for additional oversight. Management action taken as required.	**2**	**Unlikely**	**3**	**Moderate**	**6**	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Programme Manager	Low	Med	⟷
R003 3.1	**Reputational**	**Reputation:** Regard by the public and stakeholders. Negative or inaccurate media coverage leading to misrepresentation of SEStran position	**3**	**Possible**	**3**	**Moderate**	**9**	**Medium**	Quick response to negative or inaccurate coverage managed by Communications & Marketing Officer, Proactive profile and reputation management via social media, website and press releases. Partnership staff and Board Members continue to promote and advocate activities via speaking, writing or wider networking Continue to work closely with regional partners Board members regulary updated on SEStran work successes and issues. Agreed approach to media position set out in Standing Orders.	**2**	**Unlikely**	**3**	**Moderate**	**6**	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Partnership Director	Low	Med	⟷
R003 **3.2**	**Reputational**	**Project Management:** Potential insolvency of 3rd party supplier	**3**	**Possible**	**3**	**Major**	**9**	**Medium**	Improved supplier viability checks before award, renewal or modification of contracts or grants now in place. Individual risks and mitigations to be developed for any contract or grant over an agreed threshhold. Where appropriate, Government frameworks will be utilised. Full review of procurement procedures is nearing completion by Legal Advisers. Staff training on new procedures to be developed.	**2**	**Unlikely**	**3**	**Moderate**	**6**	**Low**	**Medium** **Treat**	Review at end Dec 2026 Programme Manager	Low	Med	↓

R005 5.0	**External**	**Third party Service Level Agreements:** Failure or inadequacy of service	2	**Unlikely**	2	**Minor**	4	**Low**	Service Level Agreements in place for Financial Services, HR and Insurance services. Reviewed annually by senior officers. Subject to independent audit scrutiny.	2	**Unlikely**	2	**Minor**	4	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Business Manager	Low	Med	⇔
R005 5.1	**External**	**Contract Management:** Failure to manage contracts leads to under performance and failure to obtain best value and delivery from contractual relationship.	3	**Possible**	4	**Major**	12	**Medium**	Conditions of contract reviewed, including Contract Standing Orders. This work will shape a new Procurement Strategy and Manual which is being developed by Anderson Strathern. Ensure contract documentation sound and up to date. Ensure contracts are adequately managed. Business propriety/credit/analytic criteria to be written in to documentation. Contract management process to be included as part of full procurement review.	2	**Unlikely**	3	**Moderate**	6	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Programme Manager	Low	Med	⇔
R005 5.2	**External**	**Grants:** Failure to adhere to grant conditions could result in grants being withheld or reclaimed, impacting the SEStran budget	4	**Probable**	4	**Major**	16	**High**	Ensure that grant conditions are understood before application is submitted, that relevant team members are briefed on grant conditions, and that adequate controls are in place to ensure that all steps and approvals are documented. Grant standing orders Also refer to risk 2.9. Successful management of risk 5.2, reduces likelihood of risk 2.9	2	**Unlikely**	4	**Major**	8	**Medium**	**Medium** **Treat**	Review at end Dec 2026 Programme Manager	Low	Med	⇓
R006 6.0	**Legal and Regulatory**	**Statutory Duties:** Failure to adhere to duties described in legislation and related documentation	3	**Possible**	4	**Major**	12	**Medium**	Regular monitoring and programming of statutory duties is undertaken by the Partnership Director, Senior Partnership Manager and Business Manager. Audited by third parties. Officers to carry out a review of compliance with Public Sector Equality Duty. Horizon scanning of consultations which may lead to new statutory responsibilities.	2	**Unlikely**	4	**Major**	8	**Medium**	**Treat**	Review at end Dec 2026 Partnership Director	Low	Low	⇔
R007 7.0	**Specific Operational**	**People and Place Plan:** Funding changes result in programme not continuing regionally beyond 2026/27	3	**Possible**	3	**Moderate**	9	**Medium**	Engage regularly with Transport Scotland. Ensure outcomes and outputs from the programme delivery are captured to evidence efficacy of regional approach. With the election in early 2026, the impact of this on P&P is unknown and so likelihood of this has been upgraded to possible despite the mitigations.	3	**Possible**	3	**Moderate**	9	**Medium**	**Low** **Tolerate**	Review at end Apr 2026 Programme Manager	Low	Med	⇔

R008 8.0	**System and Technology**	**Digital/IT:** Server failure Comms failure Website breach Resulting in loss of service to business operations	3	**Possible**	4	**Major**	12	**Medium**	Regular review of the Management Plan for Business Continuity. IT/Website maintained under contract. Both proactively managed by third parties. IT hardware/software/licences upgraded at regular intervals. Contracted IT consultants deliver IT services. Website contract includes security updates. Robust Information Security Policy in place with regular monitoring reports. GDPR compliant and Cyber Essentials Plus Accreditation maintained.	1	**Remote**	4	**Major**	4	**Low**	**Low** **Tolerate**	Ongoing / review Dec 2026 Business Manager	Low	Med	⇔
R008 8.1	**System and Technology**	**Cyber Security:** Public sector entities are prime targets for cyberattacks and data breaches, which can compromise sensitive information and disrupt services.	3	**Possible**	4	**Major**	12	**Medium**	Annual Cyber Essentials Plus audit and accreditation awarded. In receipt of daily threats and weekly vulnerability emails from the Scottish/National Cyber Security Centre. Regular Staff training and exercises. Monthly in person visit by IT Consultant/Engineer under contracted services provision.	2	**Unlikely**	4	**Major**	8	**Medium**	**Medium** **Treat**	Ongoing / review Dec 2026 Business Manager	Low	Low	↓
R009 9.0	**People**	**HR:** Non-compliance with emloyment and/or data privacy laws may result in poor repuation as an employer, difficulty in attracting skilled resource and greater probability of litigation and / or financial penalties	3	**Possible**	3	**Moderate**	9	**Medium**	SLA in place until May 2026 with Falkirk Council to provide specialist HR advice as required and is under regular review. Legal advice is provided, when required, through a framework contract, which is in place until August 2027	1	**Remote**	3	**Moderate**	3	**Low**	**Low** **Tolerate**	Review at end May 2026 Partnership Director	Low	Low	⇔
R009 9.1	**People**	Inadequate measures in place to facilitate staff health, safety and well-being during contingency arrangements or future office arrangements.	3	**Possible**	4	**Major**	12	**Medium**	Regular review of appropriate policies. Carry out appropriate assessments of office equipment and working arrangements, following landlords guidance in relation to access to the office. Risk Management Framework approved by P&A Committee. Liaise with HR Adviser, SG facilities team. Hybrid Working Policy implemented to facilitate transition arrangements to normal working arrangements. An ongoing risk remains for future pandemics and future widespread disease or other outbreaks. Measures will be adjusted in accordance with government advice.	2	**Unlikely**	3	**Moderate**	6	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Partnership Director	Low	Low	⇔

R009 9.2	**People**	Inadequate measures in place to facilitate staff health, safety and well-being during working from home arrangements.	3	**Possible**	4	**Major**	12	**Medium**	~~A~~ppropriate policies are reviewed and updated. Risk assessments of staff personal home working arrangements have been completed and will be subject to regular review. Risk Management Framework approved by P&A Committee. Business Continuity Plan reviewed. Liaise with HR Adviser. Review transition arrangements to normal working arrangements at appropriate time. Hybrid Working Policy implemented and working well. An ongoing risk remains for future pandemics and future widespread disease or other outbreaks. Measures will be adjusted in accordance with government advice and legislation.	2	**Unlikely**	3	**Moderate**	6	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Partnership Director	Low	Low	
R009 9.3	**People**	Loss of key personnel may lead to inability to deliver strategy, projects and/or operations	3	**Possible**	3	**Moderate**	9	**Medium**	Recruitment Policy in place. Development of existing staff through performance appraisal. Staff training Work programme will be monitored and redistributed as necessary.	3	**Possible**	2	**Minor**	6	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Partnership Director	Low	Low	
R009 9.4	**People**	**Climate Change** Staff are unable to access the office more frequently due to increase in adverse weather events.	3	**Possible**	3	**Moderate**	9	**Medium**	Home working policy in place and procedures for inability to access the office outlined in the SEStran Business Continuity Plan (Jan 2024). Train team in BCP, and review regularly.	3	**Possible**	2	**Minor**	6	**Low**	**Low** **Tolerate**	Review at end Dec 2026 Partnership Director	Low	Low	

Risk Number	Risk Detail	Risk Category	Gross Risk Assessment								Planned Response/Mitigation	Net Risk Assessment						Risk After Mitigation/Appetite for Risk	Date and Owner			
			Probabilit		Impact		Risk Score					Probabilit		Impact		Risk Score						
	Restricted ability to undertake RTS re-write: Inadequate senior staff resourcing available due to continued absence of Partnership Director	Strategic	4	Probable	3	Moderate	12	Medium			Resolve absence as soon as possible and appoint external resources as required.	2	Unlikely	2	Minor	4	Low		Partnership Director appointed May 2019. Funds identified for RTS re-write	June 2019 **CLOSED**			
	Accommodation: Occupancy Agreeement with SG due for renewal February 2019. SG may not renew and alternative premises required at market rates.	Financial	3	Possible	3	Moderate	9	Medium			A notice period of 12 months must be served by each party under the current occupancy agreement. Occupancy Agreement renewed until February 2022.	3	Possible	3	Moderate	9	Medium			June 2019 **CLOSED**			
	ECOMM: Agreement to commit to ECOMM on the basis of being cost neutral. Income depends on number of delegates attending conference.	Financial	3	Possible	3	Moderate	9	Medium			SEStran withdrew offer to host ECOMM due to uncertaintity over Brexit and subsequent impact on attendance at the conference.	3	Possible	2	Minor	6	Low			June 2019 **CLOSED**			
	Following the outcome of the EU Referendum, the Partnership is unable to access EU funding.	Financial	5	Highly Probable	3	Moderate	15	High			The Partnership continues to seek alternative funding sources to progress knowledge exchange/transfer.	4	Probable	3	Moderate	12	Medium	**Medium** **Tolerate:** Adapt expenditure accordingly Currently involved in 5 EU projects, the completion of which are underwritten by the UK Treasury.	June 2021 **CLOSED**			
	Governance: Succession Planning Business Continuity	Governance	3	Possible	3	Moderate	9	Medium			Governance Scheme contains adequate provision to deal with senior officer absence. Staff structure and Business Continuity Plan in place. Senior Partnership Manager appointed.	2	Unlikely	2	Minor	4	Low	**Low** **Tolerate**	**CLOSED** Partnership Director			
	Policy Appraisal: Poor Quality Lack of consultation	Strategic	1	Remote	3	Moderate	3	Low			Advised by Government of relevant policy changes and Partnership Director and Officers regularly looking out for further policies and responding accordingly. Consultative forums also enable greater visibility and integration of local policies into regional strategy. Make full use of online consultancy options.	1	Remote	2	Minor	2	Low	**Low.** Partnership staff also continue to monitor their networks for relevant policy discussions. Draft RTS approved for statutory consultation. **Tolerate**	**CLOSED** Partnership Director	**Low**	**Med**	
	Regional Transport Strategy: Introduction of new RTS. Delay in approval by ministers. Delayed introduction of the new strategy.	Strategic	3	Possible	2	Minor	6	Low			Regular comms with Transport Scotland at all stages in the development of the RTS.	1	Remote	2	Minor	2	Low	**Low** **Tolerate**	28 March 2023 Jim Stewart **CLOSED**	**Low**	**Med**	
	Newly Appointed Board. Risk of lack of continuity and loss of expertise due to high turnover in members for the new term of office.	Governance	3	Possible	3	Moderate	9	Medium			Ensure that full training and support is provided to the new Board in 2022 to enable strategic decisons to be made. A Regular schedule of meetings of the Succession Planning Committee.	2	Unlikely	2	Minor	4	Low	**Low** Skills audit will identify future training requirements Option to appoint Board Observers to supplement areas of expertise Partnership Director 1:1 meetings with Board Members **Tolerate**	Ongoing Partnership Director **CLOSED**	**Low**	**Med**	
	Other Funding Sources: Reduced access to EU project funding and lack of replacement funding from UK Government	Financial	5	Highly Probable	3	Moderate	15	High			The Partnership has sought to engage in as many relevant EU projects and funds as it can whilst UK authorities are allowed to access these funds. This should mitigate the short-term impact of any EU Exit negotiated and implemented. The Partnership has a proven track record in securing funding for relevant projects from the UK and other partners. It is anticipated that this will continue. Horizon projects being pursued.	5	Highly Probable	2	Minor	10	Medium	**Medium:** The risk remains as there is significant uncertainty around the immediate and medium (3-5year) horizon for access to funds. Other funding applications will be made when available. There has been no confirmation from UK Government on participation in EU funded programmes, like Horizon. Advocate for access to UK replacement funds. Explore further ongoing calls for Horizon programme when available. **Treat**	**CLOSED** Partnership Director	**Low**	**Med**	
	Regional Governance Lack of clarity on role of non statutory REP/ESES City Region Deal groupings	Strategic	4	Probable	3	Possible	12	Medium			A Concordat has been established and is functioning effectively between SEStran and the ESESCRD. This agreement commits both parties to collaborate openly and transparently to support land use planning and economic growth across the region. The benefits of this partnership are already evident, with the regional electric vehicle charging strategy and the RTS Delivery Plan development being two key examples. The Partnership will continue to work with partners and stakeholders at Scottish and UK government levels to promote the benefits of regional partnership delivery. Response to REP consultation (see above) will assist building partnerships at regional level.	2	Unlikely	3	Moderate	9	Medium	**Medium** **Tolerate**	**CLOSED** Partnership Director	**Low**	**Med**	
	The approved budget for 2025/26 makes provision for a pay award of up to 3%.	Financial	5	Highly Probable	3	Moderate	15	High			Prudent planning assumption with ongoing monitoring of public sector pay negotiations. Ongoing monitoring and review of all costs and forecasts during 2025/26. As the 2025/26 pay award of 4% is higher than the 3% budgeted provision, forecasts for 2025/26 have been reviewed to identify measures to mitigate the additional cost of £7,600.	2	Unlikely	3	Moderate	6	Low	**Medium** **Tolerate**	**CLOSED** ~~December 2025~~ Partnership Director	**Low**	**Med**	

Close 12

Risk Description and Impacts Table

Ref	Type of Risk	Description	Impact
R001	Strategic	Inability to design and / or implement a strategic plan or strategy for SEStran.	Lack of clarity regarding future direction and structure of SEStran impacting quality and alignment of strategic decisions
R002	Financial	Inability to perform financial planning; deliver an annual balanced budget; manage cash flows; and confirm ongoing adequacy of reserves	SEStran is unable to continue to deliver in line with strategic objectives; inability to meet financial targets; adverse external audit opinion; adverse reputational consequences
R003	Reputational	Adverse publicity because of decisions taken and / or inappropriate provision of sensitive strategic, commercial and / or operational information to external parties	Significant adverse impact to SEStran's reputation in the public domain
R004	Governance	Inability of management and members to effectively manage and scrutinise performance, and take appropriate strategic, financial and operational decisions	Poor performance is not identified, and decisions are not aligned with strategic direction
R005	External	Inability to effectively manage SEStran's most significant supplier and partnership relationships	Inability to deliver strategy and major projects within budget and achieve best value
R006	Legal / regulatory	Delivery of services and decisions are not aligned with applicable legal and regulatory requirements	Regulatory censure and penalties; legal claims; financial consequences
R007	Specific Operational	Inability to deliver projects and programmes effectively, on time and within budget	Inability to deliver projects; achieve service improvements; and deliver savings targets
R008	System and technology	Potential failure of cyber defences; network security; application security; and physical security and operational arrangements	Inability to use systems to support services; loss of data and information; regulatory and legislative breaches; and reputational consequences
R009	People	Employees and / or citizens suffer unnecessary injury and / or harm	Legal; financial; and reputational consequences
R010	New Project Income	Inability to attract new projects to fill the funding gap left by diminishing EU projects/Brexit	Inadequate funding streams and lack of innovation.

Risk Impact

Likelihood		Severity			Risk Score	
1	Remote	1	Insignificant		1	Low Risk
2	Unlikely	2	Minor		2	
3	Possible	3	Moderate		3	
4	Probable	4	Major		4	
5	Highly Probable	5	Catastrophic		5	
					6	
					8	Medium Risk
					9	
					10	
					12	
					15	High Risk
					16	
					20	
					25	

At Risk
Strategic
Financial
Reputational
System and Technology
Governance
Specific Operational
External
Legal and Regulatory
People
New Project Income

Impact				
Descriptor	Score	Health and Safety Impact	Impact on Service and Reputation	Financial Impact
Insignificant	1	No injury or no apparent injury.	No impact on service or reputation. Complaint unlikely, litigation risk remote.	Loss/costs up to £5000.
Minor	2	Minor injury (First Aid on Site)	Slight impact on service and/or reputation. Complaint possible. Litigation possible.	Loss/costs between £5000 and £50,000.
Moderate	3	Reportable injury	Some service distruption. Potential for adverse publicity, avoidable with careful handling. Complaint expected. Litigation probable.	Loss/costs between £50,000 and £500,000
Major	4	Major injury (reportable) or permanent incapacity	Service disrupted. Adverse publicity not avoidable (local media). Complaint expected. Litigation expected.	Loss/costs between £500,000 and £5,000,000.
Catastrophic	5	Death	Service interrupted for significant time. Adverse publicity not avoidable (national media interest.) Major litigation expected. Resignation of senior management/directors.	Theft/loss over £5,000,000

Likelihood		
Descriptor	Score	Example
Remote	1	May only occur in exeptional circumstances.
Unlikely	2	Expected to occur in a few circumstances.
Possible	3	Expected to occur in some circumstances.
Probable	4	Expected to occur in many circumstances.
Highly Probable	5	Expected to occur frequently and in most circumstances.

Impact					
Catastrophic	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Insignificant	1	2	3	4	5
Likelihood	Remote	Unlikely	Possible	Probable	Highly Probable

Risk Appetite

Risk Rating	Net Risk Assessment	Risk Appetite Response
High	15-25	Unacceptable level of risk exposure which requires action to be taken urgently.
Medium	7-14	Acceptable level of risk but one which requires action and active monitoring to ensure risk exposure is reduced
Low	1-6	Acceptable level of risk based on the operation of normal controls. In some cases, it may be acceptable for no mitigating action to be taken.

Risk Response

There are four categories of risk response:

Terminate: risk avoidance – where the proposed activity is outwith the current risk appetite level;
Treat: risk reduction – where proactive action is taken to reduce the likelihood or impact of an event occurring or limiting the consequences should it occur
Transfer: risk transfer – where the liability for the consequences is transferred to an external organisation in full or part (e.g. insurance cover)
Tolerate: where certain risks are accepted

Risk Appetite Target Scores

Risk Description	From	To	Commentary
Strategic	Low	Medium	SEStran has a low to medium appetite in relation to its strategic risks and aims to ensure effective delivery of its commitments in line with agreed timescales. Strategic delivery is monitored through ongoing reporting processes and governance processes.
Financial	Low	Medium	SEStran has a low to medium appetite in relation to financial risk and may be prepared to accept some risk, subject to: · setting and achieving an annual balanced revenue budget, in line with legislative requirements · maintaining an unallocated general reserve fund, in line with legislative requirements The target appetite score for any significant budget overspend will be low. Financial risk is set out in SEStran's Governance Scheme.
Reputational	Low	Medium	SEStran is prepared to tolerate a low to medium level of occasional isolated reputational damage. Media response protocols are set out in the Governance Scheme.
System and Technology	Low	Medium	SEStran has a low to medium appetite in relation to system and technology risk. The risk appetite will vary depending on the nature, significance and criticality of systems used, and the services they support. Risks are managed through ongoing use of inbuilt technology, security controls, encryption, data loss prevention, firewalls and vulnerability scanning, plus a range of security protocols and procedures. SEStran has achieved Cyber Essentials Plus accreditation, however any specific cyber risks will have a target score of low.
Governance	Low	Low	SEStran has a low appetite in relation to governance and decision making. The partnership's governance arrangements are detailed in the Governance Scheme. No officer or member may knowingly take or recommend decisions or actions which breach legislation.
Specific Operational	Low	Medium	SEStran has a low to medium appetite in relation to specific operational risks. The Partnership Director and Management Team are expected to design, implement and maintain appropriate programme, project management and governance controls to manage these risks.
External (Suppliers/contractors/partnerships)	Low	Medium	SEStran has a low to medium appetite in relation to external risks. The appetite will vary depending on the criticality of the service or third-party support. SEStran has an established procurement process, supported by the Contract Standing Orders and use of Public Contract Scotland frameworks.
Legal and Regulatory	Low	Low	SEStran aims to fully comply with all applicable regulatory and legislative requirements. No officer or member may knowingly take or recommend decisions or actions which breach the law.
People	Low	Low	SEStran recognises that accidents can occur because of unknown and/or unplanned events and has an appetite to fully comply with all relevant health and safety requirements to minimise any health and safety risks that could potentially result in loss of life or injury.
New Project Income	Medium	High	SEStran has a medium to high appetite in relation to attracting new projects to enable innovation and attract new funding streams. SEStran has an established procurement process, supported by the Contract Standing Orders and use of Public Contract Scotland frameworks. Financial risk is set out in SEStran's Governance Scheme.

PROJECTS AND STRATEGY PERFORMANCE REPORT

1 INTRODUCTION

1.1 This report updates the Board on the performance of the Partnership's strategy and project workstreams in Quarter 3 of 2025/26. This report was presented to the Project and Strategy Delivery Oversight Subgroup (PaSDOS) on 30 January 2026 and to the Performance and Audit Committee on 27th February 2026.

2 PROJECTS AND STRATEGY Q3 REPORT

2.1 Appendix 1 provides a breakdown of progress of each project within Q3, including against budget and milestones. The risk register and issues log is subject to a separate report on this agenda.

2.2 Most projects are on course to utilise their full budgets by the end of 2025/26. 4 projects are expected to carry an underspend over £5,000 (in addition to those reported to the Board in December):

- Freight Strategy Delivery: Work to date has prioritised freight tram funding and SCOT-ZED delivery and therefore strategy work has not been progressed. The departure of the Senior Partnership Manager means that this work will not be progressed in Q4.
- Regional Bus Strategy: Work package 5 (initial set up of the action plan for the Strategy) is being delivered in a reduced format and a decision on the remainder of this in 2026/27 will be taken in due course, including how much of this can be delivered in house.
- Data Strategy: Ongoing and developing work on the RTS Delivery Plan, SEStransit and workforce mobility resulted in this work being put on hold until there is clearer understanding of how the data strategy will tie into these workstreams.
- Regional Bike Share: Lack of resource at Scotrail meant that it was not possible to progress the install of a locker at Haymarket Station. An alternative site was identified but it will not be coming forward until 2026/27

2.3 Generally, projects are on timeframe. 3 projects have major delays. These are:

- Multi –modal hubs: as reported to the December Board, this work will be included within the SEStransit project and so this work is now paused as a separate work package
- Regional Cycle Network: no budget was allocated to this project as the plan was to carry out work internally, however work has been slower than expected due to issues with data. A funding bid was submitted in Q2 to Innovate UK with a private sector partner to examine an innovative approach to mapping active travel routes, but this was unsuccessful. The plan is to submit a funding proposal to the Transport Scotland Active Travel Infrastructure Fund for 2026/27 to take forward this work with external

support, and fit it within the wider SEStransit work to support multi modal journeys.

- Freight Strategy Delivery: this delay primarily relates to the updating of the strategy. This work has been delayed due to prioritising work on Project SEStransit during Q3, delivery work having to be prioritised on the successful funding bid for SCOT-ZED project, and the departure of the Senior Partnership Manager who led this work

3 projects currently have minor delays, 27% of milestones are currently complete and 8% are delayed, with the remainder on track.

2.4 Some key project and strategy updates over the quarter include:

2.4.1 Thistle Assistance was Highly Commended in the 2025 National Transport awards in London in the Campaign of the year category. A new dashboard has also been developed to better track card and app usage and capture anonymised user data. A 4 week follow up campaign was delivered, resulting in 1,171 new card requests.

2.4.2 For Transport to Health (TtH), Q3 has concentrated on stakeholder engagement. A public consultation was undertaken with around 1500 responses received. Meetings have been held with health boards to take them through the public consultation and focus group outcomes. Meetings have been held with all RTPs on TtH with a further meeting arranged for January 2026.

2.4.3 The *SEStran at 20* event was held in December with representation from across the transport sector and from all our partner local authorities. Feedback from the event has been very positive with 80% of respondents rating it as excellent.

2.4.4 The Regional Bus Strategy was signed off by the SEStran Board on 28 November 2025 and launched at the SEStran at 20 event on 4 December 2026. The strategy has been very well received and the RBS Action Plan will be presented to the Partnership Board on 13 March 2026.

2.4.5 Stantec and Stuart Turnbull were brought on as consultants to progress the work on Project SEStransit. Both contracts are being funded through an award from the Transport Scotland Bus Infrastructure Fund awarded to and managed by the City of Edinburgh Council on behalf of the region. The project was presented to the Edinburgh and South East City Region Deal Directors group and the Forth Green Free Port infrastructure committee for information and engagement. Local authority transport and planning teams continued to meet regularly with SEStran officers and the consulting team to develop the work. This work has been identified in the recent Scottish Budget as part of the Infrastructure Delivery Pipeline – Development Pipeline which shows clear government ambition for future funding of this business case work.

2.4.6 For work on freight, the SCOT-ZED project team is in place and survey design for questionnaires and workshop formats was completed and circulated. SEStran also submitted an unsuccessful bid for funding through the Edinburgh and South East City Region Deal to focus on a freight tram innovation pilot.

2.5 **People and Place**

2.5.1 The key project progress under the 5 themes (plus access to cycles and the community grant fund) has been as follows:

2.5.2 As part of our **access to cycles** programme, cycle storage schemes across most LAs are well underway and delivery is underway for workplaces, residential and school sites. Midlothian Council have cycle storage being installed in 4 community locations. The Cycle Access Fund run by Cycling UK is continuing to support repair and recycling organisations across the region, with 11 organisations funded through these two strands. The Bike Station Wee Bike Library loaned out 110 bikes to kids and 12 loans of cargo bikes. Transition St Andrews have loaned out 90 bikes to students since the term started.

2.5.3 With **schools and young people**, CEC delivered a school bike maintenance project that has serviced 667 bikes across 46 schools. CEC purchased 10 new bikes to the support the Bike4Ever project in SIMD and ASN schools. The Scottish Cycling Rock up & Ride project has been working with young people in Glenrothes and Dunfermline. Fife pupil support identified 8 young people to be trained as coaches to then support delivery in local primary schools. The Bike Station Kids Bike Life project has delivered 111 sessions with 553 attendances. Follow up surveys have demonstrated a positive impact, with 88% feeling more confident, 15% now cycling to school and 45% cycling more outside of school. The Bike Station Wee Bike Library project has loaned a total of 306 kids bikes. The cargo bike loan scheme has had 21 users, supporting families to replace short car journeys. User feedback shows positive impact, with 47% reporting driving less. FEL has supported a wide range of inclusive, engaging and progressive Active Travel activities at Linlithgow Academy. FEL have also engaged with the wider community through buggy walks organised by Linlithgow Community Development Trust that have seen good attendance and positive feedback. For the FEL schools project, 30 S4 learning centre pupils completed Walk Leader training, 14 pupils completed basic bike maintenance training, and 19 pupils completed the SQA course in Bike maintenance. The WOW programme saw 10,520 pupils recording journeys across the region in Q3. The I-Bike project continues, in CEC delivering bike servicing to 180 young people, in West Lothian 200 pupils took part in scooter sessions and in SBC, road safety skills were delivered to over 200 young people.

2.5.4 Under the **workplaces** theme, Clackmannanshire Council held a Step Count Challenge for staff, with 50 participants recording 10,852,804 steps. Midlothian Council have ordered 2 secure e-bike lockers to enable them to promote the staff e-bike fleet and support staff travel between council sites. Forth Valley College completed and analysed their annual staff and student survey, identifying key barriers on which to focus future interventions. They also supported pop-up active travel hubs and re-introduced a programme of walking and cycling activities.

2.5.5 **Accessibility and inclusion** consists of a range of projects, which includes work in East Lothian, Fife, and SBC continuing with the street audits that were begun in 2024/25. Progress has been made on scheduling and delivery of works, with resurfacing and handrail works carried out. SBC are continuing audits in two towns to develop a pipeline of delivery. Midlothian have started production of materials for

their new active travel mascot and have a community event planned for October. Midlothian have been promoting the Community Step Count Challenge that will commence in February. FEL Scotland continue their referral project with NHS Rheumatology clinicians, patient feedback continues to be positive. CEC have delivered 13 well attended weekly themed walks that are receiving strong engagement and delivering health benefits. Transition St Andrews delivered 40 public bike maintenance sessions with over 300 attendees. The Connecting Communities in Midlothian and East Lothian continue to engage with local residents to support access to cycling. A case study from the Midlothian project: Growing up in Kurdistan, Goran loved early-morning rides to buy bread for his family. But in Scotland, busy roads, congestion and the daily struggle to find a parking space at Edinburgh's Royal Infirmary made travelling to work by car exhausting. Through Connecting Communities, Goran was able to borrow an e-bike and try cycling to work from his home in Danderhall "Cycling to work takes around 10–15 minutes, whereas before it took longer in the car because of congestion. I feel happier and healthier when I cycle to work. I've also saved money by not taking the car."

2.5.6 Work around **capacity and capability building** has included the delivery of three shared learning events in October. The events brought together local authorities, community groups and third sector partners to share their experiences and learn more about the people and place programme across the region. We are also planning to hold a local authority shared learning event in early February 2026 to share best practice and support planning and collaboration in 2026/27. Following a CyclingUK event in Midlothian, Midlothian Council are piloting the hosting of a new Active Travel Forum. Staff from Midlothian were invited to similar forums in East Lothian, West Lothian and SBC to learn from the different approaches. The behaviour change strategy officer concluded work with Falkirk Council and has progressed work with West Lothian Council.

2.5.7 On **sustainable transport** projects, CEC carried out a Car Club promotion campaign that led to 119 new members and the introduction of 3 new EVs. TravelKnowHow continue to support NHS Lothian with development of their staff travel plan and at Fife College, survey work has been completed and a summary report delivered. In East Lothian, work continues on development of improved signage for 9 journey hubs.

2.5.8 The 15 funded **community projects** are delivering a range of activities across the region, with a good mix of support for walking and cycling initiatives. Walk it continues in the Scottish Borders, with classes delivered in 4 locations for 11 weeks. In Falkirk, Recyke-a-Bike have been working with 3 schools supporting them with bike maintenance and support to deliver learn to ride sessions and Bikeability Scotland training. Bikes for Refugees exceeded its distribution targets, providing refurbished bikes and support to New Scots while generating over 400 volunteer hours—demonstrating both need and community capacity. Porty Community Energy expanded local access to active travel through its bike library, adult cycle confidence lessons, and inclusive initiatives such as Equal Footing Portobello, supporting disabled residents and improving accessibility in local businesses. Meanwhile, Bridgend Farmhouse's Community on the Move continued to strengthen grassroots engagement by refurbishing bikes, running led rides, and delivering tailored cycle coaching for young people and families, including VIP sessions for children with additional support needs. Collectively, these projects show clear increases in

participation, confidence and community led delivery, contributing directly to sustained behaviour change and widening access to active and sustainable travel across the region.

2.5.9 The processing of Q3 grant claims is underway, currently we are anticipating a slightly lower value compared to the forecasted total claim for this quarter.

3 COMMUNICATIONS AND MARKETING UPDATE

3.1 Communications and marketing achievements include:

- Successful promotion of our transport to health public consultation across all channels, including paid Meta and local media coverage, which helped contribute to 1,500 responses.
- Working with Wheelhouse (a software company) to produce a new dashboard and card ordering system for Thistle Assistance
- A four-week digital ad campaign promoting Thistle Assistance cards – leading to almost 1,200 new card requests.
- Launching our new, digital, version of our vision at the transport summit
- Producing all collateral for the transport summit, including the programme, asks for the Scottish elections and new pull up banner stands.
- Monthly newsletters and blog posts produced and distributed.
- Regular posts on LinkedIn, leading to increased engagement and followers.

4 OTHER AREAS OF WORK

4.1 Monthly attendance at Winchburgh Station Steering Group and South of Scotland EV Steering group. Discussions continue with Transport Scotland around the Newburgh station options appraisal. Both of these stations have been identified in the recent Scottish Budget as part of the Infrastructure Delivery Pipeline – Future Pipeline. Involvement with the City of Edinburgh Community Planning Partnership delivery team on a trial basis, with a project officer spending one day a month as part of the team looking at the development of the Local Outcome Improvement Plan.

5 RECOMMENDATIONS

5.1 The Board is asked to note the contents of this report

Beth Harley-Jepson
Project Officer
13th March 2026

Appendix 1: 2025/26 Q3 Projects and Strategy Report

Policy Implications	Outlined project work contributes to the objectives identified within the SEStran Regional Transport Strategy.
Financial Implications	All project work is delivered within confirmed budgets.
Equalities Implications	There are no adverse equalities implications arising from SEStran projects. Several projects actively work to reduce inequalities.
Climate Change Implications	There are no negative climate change implications arising from SEStran projects. Several projects actively work to tackle climate change through the creation of, or support for more sustainable transport options.

Budget	Income	Expenditure	SEStran Spend
Original Budget	£70,500.00	£534,500.00	£464,000.00
Current Budget	£33,500.00	£407,974.43	£374,474.43
Current Actual	£0.00	£163,234.72	
Current Remaining	£33,500.00	£244,739.71	
Predicted Future Spend	£33,500.00	£233,262.91	
Predicted total spend	£33,500.00	£396,497.63	£362,997.63
Predicted Variance	£0.00	£11,476.80	£11,476.80

	Count	Current Exp Budget	% Exp Budget
Major Delay	3	£50,000	12.3%
Minor Delay	3	£116,921	28.7%
On Target	8	£241,054	59.1%
Underspend >£5k	4	£181,921	44.6%
Underspend <£5k	1	£40,000	9.8%
On Budget	9	£186,054	45.6%
Overspend <£5k	0	£0	0.0%
Overspend >£5k	0	£0	0.0%
Total	**14**	**£407,974**	

Projects Programme and Financial Summary

Project	Finance Status	Change Since Last Quarter	Programme Status	Change Since Last Quarter	Current Inc Budget	Current Inc Prediction	Current Inc Variance	Current Exp Budget	Current Exp Prediction	Current Exp Remaining	Current Exp Variance
Multi Modal Interchanges	On Budget	↔	Major Delay	↔	£0	£0	£0	£0	£0	£0	£0
Freight Strategy Delivery	Underspend >£5k	↓	Major Delay	↓	£0	£0	£0	£50,000	£50,000	£50,000	£0
Regional Cycle Network	On Budget	↔	Major Delay	↓	£0	£0	£0	£0	£0	£0	£0
RTPI & Ticketing	On Budget	↔	On Target	↔	£9,500	£9,500	£0	£19,500	£19,500	£0	£0
Regional Bus Strategy	Underspend >£5k	↓	Minor Delay	↔	£0	£0	£0	£56,921	£62,843	£25,465	-£5,923
RTS Delivery Plan	On Budget	↔	Minor Delay	↔	£0	£0	£0	£10,000	£9,410	£590	£590
SEStran at Twenty	Underspend <£5k	↓	On Target	↔	£0	£0	£0	£40,000	£35,999	£4,281	£4,001
Rail Strategy	On Budget	↔	On Target	↔	£0	£0	£0	£13,500	£13,500	£13,500	£0
Data Strategy	Underspend >£5k	↓	Minor Delay	↓	£0	£0	£0	£50,000	£50,000	£50,000	£0
Thistle Assistance	On Budget	↑	On Target	↔	£24,000	£24,000	£0	£62,531	£62,214	£32,888	£317
Transport to Health Strategy	On Budget	↔	On Target	↔	£0	£0	£0	£50,523	£50,523	£34,600	£0
Regional Bike Share	Underspend >£5k	↓	On Target	↔	£0	£0	£0	£25,000	£12,509	£21,214	£12,491
Sustainable Travel Awareness	On Budget	↔	On Target	↔	£0	£0	£0	£10,000	£10,000	£5,665	£0
Project Consultancy Support	On Budget	↔	On Target	↔	£0	£0	£0	£20,000	£20,000	£6,536	£0
Total					**£33,500**	**£33,500**	**£0**	**£407,974**	**£396,498**	**£244,740**	**£11,477**

Project Name	**Multi Modal Interchanges**
Current Exp Budget	£0
Project Code	92096
SEStran Lead	Rachael Murphy
SEStran Manager	Keith Fisken
Project Partners	All 8 Local Authorities
Lead Partner	SEStran
Last Updated	15/10/2025

Finance Status
On Budget
Programme Status
Major Delay

Budget	Income	Expenditure	SEStran Spend
Original Budget	£35,000.00	£100,000.00	£65,000.00
Current Budget	£0.00	£0.00	£0.00
Current Actual	£0.00	£0.00	
Current Remaining	£0.00	£0.00	
Predicted Future Spend	£0.00	£0.00	
Predicted total spend	£0.00	£0.00	£0.00
Predicted Variance	£0.00	£0.00	£0.00

Milestone Status	Count	Percentage
On Track	0	0%
Delayed	0	0%
Overdue	1	50%
Complete	1	50%

Source of Any Income: n/a

Project Summary

Working in line with the Regional Bus Strategy, and strategies developed in 2020, this study will develop recommendations for hub sites in the SEStran region. This will be further developed in Q3 based on the outcomes of the bus strategy and once we have located counters to collect data at key sites.

RTS Actions	Project Objectives	Project Outcomes
•Deliver the eight pilot multi-modal mobility hubs as defined in the SEStran Mobility Hub study	Deliver improved integration Understand local demands for multi-modal hubs and the most appropriate solutions Work with partners to ensure best practice	Refreshed interchange strategy Understanding of the current landscape Awareness of local authority interchange work

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
The project has been stalled by being included in the Bus Infrastructure Funding bid, taken forward by CEC on behalf of the bus alliance. Nonetheless, we have completed the brief, so it's ready to go as soon as we know the quantum of funding available. All future milestones may need to be adjusted once the funding position is clearer. Happily, we will most likely receive the public consultation of the bus strategy before much more progress is achieved, and that should help us understand public priorities.	

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
As Project SESTransit progresses, we are looking at project overlap. As part of this, the interchange work will be incorporated into the wider SESTranit project which is being financially managed by City of Edinburgh Council as part of BIF. Any gaps remaining can be addressed in 26/27 which will ensure there is no delivery overlap. The funding allocated to this project, £65k, could reallocated in several ways: Option 1: Shift money into 2526 Stantec work Option 2: Earmark money for SEStran's portion of 2627 RTSDP work or RBS 2627 work Option 3: Spend differently in 2526	

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
Due to work on SESTransit, Board agreed to place project on hold and look to carry forward budget to support delvery in 26/27 Updates provided as part of SEStransit	

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress
N/a - updates provided as part of SEStransit	

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Confirm funding route for remaining funding based on SEStransit	31/10/25			Overdue	
Review authorities' preferred sites from RTSDP or LDPs	27/06/25		27/06/25	Complete	31/07/25

Project Name	**Freight Strategy Delivery**
Current Exp Budget	£50,000
Project Code	92090
SEStran Lead	Keith Fisken
SEStran Manager	Keith Fisken
Project Partners	Falkirk, CEC, Fife, MoD, Forth Ports
Lead Partner	SEStran
Last Updated	01/08/2025

Finance Status
Underspend >£5k
Programme Status
Major Delay

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£50,000.00	£50,000.00
Current Budget	£0.00	£50,000.00	£50,000.00
Current Actual	£0.00	£0.00	
Current Remaining	£0.00	£50,000.00	
Predicted Future Spend	£0.00	£50,000.00	
Predicted total spend	£0.00	£50,000.00	£50,000.00
Predicted Variance	£0.00	£0.00	£0.00

Milestone Status	Count	Percentage
On Track	3	38%
Delayed	0	0%
Overdue	3	38%
Complete	2	25%

Source of Any Income: n/a

Project Summary

By continuing our work on freight, we will build local authority capacity and knowledge.

We expect our role to become more one of support and promotion, but will stay responsive to opportunities as they arise.

RTS Actions	Project Objectives	Project Outcomes
Work with partners to identify, through the further development of the SEStran Freight Strategy, locations where gauge clearances should be increased to enable new and enhanced rail freight services to operate in the region Further develop proposals for new rail freight services, including a potential multi-user freight train running from Grangemouth Explore innovative approaches to movement of freight, tram, passenger trains, drones etc.	Improved local authority awareness and capability - Freight included in LDPs & LTS Freight strategy refresh	Updated regional freight strategy Inform Forth Green Free Port transport plan - supporting Alloa to Rosyth corridor Business case development for test projects

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
Review of pre-existing work and outline plan for future work drafted Funding bids entered and results awaited Freight appearing as ket theme of RTSDP work, so planning of freight specific workshop underway Met with Green Freeport infrastructure group & MoD to discuss potentail transport options	

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
Funding bid to the Transport Scotland ZE HDV Skills Challenge Fund 2025-26 was succesful - project called SCOT-ZED: Supporting Careers and Opportunity in Transport – for Zero Emission Diversity in the ZE HDV Sector. SEStran will be working with partners Glasgow University and University of West of England to deliver this by March 2026. Presented Project SEStransit to Green Free port Infrastucture Sub committee - group will explore how to develop plan for GFP to integrate freight	

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
SCOT-ZED - project team in place and meeting. Survey design for questionnaires and workshop format complete and being circulated SEStran officers attanded SCOTFLAG meeting and presented SCOT-ZED project SEStran participating in a bid via ESESCRD to the UKRI Local Innovation Partnerships Fund to focus on freight tram innovation pilot Napier University are reviewing internal proposal for research into regional freight	

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Strategy planning and research: review current strategy	30/06/25		29/06/25	**Complete**	01/08/25
Review Logistics and freight forum - explore how it can be more effective	30/06/25		29/06/25	**Complete**	01/08/25
Strategy development (draft) - objectives and goals Stakeholder engagement	30/09/25			**Overdue**	
Create timeline and route-map	31/12/25			**Overdue**	
Test pilots identified	31/12/25			**Overdue**	
Funding exploration	31/03/26			**On Track**	
Develop business cases where appropriate	31/03/26			**On Track**	
Finalise strategy and publish	31/03/26			**On Track**	

Project Name	Regional Cycle Network
Current Exp Budget	£0
Project Code	92082
SEStran Lead	Beth Harley-Jepson
SEStran Manager	Michael Melton
Project Partners	All 8 Local Authorities
Lead Partner	SEStran
Last Updated	05/08/2025

Finance Status
On Budget
Programme Status
Major Delay

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£0.00	£0.00
Current Budget	£0.00	£0.00	£0.00
Current Actual	£0.00	£0.00	
Current Remaining	£0.00	£0.00	
Predicted Future Spend	£0.00	£0.00	
Predicted total spend	£0.00	£0.00	£0.00
Predicted Variance	£0.00	£0.00	£0.00

Milestone Status	Count	Percentage
On Track	0	0%
Delayed	5	83%
Overdue	0	0%
Complete	1	17%

Source of Any Income: n/a

Project Summary

Mapping of the regional cycle network to provide and single source of information on existing infrastructure and future plans. The project will involve the collation of data form Local Authorities and help identify gaps in the current and proposed network and support Local Authorities to work collaboratively on connecting cross boundary routes. This will not involve the design/delivery of infrastructure projects.

RTS Actions	Project Objectives	Project Outcomes
• Progress the delivery of the SEStran Strategic Network and broader cross boundary networks with partners. Develop further phases of this network to ensure a long-term pipeline of investment • Review destinations served by the active travel network to identify gaps and locations where cross-boundary schemes may be required to ensure an integrated, high quality network exists	• Develop a uniform approach to mapping cycling infrastructure across the region • Create a shared mapping resource that can be accessed by all Local Authorities • Work with Local Authorities to identify opportunities to support cross boundary connections • Create a story map to highlight the extent of the existing network	• Creation of a baseline map of the existing cycle network • Identify gaps in current mapping data • Support the development of a unified approach to mapping cycle infrastructure • Mapping resource for current and future cycle network across the region

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
Held meeting with CEC to discuss development of a Regional Cycle Network and developing a consistent approach to mapping of infrastructure.	Identified a preferred uniform approach to mapping infrastructure that aligns with Sustrans approach.
Q2 Project Progress and RAG status update	**Q2 Objectives & RTS Actions Progress**
Propose to take to the RTSDP grouping to secure senior buy-in to the approach. Met with Fife Council active travel and networks to agree approach. Engaged with Ewan Doyle about discussing as part of mass transit work. Met with Marked and scheduled meeting with Hitrans to explore potential of tool/data gathering to support this work.	
Q3 Project Progress and RAG status update	**Q3 Objectives & RTS Actions Progress**
Given other proejct pressures work has not progressed on this as planned to date. Options being considerd for funding for 26/27 to deliver on initial proposals. Follow up meeting held with Marked. Draft business case developed for delivery. Begun work on funding bid for 26/27 to support external resource to progress	
Q4 Project Progress and RAG status update	**Q4 Objectives & RTS Actions Progress**

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Complete review of data gathered in 24/25 as part of P&P	31/05/25		28/07/25	Complete	05/08/25
Meet with each LA to refine scope of works	30/06/25	18/05/26		Delayed	05/08/25
Complete data collection	31/08/25	03/08/26		Delayed	05/08/25
Complete regional network map	02/01/26	28/09/26		Delayed	05/01/26
Share outcomes with LAs and agree next steps	28/02/26	12/10/26		Delayed	05/01/26
Complete public facing version of map	31/03/26	18/01/27		Delayed	05/01/26

Project Name	**RTPI & Ticketing**
Current Exp Budget	£19,500
Project Code	92019
SEStran Lead	Rebecca Smith
SEStran Manager	Michael Melton
Project Partners	7 Local Authorities plus Stirling Council (ELC partial)
Lead Partner	SEStran
Last Updated	01/05/2026

Finance Status
On Budget
Programme Status
On Target

Budget	Income	Expenditure	SEStran Spend
Original Budget	£11,500.00	£21,500.00	£10,000.00
Current Budget	£9,500.00	£19,500.00	£10,000.00
Current Actual	£0.00	£19,500.00	
Current Remaining	£9,500.00	£0.00	
Predicted Future Spend	£9,500.00	£0.00	
Predicted total spend	£9,500.00	£19,500.00	£10,000.00
Predicted Variance	£0.00	£0.00	£0.00

Milestone Status	Count	Percentage
On Track	3	50%
Delayed	2	33%
Overdue	0	0%
Complete	1	17%

Source of Any Income: Scotrail and Local Authorities

Project Summary

SEStran currently work on two projects supporting real time passenger information available across the region:
1. Purchase and maintenance of around 160 indoor RTPI PCs and screens placed in public buildings (hospitals, Council buildings etc.)
2. A framework which enables LAs to purchase and maintain RTPI screens for the regional bus network as well as using the Novus FX system to update information timetables and services

RTS Actions	Project Objectives	Project Outcomes
• Introduce Real Time Passenger Information for public transport services through mobile applications, stations and stops and across all parts of the region Deliver integrated ticketing systems, potentially incorporating far capping, which can be used across all modes of public transport and operators, taking into account the digital provision differences in urban and rural areas	• To increase the real time public transport information available across the region To improve the quality of information available via RTPI and app platforms across the region To champion for ticketing options which supports accessible multi-mode journeys	• More screens being online for users of the public transport network Information being trusted by the public as reliable and up-to-date Encourage smart ticketing to be trialled and improved across the region Link with other RTPs/ LAs to increase economies of scale for RTPI infrastructure and customer support

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
Asset register tagging progress - EL screens tagged and issues raised with provider Journeo - on track Meeting with Journeo to monitor SLA and screen issues Added new requested locations for indoor screens to list (from RM's Transport to Health work)	3 screens back online to provide RTPI information in various public sector buildings - screens online now at 56%

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
Meetings with new locations - charity sector and NHS sites. Potential for digital widget to be set up to provide PT information without the PC and screen infrastructure. 70% of locations now have site asset tagged, tags sent to the organisation, or have been flagged as inaccessible.	Increasing engagement with new and existing locations has allowed us to raise the profile of the work. Discussions around creating information 'widgets' which can be installed into the organisation's own equipment offers the opportunity to provide high quality information without the infrastructure. The widget is being developed by the provider and will be tested in Q3.

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
RTPI contract review taking place ahead of March 2026 contract expiry. Identifying routes to procurement including direct award. Working with NHS Lothian to improve screen displays and looking at expansion of the network at all sites.	Continuing to progress 'widget' options to enable easier infomration sharing.

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress
Asset tagging to be carried out by officers in Q4.	

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Contact all organisations with screens offline	30/09/2025		16/09/2025	Complete	16/06/2025
Complete 25/26 audit review of screens	31/03/2026			On Track	16/06/2025
RTPI SEStran Area Meetings with supplier (Quarterly)	31/03/2026			On Track	16/06/2025
Complete asset tagging of screens	31/08/2025	27/02/2026		Delayed	05/01/26
Decide regional software procurement route	30/11/2025	30/01/2026		Delayed	05/01/26
Carry out procurement process for software	30/02/2026			On Track	16/09/2025

Project Name	**Regional Bus Strategy**
Current Exp Budget	£56,921
Project Code	92087
SEStran Lead	Rachael Murphy
SEStran Manager	Keith Fisken
Project Partners	All 8 Local Authorities
Lead Partner	SEStran
Last Updated	05/08/2025

Finance Status
Underspend >£5k
Programme Status
Minor Delay

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£71,000.00	£71,000.00
Current Budget	£0.00	£56,920.84	£56,920.84
Current Actual	£0.00	£31,455.74	
Current Remaining	£0.00	£25,465.10	
Predicted Future Spend	£0.00	£31,387.62	
Predicted total spend	£0.00	£62,843.36	£62,843.36
Predicted Variance	£0.00	-£5,922.52	-£5,922.52

Milestone Status	Count	Percentage
On Track	0	0%
Delayed	0	0%
Overdue	0	0%
Complete	4	100%

Source of Any Income: n/a

Project Summary

The RTS sees the bus network at the heart of the region's public transport system, building alongside the National Transport Strategy (NTS2).
Almost half (47%) of residents across the South East of Scotland used a bus service at least once a month in 2019 and patronage is building back. At SEStran's June Partnership Board Meeting, the Towards a World Class Bus Service paper begun the process of shaping a Regional Bus Strategy for the South East of Scotland.

RTS Actions	Project Objectives	Project Outcomes
• Undertake a Regional Bus Connectivity study for non-Edinburgh travel to identify settlement pairs where travel demand is high and bus services are poor, as a means to promoting new routes and connectivity (in partnership with other policies) •Undertake a Regional Bus Priority study which will identify regional, cross-boundary, quality bus corridors and key bus priority interventions to reduce bus journey times and improve bus journey time reliability where Edinburgh is likely to be a focus •Deliver the bus priority interventions funded by Transport Scotland's Bus Partnership Fund and subsequently identified by the Regional Bus Priority study •Review the bus powers detailed in the Transport (Scotland) Act 2019 and identify if they could be implemented across all or parts of the region within an integrated strategy to enhance the bus network	To continue strategic progress from 24/25 To engage partners/ public in bus opportunities To build consensus around the best path forward	Worked up options, based on case for change and review of policies. Work Package 3: Appraisal of Delivery Options Work Package 4: Consultation on the Draft Strategy Work Package 5: Finalise Strategy

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
Whilst progress and engagement have been strong, members of the board, including the chair, have suggested that pushing the completion date of the strategy out would allow more review time after the public consultation. As such, milestones have been adjusted.	SEStran staff reviewed the draft policies which had been considered by the board/ working group from Integrated Mobility Forum/ operators and local authorities. The policies had been ranked against their reception with these audiences, as well as their deliverability. A shorter list of questions is being compiled to form the public consultation.
Q2 Project Progress and RAG status update	**Q2 Objectives & RTS Actions Progress**
The public consultation on the bus strategy received strong response rate of over 5000 replies, including 1600 open text responses.	The consultation is underway with specific comms for each LA in hope of regional equity Reception has been enthused and should provide a strong basis from which to launch the strategy.
Q3 Project Progress and RAG status update	**Q3 Objectives & RTS Actions Progress**
Public consultation reporting produced and fedback to by SEStran team Timings for final few months shared with LAs ahead of SE Summit Meetings with LAs and operators ahead of sharing final draft Final draft shared with ops/ LAs/ Bus Users UK Preparing presentation script/ slides/ questions for summit Strategy approved by board Strategy launched at Summit Unspent advertsing budget moved to Thistle Assistance. Likely underspend on budget set aside for Work Package 5 (£25k) as some of this work may be completed internally - discussions ongoing	
Q4 Project Progress and RAG status update	**Q4 Objectives & RTS Actions Progress**

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Completion of Work Package 3 (Appraisal of Delivery Options)	27/06/25		12/05/25	**Complete**	05/08/25
Completion of Work Package 4 (Public Consultation Questions on the Draft Strategy)	27/06/25		18/07/25	**Complete**	05/08/25
Public consultation closes	25/08/25		25/08/25	**Complete**	09/09/25
Publication of final strategy	30/09/25	04/12/25	04/12/25	**Complete**	05/01/26

Project Name	**RTS Delivery Plan**
Current Exp Budget	£10,000
Project Code	92042
SEStran Lead	Rachael Murphy
SEStran Manager	Keith Fisken
Project Partners	All 8 Local Authorities
Lead Partner	SEStran
Last Updated	05/08/2025

Finance Status
On Budget
Programme Status
Minor Delay

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£55,000.00	£55,000.00
Current Budget	£0.00	£10,000.00	£10,000.00
Current Actual	£0.00	£9,409.67	
Current Remaining	£0.00	£590.33	
Predicted Future Spend	£0.00	£0.00	
Predicted total spend	£0.00	£9,409.67	£9,409.67
Predicted Variance	£0.00	£590.33	£590.33

Milestone Status	Count	Percentage
On Track	6	60%
Delayed	0	0%
Overdue	3	30%
Complete	1	10%

Source of Any Income: n/a

Project Summary

Building on the ESESCRD and SEStran Concordat, this delivery plan will highlight projects Local Authorities want to develop that exemplify the themes and objectives of the RTS. By identifying these opportunities, we can make best use of CRD and SEStran efforts and actively pursue funding for these.

RTS Actions	Project Objectives	Project Outcomes
Partner councils work with SEStran through the statutory planning processes to implement RTS policies with regards to major developments	Identifies strategically important infrastructure and integration projects Identify priority projects to be delivered in the next 10 years. Identify priority projects to be developed further. Monitoring & Evaluation Plan Maintenance of an up-to-date matrix of projects in the region	Up to date and useful tool with local authorities project proposals GIS mapping to view projects on boundaries and their potential link-ups PowerBI tool, to quickly assess projects against chosen criteria like RTS or RPF them

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
Progress on the delivery plan has been stalled whilst SEStran and City Region Deal seek clarity on the STPR2 Delivery Plan commitments as any changes to the priorities identified in STPR2 will need to be assessed and priorities through the RTS Delivery Plan matrix before the project can move to the next stage.	Progress on the delivery plan has been stalled whilst SEStran and City Region Deal seek clarity on the STPR2 Delivery Plan commitments as any changes to the priorities identified in STPR2 will need to be assessed and priorities through the RTS Delivery Plan matrix before the project can move to the next stage.

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
Successful BIF funding has progressed MT theme to develop Project SEStransit Data theme progressing with our work with Arup. Freight progressing via strategy work Decarb unprogressed RCN progressing AT theme Interchanges options need to be agreed	

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
Arup and Stuart Turnbull brought on as consultants to progress the work Next LA workshop planned for 22/11 PID and wider governance challenges under consideration in conjunction with TS Keith Fisken taking lead role from SEStran team Project SEStransit presented to ESESCRD Directors group and Forth Green Free Port infrastructure committee for information and engagement Budget reduced to £10k (from £55k) as reported to PaSDOS and Board due to costs being met from Bus Infrastructure Fund	

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Complete assessment projects that were not included in STPR2	30/08/25			Overdue	05/08/25
Complete first draft consultancy scope	31/03/25		07/01/25	Complete	05/08/25
Determine procurement route	30/06/25	31/08/25		Overdue	05/08/25
Complete review of Matrix Analysis and sense check outputs	30/11/25			Overdue	05/08/25
Complete assessments and recommend appropriate development route for each projects	31/03/26			On Track	05/08/25
Complete assessment of the cost of project development and provide overall estimate	31/03/26			On Track	05/08/25
Finalise Monitoring & Evaluation Criteria	31/03/26			On Track	05/08/25
Finalise Funding Strategy	31/03/26			On Track	05/08/25
Finalise delivery programme	31/03/26			On Track	05/08/25
Steering Group Gateway Review	31/03/26			On Track	05/08/25

Project Name	**SEStran at Twenty**
Current Exp Budget	£40,000
Project Code	92095
SEStran Lead	Rachael Murphy
SEStran Manager	Keith Fisken
Project Partners	LAs, TS,
Lead Partner	SEStran
Last Updated	05/08/2025

Finance Status
Underspend <£5k
Programme Status
On Target

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£40,000.00	£40,000.00
Current Budget	£0.00	£40,000.00	£40,000.00
Current Actual	£0.00	£35,718.55	
Current Remaining	£0.00	£4,281.45	
Predicted Future Spend	£0.00	£280.00	
Predicted total spend	£0.00	£35,998.55	£35,998.55
Predicted Variance	£0.00	£4,001.45	£4,001.45

Milestone Status	Count	Percentage
On Track	1	10%
Delayed	0	0%
Overdue	0	0%
Complete	9	90%

Source of Any Income: n/a

Project Summary

Having been founded in 2005, RTPs have existed for two decades, an anniversary that should be celebrated.

We plan to celebrate this milestone with events and a re-publication of the RTS vision.

RTS Actions	Project Objectives	Project Outcomes
N/A	To celebrate the milestone of our RTS To engage stakeholders and make new connections Display the vision that guides our RTS in a more engaging way	Event series, perhaps linked to board meetings Final, major event Rich picture version of RTS vision

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
We have produced three newsletters, blog posts, factsheets. The annual report is nearly complete A provisional date has been sent for a celebration event (Dec 4 2025) Chair have been updated on suggested agenda SEStran at 20 Teams backgrounds created	

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
TBP brought on Cab sec agreeing to speak Manifesto development diaried in - first draft complete Vision work procured and progressing Event booked and invites sent out. Agenda almost finalised.	

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
The Vision tender evaluation marked and awarded Meetings with successful bid to work through RTS objectives and manifesto asks Work progressing well against this to meet deadline ahead of summit Invites sent across all tiers and responses positive Working through confirming agenda	

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Three factsheets on specific topics.	31/03/26			On Track	13/10/25
Publish 2024/25 Annual Report.	27/06/25		22/07/25	Complete	05/08/25
Complete vision brief	30/08/25		30/08/25	Complete	05/08/25
Send the Save the Date to key invitees	27/06/25	13/08/25	13/08/25	Complete	05/08/25
Procure designers for vision work	30/08/25		30/08/25	Complete	05/08/25
Book event space for celebration	27/06/25		01/08/25	Complete	05/08/25
Produce manifesto	28/11/25		03/12/25	Complete	19/12/25
Set event agenda	31/10/25		30/10/25	Complete	30/10/25
Send event invites	31/10/25		30/10/25	Complete	11/11/25
Vision and associated collateral complete	07/11/25	14/11/25	14/11/25	Complete	30/10/25

Project Name	**Rail Strategy**
Current Exp Budget	£13,500
Project Code	92047
SEStran Lead	Keith Fisken
SEStran Manager	Keith Fisken
Project Partners	tbc
Lead Partner	tbc
Last Updated	05/08/2025

Finance Status
On Budget
Programme Status
On Target

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£0.00	£0.00
Current Budget	£0.00	£13,500.00	£13,500.00
Current Actual	£0.00	£0.00	
Current Remaining	£0.00	£13,500.00	
Predicted Future Spend	£0.00	£13,500.00	
Predicted total spend	£0.00	£13,500.00	£13,500.00
Predicted Variance	£0.00	£0.00	£0.00

Milestone Status	Count	Percentage
On Track	1	17%
Delayed	0	0%
Overdue	1	17%
Complete	4	67%

Source of Any Income: n/a

Project Summary

The rail network (comprising 'conventional' heavy rail and light rail/tram) plays a key role linking up the region, as well as providing connectivity to external locations. The region has benefitted from the construction of the Borders Railway which opened in September 2015., Levenmouth rail line and Reston & East Liston stations in 2024.

More of the region's towns and settlements could be connected to the existing rail network by the provision of new stations. This is particularly important where significant new

RTS Actions	Project Objectives	Project Outcomes
Work with Transport Scotland and Network Rail to deliver new rail infrastructure in the region, where appraisal and business case development has demonstrated its merits Opportunities should be explored with partners to introduce new services, including more direct links across the region, national boundaries and cross-city connections	Improved strategic engagement with key stakeholders	Regional agreement on approach to rail List of supported fundable projects Improved integration with other modes Long term - new infrastructure?

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
Review of RTS rail chapters completed with rail operators/ NR Conversations underway with NR about better data sharing	

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
Regional Rail Group met in September Winchburgh Steering group meet - business case being finalised for submission to TS & ESESCRD Newburgh rail apprasail with TS for review	

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
Project SEStransit presented to ScotRail as an introduction	

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Deliver 1st meeting of the Regional rail group	30/06/25	30/08/25	01/09/25	Complete	05/08/25
Strategy planning and research	30/06/25		06/07/25	Complete	05/08/25
Deliver 2nd meeting of Regional Rail Group	30/09/25		17/9/25	Complete	17/09/25
Strategy development (draft) - objectives and goals Stakeholder engagement	31/12/25			Overdue	11/10/25
Deliver 3rd meeting of Regioanl Rail Group	31/12/25		10/12/26	Complete	15/01/26
Deliver 4th meeting of Regioanl Rail Group	31/03/26			On Track	

Project Name	**Data Paper**
Current Exp Budget	£50,000
Project Code	92094
SEStran Lead	Rachael Murphy
SEStran Manager	Keith Fisken
Project Partners	WFM
Lead Partner	SEStran
Last Updated	30/09/2025

Finance Status
Underspend >£5k
Programme Status
Minor Delay

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£50,000.00	£50,000.00
Current Budget	£0.00	£50,000.00	£50,000.00
Current Actual	£0.00	£0.00	
Current Remaining	£0.00	£50,000.00	
Predicted Future Spend	£0.00	£50,000.00	
Predicted total spend	£0.00	£50,000.00	£50,000.00
Predicted Variance	£0.00	£0.00	£0.00

Milestone Status	Count	Percentage
On Track	1	11%
Delayed	3	33%
Overdue	0	0%
Complete	5	56%

Source of Any Income: n/a

Project Summary

We will build an understanding of how our local authorities, other RTPs, Transport Scotland, and partner organisations like ESESCRD think about mapping and data challenges and opportunities.

RTS Actions	Project Objectives	Project Outcomes
Drawing on the findings of the monitoring reports, revisit the RTS when the post-pandemic picture has stabilised to determine any policy adjustments required to reflect the 'new normal' circumstances	To understand what partner organisations do around mapping and data To build internal skill set on GIS, and associated data/ mapping products To consider what we can learn from open data sources and how it could impact our work.	Discovery Paper on Data and Mapping Inventory of data and mapping resources and capacity within the organisation

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
We are meeting the milestones attached to this project, and are now working in Miro to understand more about what we already have access to/ would need to pay for.	We have: - compiled a list of questions to answer - contacted Transport Scotland about their data strategy - begun data Miro board for organisation -met with UT's leads on data - begun analysis of RCN

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
Outline meeting with Arup and proposal shared with us Comments returned Waiting for second draft proposal	

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
Second draft through from Arup Discussions with Podaris about their tool and how it might be useful to us/ consultants/ partners Spoken to consultants about how they find using Podaris to get wider understanding. All positive. Next step - consider how we bake any such tool into future consultant projects and data conversations with LAs Review Innovate Norway project documents for Assistobe, project group to be formed after internal SEStran approval.	

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Meet with Transport Scotland to understand their emerging data strategy's methodology	27/06/25		30/04/25	Complete	05/08/25
Compile data and mapping capacity list	27/06/25		30/05/25	Complete	05/08/25
Complete list of questions to form basis of paper	27/06/25		30/05/25	Complete	05/08/25
Meet UrbanTide's to discuss their work in this area	27/06/25		27/06/25	Complete	05/08/25
Complete evaluation of RCN as active project already using mapping	27/06/25		20/06/25	Complete	05/08/25
Undertake audit of local authorities' mapping and data policies	30/09/25	27/02/26		Delayed	05/08/25
Establish data and mapping gaps list	30/09/25	13/03/26		Delayed	05/08/25
Begin discovery plan drafting	19/12/25	13/03/26		Delayed	05/08/25
Present recommendations paper to board	31/03/26			On Track	05/08/25

Project Name	**Thistle Assistance**
Current Exp Budget	£62,531
Project Code	92077
SEStran Lead	Sandra Lavergne
SEStran Manager	Michael Melton
Project Partners	All RTPs
Lead Partner	SEStran
Last Updated	05/01/2026

Finance Status
On Budget
Programme Status
On Target

Budget	Income	Expenditure	SEStran Spend
Original Budget	£24,000.00	£32,000.00	£8,000.00
Current Budget	£24,000.00	£62,531.00	£38,531.00
Current Actual	£0.00	£29,643.50	
Current Remaining	£24,000.00	£32,887.50	
Predicted Future Spend	£24,000.00	£32,570.96	
Predicted total spend	£24,000.00	£62,214.46	£38,214.46
Predicted Variance	£0.00	£316.54	£316.54

Milestone Status	Count	Percentage
On Track	3	15%
Delayed	2	10%
Overdue	0	0%
Complete	15	75%

Source of Any Income: Other RTPs

Project Summary

Thistle Assistance (card and app) is a national scheme that provides support to users that may face additional barriers to access public transport. It eases the communication between users and transport staff to make the experience more accessible and enjoyable.

RTS Actions	Project Objectives	Project Outcomes
Deliver improved public transport information in a variety of formats, supported by appropriate wayfinding infrastructure on the transport network,	Increase distribution of the Thistle Assistance programme Raise awareness of the scheme nationally and locally Increase engagement with transport providers	Improve the journey experience in public transport for people with disabilities and mobility challenges. Improve feeling of safety for people with disability and mobility challenges when taking public transport. Contribute to making public transport seen as more accessible by people with disability and mobility challenges, Thistle Assistance embedded into transport providers' staff induction and training programme.

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
The digital campaign delivered with Republic of Media ran for 6 weeks and was completed at the end of April 2025. The learning will help shape the next campaign, which is aimed to be delivered from September/October for 2 to 3 months, budget dependent. This campaign has been shortlisted as part of the National Transport Awards in the Campaign of the year category. Winners will be announced in October 2025. 5,000 cards / leaflets were ordered from current supplier to meet high demand during promotional campaign. All RTPs have been contacted to share highlights of 24/25. Meeting held with TS on 28/05/2025 to discuss progress to date. Printing and card distribution supplier appointed.	The digital campaign has been extremely successful and has contributed to increasing awareness of the scheme as well as increasing its uptake; it saw a total of 3,376 cards requested (up 2,477%) requested and 1,784 apps downloaded (up 5,147%). The project plan has been revised based on the lessons learned from the campaign and previous initiatives.
Q2 Project Progress and RAG status update	**Q2 Objectives & RTS Actions Progress**
Minor amendments have been made on the card request form based on Lessons learnt. Further development work is currently being undetaken to collect personal information from card requests and app. This will be finalised by the end of October, after which the next campaign will be taking place (from November). Privacy notice being updated. Procurement exercise started to appoint a media agency for future promotional campaigns. Progress on stakeholder engagement: met with TS and all the RTPs for progress update. Transport operators survey distributed.	Update of the privacy policy and amendment on the types of personal data collected in line with data policies will enable: - distribution of future surveys directed at existing users - collection of additional user data Collection and analysis of this information from both card and app usage, will lead to a better understanding of the current audience of the scheme, and potential gaps, as well as use and impact of the scheme in the overall passenger experience. Transport operators survey will provide a more robust baseline on current awareness and engagement with the scheme by the operators.
Q3 Project Progress and RAG status update	**Q3 Objectives & RTS Actions Progress**
The Thistle Assistance digital campaign was Highly Commended as part of the National Transport Awards 2025. New dashboard and development works on the request a card / app to capture personal data of users were finalised early November. Procurement exercise has been carried out for a media agency (work will include TA campaigns). New digital campaign has been carried out for 4 weeks replicating previous successful campaign. A total of 1,171 cards have been requested. Low uptake on transport operator survey remains low; identified opportunities to work with CPT to increase uptake, which will take place in Jan. Initial chat on card printing and distriburion procurement done.	With the new 'Request a card' / App format allowing for collection of personal information, we will aim to distribute a follow-up survey in Q4, targeting existing users, to better understand usage of the scheme and potential impact on journey experience. This milestone has been pushed to Q4 to allow enough time for people to reflect on usage of the card/app. Results from the transport operator survey will help shape future engagement initiatives to ensure that the scheme is widely known and understood by operators. This is delayed due to a low uptake.
Q4 Project Progress and RAG status update	**Q4 Objectives & RTS Actions Progress**

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
App quarterly maintenance Q1	30/06/25		05/05/25	Complete	05/05/25
Printing brief circulated to 3 potential suppliers	01/06/25		08/05/25	Complete	08/05/25
Printing supplier appointed	30/06/25		09/06/25	Complete	09/06/25
Provide key updates to the Board	20/06/25		20/06/25	Complete	20/06/25
POD laying out plans for 25/26 approved and signed off	30/09/25		01/08/25	Complete	01/08/25
First RTP Thistle Assistance meeting	30/09/25		01/09/25	Complete	01/09/25
Update privacy policy prior to any new marketing initiative	30/09/25		30/09/25	Complete	30/09/25
App quarterly maintenance Q2	30/09/25		03/07/25	Complete	30/07/25
Update card request form prior to any new marketing initiative	30/09/25	10/11/25	10/11/25	Complete	10/11/25
Plan next digital marketing campaign	30/09/25	31/10/25	30/10/25	Complete	30/10/25
Transport operator survey created and distributed	30/09/25		25/09/25	Complete	25/09/25
App quarterly maintenance Q3	19/12/25		01/10/25	Complete	30/10/25
Results from transport operator survey collected and analysed	19/12/25	31/03/26		Delayed	19/12/25
Digital marketing campaign done	19/12/25		12/12/25	Complete	19/12/25
User survey created and distributed	19/12/25	31/03/26		Delayed	19/12/25
Procurement exercise started to appoint a printer/distributor on a multi-year contract	19/12/25		19/12/25	Complete	19/12/25
App quarterly maintenance Q4	31/03/26		05/01/26	Complete	05/01/26
User survey analysed	31/03/26			On Track	05/01/26
High level project plan for 26/27 based on all data collected and recommendations	31/03/26			On Track	05/01/26
Procurement exercise finalised with a supplier appointed	31/03/26			On Track	05/01/26

Project Name	**Transport to Health Strategy**
Current Exp Budget	£50,523
Project Code	92062
SEStran Lead	Rachael Murphy
SEStran Manager	Keith Fisken
Project Partners	NHS Boards
Lead Partner	SEStran
Last Updated	19/12/2025

Finance Status
On Budget
Programme Status
On Target

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£60,000.00	£60,000.00
Current Budget	£0.00	£50,522.59	£50,522.59
Current Actual	£0.00	£15,922.24	
Current Remaining	£0.00	£34,600.35	
Predicted Future Spend	£0.00	£34,600.35	
Predicted total spend	£0.00	£50,522.59	£50,522.59
Predicted Variance	£0.00	£0.00	£0.00

Milestone Status	Count	Percentage
On Track	2	15%
Delayed	2	15%
Overdue	0	0%
Complete	9	69%

Source of Any Income: n/a

Project Summary

We started engagement with our region's four Health Boards and established a learning network creating a space for sharing knowledge and experience. Building on this, we've co-hosted an event with Public Health Scotland on Health and Sustainable Transport.
Given the importance of this work, and many complex aspects, we have opted to develop a strategy for the region on Transport to Health.

RTS Actions	Project Objectives	Project Outcomes
Support the delivery of bus services and infrastructure measures which ensure access to healthcare for all	Reduce barriers on access to health services in the region Continue collaborative work with key stakeholders in the health sector and beyond Integrate TtH into other areas of work led by SEStran	Gain a better understanding of existing projects / available data in the TtH sector in the region and beyond Try and assess the overall current spend in TtH and how to maximise impact Develop a case for change Maintain regular contacts and engagement with Health Boards and key stakeholders

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
We are progressing well against delivery of the strategy. Challenges remain around Health Board capacity to engage with the work. As such, we are going in person to meet each Board over the summer months to review the PID and TOR documents with them and understand any challenges specific to their georgraphies or partners.	Engagement Plan and Literature Review completed and published. We have produced a first draft of our PID and TOR documents for internal review These have been shared with the Health Boards for their comment. We have presented the Literature Review to our Shared Learning Network and our Board, taking note of suggested structure for future Strategy production. TS have included it in their reporting on the NTS2.
Q2 Project Progress and RAG status update	**Q2 Objectives & RTS Actions Progress**
Meetings held with Borders, Lothian, Fife. Further meeting required for Fife and FV. Positive feedback from Fife. Further data collected by DES in August 2025 on disable people's experiences to access healthcare services; data can be compared to an initial survey distributed in 2019.	The C4C will focus on addressing partially or fully the identified research gaps from the Literature Review.
Q3 Project Progress and RAG status update	**Q3 Objectives & RTS Actions Progress**
C4C tender exercise finalised with Urban Foresight appointed. Public and stakeholder engagement will be taking place in Q3. Meeting with HBs to take them through public consultation/ focus group working Public consultation questions and comms materials confirmed 1429 responses as of 10/11 Held second meeting of all RTPs on TtH and agreed to meet again in Jan and consider what if any more structured collab we might want to take on in 26/27 Opportunities to present our work at key meetings will be assessed in Q4 instead of Q3, as well as the review of the Learning Network. Unspent advertsing budget moved to Thistle Assistance	
Q4 Project Progress and RAG status update	**Q4 Objectives & RTS Actions Progress**

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Sign off Lit Review	27/06/25		28/04/25	Complete	05/08/25
Sign off Engagement Plan	27/06/25		28/04/25	Complete	05/08/25
1st Draft PID	27/06/25		26/05/25	Complete	05/08/25
1st Draft TOR	27/06/25		26/05/25	Complete	05/08/25
Present docs to HBs	27/06/25		02/06/25	Complete	05/08/25
Work with DES to rerun TtH survey	27/06/25		20/06/25	Complete	05/08/25
Identify other key stakeholders	30/09/25	01/12/25	01/12/25	Complete	19/12/25
Webinar for equalities/ other stakeholders?	30/09/25	31/03/26		Delayed	19/12/25
Pursue work on Case for Change (how to identify potential solutions?)	19/12/25		19/12/25	Complete	19/12/25
Pursue engagement via Learning network	19/12/25		19/12/25	Complete	19/12/25
Review effectiveness of Learning network and identify potential improvements	19/12/25	31/03/26		Delayed	19/12/25
Presentation draft Case for Change at Q4 Board	31/03/26			On Track	19/12/25
Identify key actions for 26/27	31/03/26			On Track	19/12/25

Project Name	**Regional Bike Share**
Current Exp Budget	£25,000
Project Code	92076
SEStran Lead	Beth Harley-Jepson
SEStran Manager	Michael Melton
Project Partners	Local cycling organisations
Lead Partner	SEStran
Last Updated	05/08/2025

Finance Status
Underspend >£5k
Programme Status
On Target

Budget	Income	Expenditure	SEStran Spend
Original Budget	£0.00	£25,000.00	£25,000.00
Current Budget	£0.00	£25,000.00	£25,000.00
Current Actual	£0.00	£3,786.02	
Current Remaining	£0.00	£21,213.98	
Predicted Future Spend	£0.00	£8,722.98	
Predicted total spend	£0.00	£12,509.00	£12,509.00
Predicted Variance	£0.00	£12,491.00	£12,491.00

Milestone Status	Count	Percentage
On Track	2	40%
Delayed	3	60%
Overdue	0	0%
Complete	0	0%

Source of Any Income: n/a

Project Summary

This project will support access to cycles in the region by promoting opportunities for public bike share, connecting up existing community bike share projects and supporting the delivery of access to cycles projects. This project will continue to provide support to the existing go e-bike project locations where SEStran has assets. This will include support with training, maintenance and networking across the region. The e-bike employer trial will be continued, focusing on NHS sites in tandem with work through TravelKnowHow.

RTS Actions	Project Objectives	Project Outcomes
• Identify locations where implementation of shared mobility solutions could be beneficial and reduce the level of 'forced' car ownership • Expand the provision of bike-sharing initiatives across the region	• Installation of a Brompton cycle hire unit and provision of 8 hire bikes in Haymarket Station or alternative site • Increase awareness and access to e-bikes as an option for commuting to work through three e-bike employer trials • Increase access to e-bikes to the public through supporting training and e-bike loans for community groups • Carry out promotion of existing Brompton lockers at QMU and Sherrifhall P&R	• More people are enabled to choose cycling as a trasnport mode • More people have the opportuniy to trial an e-bike and choose to switch to cycling for more of their journeys

Q1 Project Progress and RAG status update	Q1 Objectives & RTS Actions Progress
Employer trial has started in St Johns hospital for a 4 week period. Future locations are being explored in Midlothian and Edinburgh. We have several times attempted to receive confirmation from Scotrail about placement of a Brompton locker at Haymarket without receiving a response. If reponse not recieved by end of August, will explore whether there are any viable alternative locations.	Continuation of trial at St Johns, engaging 20+ staff members in utilising an e-bike for commuting journeys. Engaged with QMU to organise promotion of Brompton locker to students returning/starting in September. Ongoing support to existing community groups to engage in training.

Q2 Project Progress and RAG status update	Q2 Objectives & RTS Actions Progress
Engaged with Midlothian and East Lothian about potential locations for Brompton locker. E-bikes surplus to requirement moved to LCDT in Linlithgow to support local hires.	

Q3 Project Progress and RAG status update	Q3 Objectives & RTS Actions Progress
Meeting held with QMU to promote Brompton lockers on site. Dunbar Station identified as potential site for Brompton locker as alternative to Haymarket. E-bikes relocated from Walkerburn to Melrose and West Lothian. Blog in newsletter to promote the e-bike employer trial. Review of budget required as any install of Brompton bike hire at Dunbar will not be until 26/27. Approx £12.5k tfrom Haymaket locker unlikely to be spent this year due to delays - will no longer go ahead	Supported addition of e-bikes to Melrose fleet and provided servicing for bikes and small e-bike to West Lothian to meet demand for this size.

Q4 Project Progress and RAG status update	Q4 Objectives & RTS Actions Progress

Milestones

Name	Due Date	Revised Date	Completed Date	Status	Last Updated
Complete three employer e-bike trials at NHS sites	31/03/26			On Track	
Secure confirmation of Brompton locker location	30/06/25	31/03/26		Delayed	11/11/25
Support training sessions for e-bike groups	31/03/26			On Track	
Collect case studies from e-bike loans	30/09/25	31/03/26		Delayed	11/11/25
Carry out promotion of existing Brompton lockers	01/09/25	31/03/26		Delayed	11/11/25

CONTRACT REGISTER

1 INTRODUCTION

1.1 This report presents the Partnership's contract register to the Board for review in line with a commitment to transparency in procurement, as was previously reported to the Performance and Audit Committee on 27th February 2026. The contract register is brought to that Committee and then to the Board for review every 6 months.

2 REPORTING REQUIREMENTS

2.1 As per the Contract Standing Orders, the Partnership Director will arrange for all contracts accepted with an estimated value exceeding £50,000 (or such lower amount as agreed with the Partnership Director) to be publicly displayed on the Partnership's externally facing website. This will be in the form of a Register of Contracts awarded and will contain the following information:

- the date the contract was awarded;
- the name of the contractor(s) the contract has been awarded to;
- the subject matter of the contract;
- the estimated value of the contract;
- the start date of the contract;
- the end date of the contract (excluding contract extensions). If the date is not provided, a description of the circumstances when the contract will end; and
- the duration of any contract extension periods.

Information can be withheld if disclosing information would: impede law enforcement; be contrary to public interest; prejudice commercial interests of any person; or prejudice fair competition between suppliers.

2.2 In addition to this, the Performance and Audit Committee has the following powers that relate to procurement:

- To scrutinise any matter relating to the Partnership having regard to the Partnership's responsibility for Best Value and continuous improvement.
- Reviewing with management the adequacy of the following matters:-
  - internal control systems;
  - policies and practices to ensure compliance with relevant statutes, directions, guidance and policies;
  - financial information presented to the Partnership;
  - risk assessment arrangements and procedures.

3 CONTRACT REGISTER

3.1 An extract from the contract register showing all contracts that are currently live, or have been live in the 6 months since the register was last reviewed by this Committee on 12th September 2025, and are over the value of £50,000 is shown at Appendix 1.

3.2 There are 6 contracts on the register, to a total value of £1,181,734, all of which are currently live. Members should note that some of these contracts, and in turn their costs, run over multiple years. All of these contracts were on the register when it was last reported. One contract, Novus FX for Real Time Passenger Information, was on the previous report but is now noted with its extension to 31/3/2026 – an error on the previous report had its end date as 31/3/2025.

3.3 All contracts noted on the contract register have been awarded in line with SEStran's Contract Standing Orders.

4 RECOMMENDATIONS

4.1 The Board is asked to note the Contract Register as attached at Appendix 1

Michael Melton
Programme Manager
13th March 2026

Appendix 1: SEStran Contract Register Extract

Policy Implications	There is no policy implication arising from this report.
Financial Implications	There is no financial implication arising from this report.
Equalities Implications	There are no adverse equalities implications arising from this report.
Climate Change Implications	There are no negative climate change implications arising from this report.

Date Awarded	SEStran Contract Ref	Name of contractor	Subject matter	Est Contract Value at award (exc	Contract Start Date	Contract End Date at ;	If no end date, how will the contract end	Duration of any variations
11/11/2022	SEStran-22/23-04P	Vivacity	Multi-modal Transport Monitoring Sensors/Cameras	£213,614.00	11/11/2022	31/05/2029		
01/04/2022	SEStran Novus FX Contract	Trapeze	Real Time Passenger Information	£147,400.00	01/04/2022	31/03/2026		1 year
02/03/2023	SEStran-22/23-01A	One Stop IT	IT services	£95,984.16	02/03/2023	02/03/2027		
02/02/2024	Regional Bus Strategy SEStran/RBS/Systra01	Systra	Regional Bus Strategy- Consultancy support	£126,923.09	02/02/2024	n/a	On completion of Regional Bus Strategy	
08/08/2023	SEStran 24/25 - SEStran Strategic Network - Stages 1-2	Arup	SEStran Strategic Network - Consultancy Design Support	£484,249.08	08/08/2023	31/01/2027		
15/12/2023	SEStran 23/34 03P	Brompton Bike Hire Ltd	Folding bike hire stations	£113,564.00	15/12/2023	15/12/2028		

EXTERNAL AUDIT - ANNUAL AUDIT PLAN 2025-26

1. INTRODUCTION

1.1 This report presents the External Auditor's Annual Audit Plan for 2025-26.

2. MAIN REPORT

2.1 Audit Scotland has been appointed as the Partnership's External Auditor for the period from 2022/23 until 2026/27.

2.2 The Annual Audit Plan for 2025/26 is appended.

3 RECOMMENDATIONS

It is recommended the Partnership:

3.1 notes the External Audit Annual Audit Plan;

3.2 Notes that the External Audit Annual Audit Plan was considered by the Performance and Audit Committee on 27 February 2026.

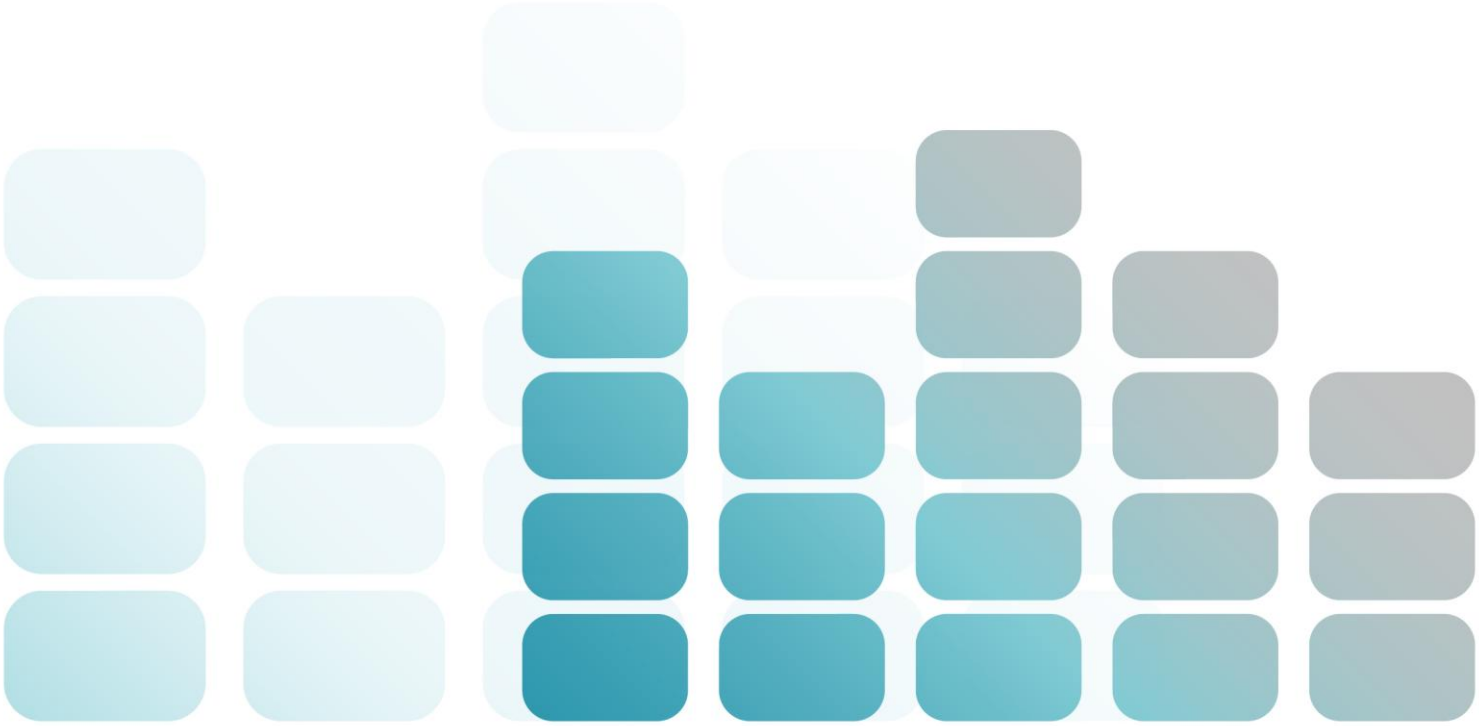
Richard Lloyd-Bithell
Treasurer
6 March 2026

Appendix Annual Audit Plan 2025/26

Policy Implications	There are no policy implications arising as a result of this report.
Financial Implications	There are no financial implications arising.
Equalities Implications	There are no equality implications arising as a result of this report.
Climate Change Implications	There are no climate change implications arising as a result of this report.

South East Scotland Transport Partnership

Annual Audit Plan 2025/26



AUDIT SCOTLAND

Prepared for South East Scotland Transport Partnership
February 2026

Contents

Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Introduction

Purpose of the Annual Audit Plan

1. The purpose of this Annual Audit Plan is to provide an overview of the planned scope and timing of the 2025/26 audit of South East Scotland Transport Partnership's (SEStran) annual report and accounts. It outlines the audit work planned to meet the audit requirements set out in auditing standards and the Code of Audit Practice, including supplementary guidance.

Appointed auditor and independence

2. Christopher Gardner, of Audit Scotland, has been appointed by the Accounts Commission as external auditor of SEStran for the period from 2022/23 until 2026/27. The 2025/26 financial year is therefore the fourth of the five-year audit appointment.

3. The audit team is independent of SEStran in accordance with relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. This standard imposes stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with ethical standards. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

4. The Ethical Standard requires auditors to communicate any relationships that may affect the independence and objectivity of the audit team. There are no such relationships pertaining to the audit of SEStran to communicate.

Audit scope and responsibilities

Scope of the audit

5. The audit is performed in accordance with the Code of Audit Practice, including supplementary guidance, International Standards on Auditing (UK), and relevant legislation. These set out the requirements for the scope of the audit which includes:

- An audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement.
- An opinion on statutory other information published with the financial statements in the annual accounts, namely the Management Commentary and the Annual Governance Statement.
- An opinion on the audited part of the Remuneration Report.
- Concluding on the financial sustainability of SEStran and a review of the Annual Governance Statement.
- Reporting on SEStran's arrangements for securing Best Value.
- Provision of an Annual Audit Report setting out significant matters identified from the audit of the annual accounts and the wider scope areas specified in the Code of Audit Practice.

Responsibilities

6. The Code of Audit Practice sets out the respective responsibilities of SEStran and the auditor. A summary of the key responsibilities is outlined below.

Auditor's responsibilities

7. The responsibilities of auditors in the public sector are established in the Local Government (Scotland) Act 1973. These include providing an independent opinion on the financial statements and other information reported within the annual accounts, and concluding on SEStran's arrangements in place for the wider scope areas.

SEStran's responsibilities

8. SEStran has primary responsibility for ensuring proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and

regularity that enables it to successfully deliver its objectives. The features of proper financial stewardship include:

- Establishing arrangements to ensure the proper conduct of its affairs.
- Preparation of annual accounts, comprising financial statements that give a true and fair view and other information.
- Establishing arrangements for the prevention and detection of fraud, error and irregularities, and bribery and corruption.
- Implementing arrangements to ensure its financial position is soundly based.
- Making arrangements to secure Best Value.
- Establishing an internal audit function.

Audit of the annual accounts

Introduction

9. The audit of the annual accounts is driven by materiality and the risks of material misstatement in the financial statements, with greater attention being given to the significant risks of material misstatement. This chapter outlines materiality, the significant risks of material misstatement that have been identified, and the impact these have on the planned audit procedures.

Materiality

10. The concept of materiality is applied by auditors in planning and performing an audit, and in evaluating the effect of any uncorrected misstatements on the financial statements or other information reported in the annual accounts.

11. Broadly, the concept of materiality is to determine whether matters identified during the audit could reasonably be expected to influence the decisions of users of the financial statements. Auditors set a monetary threshold when determining materiality, although some issues may be considered material by their nature. Therefore, materiality is ultimately a matter of the auditor's professional judgement.

12. The materiality levels determined for the audit of SEStran are outlined in Exhibit 1.

Exhibit 1
2025/26 Materiality levels for SEStran

Materiality	SEStran
Materiality – based on an assessment of the needs of users of the financial statements and the nature of SEStran operations, the benchmark used to determine materiality is gross expenditure based on the audited 2024/25 financial statements. Materiality has been set at 2% of the benchmark.	£124,000
Performance materiality – this acts as a trigger point. If the aggregate of misstatements identified during the audit exceeds performance materiality, this could indicate that further audit procedures are required. Using professional judgement, performance materiality has been set at 65% of planning materiality.	£81,000

Materiality	SEStran
Reporting threshold – all misstatements greater than the reporting threshold will be reported.	£6,000

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

13. The risk assessment process draws on the audit team's cumulative knowledge of SEStran, including the nature of its operations and its significant transaction streams, the system of internal control, governance arrangements and processes, and developments that could impact on its financial reporting.

14. Based on the risk assessment process, significant risks of material misstatement to the financial statements have been identified and these are summarised in Exhibit 2, page 8. These are the risks which have the greatest impact on the planned audit approach, and the planned audit procedures in response to the risks are outlined in Exhibit 2.

15. The risk assessment process is an iterative and dynamic process. The assessment of risks set out in this Annual Audit Plan and Exhibit 2 may change as more information and evidence is obtained over the course of the audit. Where such changes occur, these will be reported to SEStran and those charged with governance, where relevant.

Exhibit 2
Significant risks of material misstatement to the financial statements

Risk of material misstatement	Planned audit response
Fraud caused by management override of controls Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.	The audit team will: • Evaluate the design and implementation of controls over journal entry processing. • Make inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries. • Test journal entries, focusing on those that are assessed as higher risk, such as those affecting revenue and expenditure recognition around the year-end. • Evaluate significant transactions outside the normal course of business. • Assess the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements. • Assess changes to the methods and underlying assumptions used to prepare accounting estimates and assess these for evidence of management bias.
Fraud in expenditure recognition The Code of Audit Practice expands the consideration of fraud under ISA (UK) 240 to include the risk of fraud over expenditure. There is a risk that expenditure may be materially misstated in the 2025/26 financial statements due to the significant extent and nature of SEStran's project and grant-related expenditure streams.	The audit team will: • Test expenditure transactions, focusing on areas of greatest risk, including grant awards. • Review of budget monitoring reports, focusing on significant budget variances. • Review of arrangements in place to prevent and detect fraud.

Risk of material misstatement	Planned audit response
Accounting for non-current assets SEStran holds several non-current assets which are disclosed on its balance sheet. The measurement, valuation and related disclosures for these assets involve the use of accounting estimates and professional judgement.	The audit team will: • Evaluate SEStran's arrangements for the valuation and accounting for non-current assets. • Review the appropriateness of the key data and assumptions used in the 2025/26 valuation process and challenge these where required. • Test non-current asset entries to confirm existence of assets and the completeness of the asset register.

Source: Audit Scotland

Key audit matters

16. The Code of Audit Practice requires public sector auditors to communicate key audit matters. Key audit matters are those matters, that in the auditor's professional judgement, are of most significance to the audit of the financial statements and require most attention when performing the audit.

17. In determining key audit matters, auditors consider:

- Areas of higher or significant risk of material misstatement.
- Areas where significant judgement is required, including accounting estimates that are subject to a high degree of estimation uncertainty.
- Significant events or transactions that occurred during the year.

18. The matters determined to be key audit matters will be communicated in the Annual Audit Report. Exhibit 2 outlines the significant risks of material misstatement to the financial statements that have been identified, including those that have greatest impact on the planned audit procedures and require most attention when performing the audit.

Wider scope and Best Value

Introduction

19. Reflecting the fact that public money is involved, the Code of Audit Practice requires that public audit is planned and undertaken from a wider perspective than in the private sector. The wider scope audit set out by the Code of Audit Practice broadens the audit of the annual accounts to include consideration of additional aspects or risks in four wider scope areas.

20. Due to the nature and size of SEStran and its limited financial activity, it is considered a less complex body for the wider scope audit. Therefore, the wider scope audit does not consider all four wider scope areas and is instead limited to concluding on the financial sustainability of SEStran.

21. Financial sustainability means looking forward over the medium and longer term in planning the services to be delivered and how they will be delivered effectively. This is assessed by considering SEStran's medium to longer-term planning for service delivery. A conclusion on the financial sustainability of SEStran will be reported in the Annual Audit Report.

Best Value

22. Under the Code of Audit Practice, the duty on auditors to consider the arrangements an audited body has in place to secure Best Value applies to audited bodies that fall within section 106 of the Local Government (Scotland) Act 1973, which SEStran does.

23. Consideration of the arrangements SEStran has in place to secure Best Value will be carried out alongside the wider scope audit, and a conclusion on the arrangements SEStran has in place will be reported in the Annual Audit Report.

Significant wider scope and Best Value risks

24. No significant risks in the wider scope areas or Best Value were identified from the risk assessment process.

Reporting arrangements, timetable and audit fee

Audit outputs

25. The outputs from the 2025/26 audit include:

- This Annual Audit Plan.
- An Independent Auditor's Report to SEStran and the Accounts Commission setting out opinions on the annual accounts.
- An Annual Audit Report to SEStran and the Accounts Commission setting out significant matters identified from the audit of the annual accounts, conclusions from the wider scope and Best Value audit, recommendations, where required, and any good practice identified.

26. The matters to be reported in the outputs will be discussed with SEStran for factual accuracy before they are issued. All outputs from the audit will be published on Audit Scotland's website, apart from the Independent Auditor's Report, which is included in the audited annual accounts.

27. Target dates for the audit outputs are set by the Accounts Commission. In setting the target dates for the audit outputs, consideration is given to the target date for approving the annual accounts, which is 30 September 2026 for local government bodies.

28. The Independent Auditor's Report and Annual Audit Report are planned to be issued by the target date of 30 September 2026.

Audit timetable

29. Achieving the timetable for production of the annual accounts, supported by complete and accurate working papers, is critical to delivery of the audit to agreed target dates. Exhibit includes a timetable for the audit, which has been agreed with management. Agreed target dates will be kept under review as the audit progresses, and any changes required, and their potential impact, will be discussed with SEStran and reported to those charged with governance, where required.

Exhibit 4
2025/26 audit timetable

Audit activity	SEStran target date	Audit team target date	Relevant committee date
Issue of Annual Audit Plan		27 February 2026	27 February 2026
Annual accounts:			
• Consideration of unaudited annual accounts by those charged with governance	5 June 2026		5 June 2026
• Submission of unaudited annual accounts and all working papers to audit team	12 June 2026		
• Audit clearance meeting	1 September 2026	1 September 2026	
• Issue of draft Letter of Representation, proposed Independent Auditor's Report, and proposed Annual Audit Report		2 September 2026	11 September 2026
• Approval by those charged with governance and signing of audited annual accounts	25 September 2026		25 September 2026
• Signing of Independent Auditor's Report and issue of Annual Audit Report		25 September 2026	

Source: Audit Scotland

Audit fee

30. SEStran's audit fee is determined in line with Audit Scotland's fee setting arrangements. The proposed audit fee for the 2025/26 audit is £13,360.

31. In setting the audit fee, it is assumed that SEStran has effective governance arrangements in place and the complete annual accounts will be provided for audit in line with the agreed timetable. The audit fee assumes there will be no significant changes to the planned scope of the audit. Where the audit cannot proceed as planned, for example, due to incomplete or inadequate working papers, the audit fee may need to be increased.

Other matters

Internal audit

32. SEStran is responsible for establishing an internal audit function as part of an effective system of internal control. As part of the audit, the audit team will obtain an understanding of internal audit, including its nature, responsibilities, and activities.

33. While we are not planning to place formal reliance on the work of internal audit in 2025/26, we will review internal audit reports and assess the impact of the findings on our financial statements and wider scope audit responsibilities.

Audit quality

34. Audit Scotland is committed to the consistent delivery of high-quality audit. Audit quality requires ongoing attention and improvement to keep pace with external and internal changes. Details of the arrangements in place for the delivery of high-quality audits is available from the Audit Scotland website.

35. The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2025/26 audits are:

- ISQM (UK) 1, which deals with an audit organisation's responsibilities to design, implement, and operate a system of quality management (SoQM) for audits. Audit Scotland's SoQM consists of a variety of components, such as governance arrangements and culture to support audit quality, compliance with ethical requirements, ensuring Audit Scotland is dedicated to high-quality audit through engagement performance and resourcing arrangements, and ensuring there are robust quality monitoring arrangements in place. Audit Scotland carries out an annual evaluation of its SoQM and has concluded it complies with this standard.

- ISQM (UK) 2, which sets out arrangements for conducting engagement quality reviews, which are performed by senior management not involved in an audit, to review significant judgements and conclusions reached by the audit team, and the appropriateness of proposed audit opinions on high-risk audits.

36. To monitor quality at an individual audit level, Audit Scotland carries out internal quality reviews on a sample of audits. Additionally, the Institute

of Chartered Accountants of England and Wales (ICAEW) carries out independent quality reviews on a sample of audits.

37. Audit Scotland may periodically seek the views of SEStran on the quality of audit services provided. The audit team would also welcome feedback at any time.

South East Scotland Transport Partnership

Annual Audit Plan 2025/26

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www.audit.scot

ASSET MANAGEMENT STRATEGY

1 INTRODUCTION

1.1 This report presents an update to the Partnership's Asset Management Strategy and Asset Derecognition Form to address the recommendations from the Annual Audit Report 2024-25.

2 BACKGROUND

2.1 Effective asset management plays a critical role in achieving SEStran's business objectives and ensuring the organisation's long-term sustainability. The SEStran Asset Management Strategy outlines SEStran's approach to managing assets throughout their lifecycle, from acquisition to disposal, in alignment with our organisational goals and regulatory requirements.

As per Appendix 1, the Audit Scotland Annual Audit Report 2024-25, presented to the Partnership Board Meeting on 26th September 2025, provided the below recommendation following a review of non-current SEStran assets:

"The partnership should improve its processes and documentation around the disposal of assets."

The following action was agreed as a result of this recommendation:

"The Asset Management Policy will be amended to include a requirement for recommendations for the derecognition of specific assets to be approved by the Partnership Director before they can be removed from the asset register."

2.2 In order to address this action, the Asset Management Strategy has been updated to include guidance on the procedure for the disposal of assets and an asset derecognition form has been drafted alongside this. These actions address the recommendations from the report including the requirement for approval by the Partnership Director.

2.3 The following proposed guidance has been added to the SEStran Asset Management Strategy paragraph 6:

Asset Derecognition Procedure

As per the Accounting Policy at paragraph 4.3, an asset is de-recognised either on its disposal, or where no future economic benefits or service potential are expected from its use or disposal.

For an asset to be derecognised an asset derecognition form must be completed and submitted to the Partnership Director for approval. Once the Partnership Director has approved, the form should then be passed to finance for approval.

Only once an asset derecognition form has been signed off by the Partnership Director and finance can the asset be removed from the Asset Register.

2.4 At the Performance and Audit Committee on the 27th February, the addition outlined in paragraph 2.3 was approved, subject to any recommended changes following a discussion with External Auditors and the Treasurer around delegated asset derecognition limits to the Partnership Director, the update to the SEStran Asset Management Strategy and the associated process to approve derecognition of assets through the Asset Derecognition Form.

3 RECOMMENDATIONS

3.1 The Partnership is asked to note the contents of the report.

Beth Harley-Jepson
Project Officer

Appendix
1. Extract from Audit Scotland Annual Audit Report 2024-25
2. SEStran Asset Management Strategy v 0.2
3. SEStran Asset Derecognition Form

Policy Implications	There is no policy implication arising from this report.
Financial Implications	There is no financial implication arising from this report.
Equalities Implications	There are no adverse equalities implications arising from this report.
Climate Change Implications	There are no negative climate change implications arising from this report.

Appendix 1

Action plan 2024/25

2024/25 recommendations

Matter giving rise to recommendation	Recommendation	Agreed action, officer and timing
1. Derecognition of non-current assets SEStran has undertaken a review of its non-current asset register and overall asset strategy. Our audit identified further improvements could be made to provide a robust audit trail for all disposals of non-current assets.	The partnership should improve its processes and documentation around the disposal of assets. In addition, given the complex accounting requirements around non-current assets, management should ensure sufficient co-ordination and advice is sought from its finance partners.	**Accepted** The Asset Management Policy will be amended to include a requirement for recommendations for the derecognition of specific assets to be approved by the Partnership Director before they can be removed from the asset register. **Partnership Director** December 2025

ASSET MANAGEMENT STRATEGY

Document Version Control

Date	Author	Version	Status	Reason for Change
March 2025	SEStran	0.1	DRAFT	For approval by Partnership Board.
March 2025	SEStran	1.0	FINAL	Approved by Partnership Board
February 2026	SEStran	1.1	DRAFT	Addition of asset derecognition guidance

1 Introduction

1.1 Effective asset management plays a critical role in achieving SEStran's business objectives and ensuring the organisation's long-term sustainability. This strategy outlines SEStran's approach to managing assets throughout their lifecycle, from acquisition to disposal, in alignment with our organisational goals and regulatory requirements.

2 Definition of an Asset

2.1 An asset is a resource with economic value that is owned or controlled by an organisation with the expectation that it will provide a future benefit. SEStran's assets fall into three broad categories.

2.1.1 **Property, plant and equipment** – tangible assets (i.e. assets with physical substance) that are held for use in the production or supply of goods and services, for rental to others, or for administrative purposes, and expected to be used during more than one (accounting) period. The Partnership currently holds electronic bicycles and Ticketer equipment, ICT equipment and electronic screens, which support the real time bus passenger information (RTPi) system.

2.1.2 **Leases** – a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for the lease term.

2.1.3 **Intangible asset** – an identifiable non-monetary asset without physical substance, which is controlled by the Partnership as a result of past events, and from which future economic benefits or service potential are expected to flow. The most common class of intangible assets in local authorities is computer software.

3 Asset Register

3.1 Any asset that is procured must immediately be added to the Asset Register. This is a detailed record that lists all of the assets held by SEStran. It serves as a comprehensive inventory of the assets, providing essential information about each asset to help manage and track them effectively. It includes the following details:

3.1.1 **Asset Number:** Every asset on the Asset Register should be assigned a unique identification number, in sequence from the most recent previously procured asset. Where practical, a sticker showing the Asset Number should be securely attached to the asset. In cases where this is not practical, a note should be added to the Asset Register detailing why this is the case.

3.1.2 **Serial Number:** The manufacturer's serial number for an individual asset should be recorded on the Asset Register to aid identification.

3.1.3 **Asset Category:** Each asset should be assigned to a general category in order that assets can be grouped with those of a similar type e.g. eBikes, RTPI screens. In order to prevent a proliferation of Asset Categories, new categories must be agreed by the Partnership Director.

3.1.4 **Asset Location:** The location of the asset should be clearly recorded. For example, a general location such as railway station is unlikely to be specific enough to allow it to be identified quickly in an asset check undertaken by a new member of staff. In cases like this, a more specific direction such as 'above concourse on platform 14' may be more appropriate.

3.1.5 **Date of Addition:** This should be the date when ownership of the asset is passed to SEStran, usually the date on which a supplier's invoice is paid.

3.1.6 **Cost:** This is the financial cost to SEStran when the asset is procured.

3.1.7 **Useful Life:** For accounting purposes, the useful life of an asset must be estimated when it is procured. This is essential in order to determine depreciation and net book value.

3.1.8 **Estimated to be Fully Written Down:** This is a function of 'Date of Addition' and 'Useful Life' and, for asset management planning purposes, can be used as a guide for when an asset may require to be replaced.

3.1.9 **Net Book Value:** This is the value of the asset after application of depreciation and any impairment adjustment. It will also reflect any revaluation of the asset.

4 Accounting Policy

4.1 The Accounting Policy is presented in the table in paragraph 4.3 below.

4.2 The Partnership is required to adopt International Financial Reporting Standard 16 Leases (IFRS 16), when preparing the Annual Accounts for 2024/25. Any further update to Accounting Policies required for adoption of IFRS16 will be reported to the Partnership when the unaudited Annual Accounts are presented in June 2025.

4.3 **Accounting Policy**

Tangible Assets

Plant and equipment is categorised into the following classes:

- Vehicles, plant, furniture and equipment;
- Assets under construction.

Recognition

- Expenditure lower than £10,000 on individual assets is charged to revenue.

Measurement

- Assets under construction are initially measured at historic cost, comprising their purchase price and any costs attributable to bringing the assets into use for their intended purpose.
- All other classes of property, plant and equipment are measured at fair value.
- Vehicles, plant, furniture and equipment - fair value is the amount equivalent to depreciated historical cost for short life and/or low value assets. For assets with longer lives and/or high values, fair value is the amount that would be paid for the asset in its existing use or depreciated replacement cost for specialised /rarely sold assets where insufficient market-based evidence exists.
- Surplus assets - fair value is the price that would be paid for an asset in its highest and best use.

Depreciation

- Depreciation is provided on all property, plant and equipment, other than assets under construction.
- The Partnership depreciates its non-current assets in the year of acquisition. The Partnership will operate a five-year rolling revaluation programme for assets and provides for depreciation on a straight-line basis on the opening book value plus the cost of acquisitions and enhancements during the year over the remaining useful life of the asset.
- The charge to the Comprehensive Income and Expenditure Statement for the year is impacted by changes in asset value during the year arising from enhancements but not revaluation.

De-recognition

- An asset is de-recognised either on its disposal, or where no future economic benefits or service potential are expected from its use or disposal.

Intangible Assets

Recognition

- Intangible assets are non-current assets that have no physical substance but are identifiable and controlled by the Partnership and it can be established that there is an economic benefit or service potential associated with the item which will flow to the Partnership. This expenditure is mainly in relation to the purchase of software licenses. Expenditure on the acquisition, creation or enhancement of intangible assets is capitalised on an accruals basis.

Measurement

- Intangible assets are initially measured at cost and included in the Balance Sheet at net historical cost.

Depreciation

- In most cases intangible assets are depreciated over the period of the licence. Where the period of the licence is deemed 'infinite' the software is depreciated based on an assessment of expected useful life.
- Depreciation is calculated using the straight-line basis on the opening book value over the remaining useful life of the asset.

5 Annual Asset review

5.1 Annual Asset Impairment Review: As part of the annual, end-of- financial-year asset review process, SEStran will undertake an impairment review to establish the condition and value of all assets, and whether the remaining useful life and / or book value require to be adjusted.

This does not necessarily mean that each individual asset will be inspected. It may be that the value of assets in a given asset category is reducing more quickly than originally assumed, so adjustments may have to be made to remaining useful life and / or net book value.

5.2 **Asset Impairment at other times:** the Asset Register should be updated immediately to reflect changes to the condition or operation of an asset

e.g. if an asset is no longer operable and cannot be repaired, the Asset Register should be updated.

5.3 Assets must be physically (or otherwise) checked prior to the end of each financial year, in order to ensure that the asset values reported in the financial statements are accurate and provide a true and fair view of the Partnership's financial position.

5.4 A snapshot should be taken of the Asset Register on the final day of a financial year, and columns added to show the date on which the asset was checked, the member of staff who checked the asset, and any relevant notes regarding its condition, operation etc.

5.5 For many assets, such as eBikes, this will require each individual asset to be checked by locating the asset and taking any photographs necessary to show its unique Asset Number.

5.6 For other Asset Categories, such as RTPI PCs and screens, it may be possible to remotely check whether the equipment is in operation.

5.7 It should be remembered at all times that evidence that the asset was checked and was operable at that time must be good enough to satisfy an audit at a later date.

6 Asset Derecognition Procedure

6.1 As per the Accounting Policy at section 4.3, an asset is de-recognised either on its disposal, or where no future economic benefits or service potential are expected from its use or disposal.

6.2 For an asset to be derecognised an asset derecognition form must be completed and submitted to the Partnership Director for approval. Once the Partnership Director has approved, the form should then be passed to finance for approval. Only once an asset derecognition form has been signed off by the Partnership Director and finance can the asset be removed from the Asset Register.

7 Strategy Review

7.1 This document requires to be reviewed within a three-year period of previous approval by the Partnership Director and Principal Accountant.

SEStran Asset Derecognition Form

This form is used to record the disposal of a SEStran asset and ensure compliance with organisational procedures. This is in line with SEStran's Asset Management Strategy which states assets should be de-recognised either on its disposal, or where no future economic benefits or service potential are expected from its use or disposal.

1: Asset Details

Asset Description: _____

Access ID/ Serial Number (attached in separate document for more than one asset): _____

Category (Bikes/ RTPI/ IT equipment): Choose an item.

Location: _____

Current Book Value: _____

2: Reason for being de-recognised

☐ Obsolete

☐ Damaged Beyond Repair

☐ Surplus to Requirements

☐ Other (please specify): _____

3: Disposal Method

☐ Recycling / Disposal

☐ Donation / Transfer

Vendor / Recipient Name: _____

Supporting Documentation Attached: ☐ Yes ☐ No

4: Compliance & Approvals

Data Securely Wiped / Sanitised (for IT assets): ☐ Yes ☐ N/A

Partnership Director Approval:

Name: _____

Signature: _____

Date: _____

Finance Approval:

Name: _____

Signature: _____

Date: _____

5: Disposal Confirmation

Date of Disposal: _____

Disposal Certificate / Receipt Attached: ☐ Yes ☐ No

Once this form has been completed, the document should be saved in PDF format and saved in SharePoint (Corporate > Asset Register). The asset should then be removed from the asset register as it has been de-recognised.