



**Annual Climate Emergency  
and Sustainability Report  
2024 - 2025**

**September 2025**

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## 1. Foreword

I am pleased to introduce the fourth NHS Borders annual Climate Emergency and Sustainability Report. Our previous report, covering our activities for the year to March 2024, was published in January 2025.

This report covers the period to March 2025 when we held our second organisational wide Climate Change Conference via MS Teams, increasing awareness of our strategy and progress to date, and enabling staff across the organisation to understand how they can help support delivery of a net zero ambition within NHS Borders.

This year's report presents a mixed position: we are able to describe the positive steps we have made in a number of areas and the impact these changes are having. You will be able to read in the report about our achievements in relation to: waste management, prescription of metered dose inhalers, and business travel. We also made significant progress towards the installation of solar panels at BGH campus which will go live in 2025/26.

Despite this, we have however seen slower than desired progress against our reduction in carbon emissions. There are a number of reasons for this and these are covered within the report, however it is a stark reminder that the actions we will need take to achieve our net zero ambition by 2040 are significant and will require a step change in the level of investment and activities we take forward in future years.

It is clear that the actions we are able to achieve will only be successful if this is undertaken in tandem with greater progress towards decarbonisation of the grid and other nationally delivered measures.

It is thanks to our staff that we have achieved the progress made to date, and much of this is delivered on a voluntary basis. I hope that as we shape our organisational strategy and the accompanying strategy for our climate change priorities we will continue to benefit from the enthusiasm and commitment of colleagues throughout our workforce and in tandem with this that we will be able to demonstrate a renewed commitment to action.

Andrew Bone  
Director of Finance, Estates & Facilities  
Executive Lead: Climate Change & Sustainability

### Further information

More information on NHS Borders and its activities can be found at the following website: [nhsborders.scot.nhs.uk](https://nhsborders.scot.nhs.uk)

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## **2. Introduction**

Welcome to NHS Borders' fourth annual Climate Emergency and Sustainability Report. Our previous report, detailing our activities up to March 2024, was published in January 2025.

In this report, we outline our greenhouse gas emissions for the financial year 2024/25 and provide a comprehensive narrative on the actions we have taken, as well as our future.

NHS Borders serves the healthcare needs of approximately 116,900 residents in the Scottish Borders, supported by a dedicated team of around 3,315 employees. Our region spans 1,827 square miles of largely rural landscape in southeast Scotland. We operate a variety of community and hospital services, including 23 health centres, four community hospitals, a district general hospital, and several specialist community and mental health facilities.

Many of our facilities are older and were built before modern construction methods and energy-efficient designs were standard. To achieve our net zero carbon goals, significant investment is needed to modernise our estate. Additionally, efforts across the public and private sectors are essential to improve energy efficiency and reduce supply chain emissions.

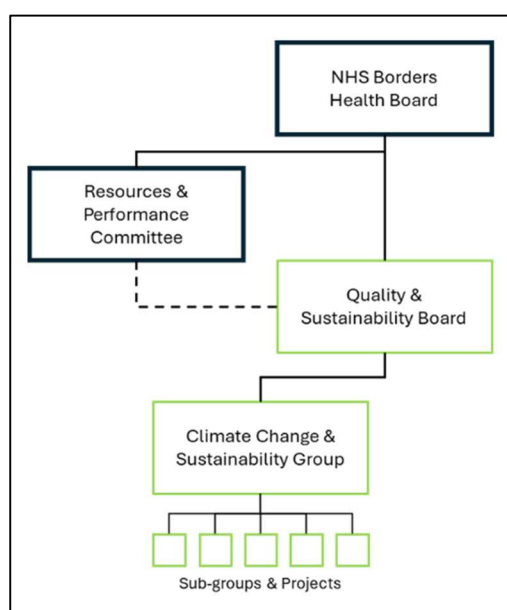
The initiatives detailed in this report align with the NHS Scotland Climate Emergency and Sustainability Strategy 2022-26. You can learn more about this strategy at the following link:

<https://www.gov.scot/publications/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/>

### 3. Leadership and governance

Our previous report set out the governance structure and management arrangements the Board has put in place to ensure that we continue to develop and implement our plans to address the impact of climate change. There have been no significant changes to these arrangements since the previous report.

The role of Sustainability Champion was held by Harriet Campbell, a non-executive member of our Board until 31<sup>st</sup> March 2025 – covering this reporting period. This role remains vacant and is expected to be filled later in 2025. Executive leadership remains under the remit of Andrew Bone, Director of Finance, Estates & Facilities.



The Board's Climate Change & Sustainability Group has responsibility for developing our response to climate change and supporting NHS Borders in becoming environmentally sustainable. The group meets on a bi-monthly basis to ensure progress against its action plan is regularly monitored. Individual workstreams and projects are managed through sub-groups established as and when required.

For the reporting period of this report the Climate Change and Sustainability Group reports to the Quality and Sustainability Board (QSB), comprising the Board executive management team and senior management representatives from all business units. Updates are provided on a quarterly basis.

The QSB reports<sup>1</sup> to the Health Board and to the Board's Resources & Performance Committee, which undertakes scrutiny of the Board's strategic plans.

Despite significant pressures on both time and resources, NHS Borders has dedicated both Board development time and Executive Leadership time to discuss this important agenda. Development and awareness sessions will continue with both the Board and Senior Leaders on a regular basis.

In March 2025 we held our second all staff virtual Sustainability Conference to enhance understanding across the organisation of our strategy, approach but also to promote "grass root level" action across NHS Borders.

A number of the Executive team lead key projects within their areas or expertise to support the Boards overall Net Zero ambitions.

<sup>1</sup> As at time of publication the Quality and Sustainability Board has been replaced by a new *NHS Borders Delivery Group* and it is expected that future reporting will be via this group.

## 4. Summary of impacts

NHS Borders aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Borders.

2040 Net-Zero emissions	2020/21	2021/22	2022/23	2023/24	2024/25	Target (2024/25)
<b>Carbon footprint (tCO<sub>2</sub>e)</b>	10,236.7 tCO <sub>2</sub> e	10,344.5 tCO <sub>2</sub> e	9,677.48 tCO <sub>2</sub> e	10,470.3 tCO <sub>2</sub> e	10,297.54 tCO <sub>2</sub> e	9,2324 tCO <sub>2</sub> e

*The table above describes limited progress towards reduction in Co2 emissions over the past five years. The earlier part of this period is impacted by the COVID pandemic, where activity across NHS facilities was significantly below 'normal' levels. As activity has recovered to pre-pandemic levels this has corresponded with an increase in emissions. It is also worth noting that improvements in the capture and monitoring of emissions data may have resulted in changes to how data is reported within individual periods. Nonetheless it is clear that there is a need for greater momentum if the trajectory to net zero at 2040 is to be achieved.*

### Greenhouse gas emissions 2023/24 & 2024/25, tonnes CO<sub>2</sub> equivalent

Source	2023/24 – emissions	2024/25 – emissions	Percentage change – 2023/24 to 2024/25	2024/25– target emissions reduction	Percentage difference between actual and target emissions – 2024/25
Building energy	7086.4 <sup>2</sup> tCO <sub>2</sub> e	7327.6 tCO <sub>2</sub> e	+3.4	-10%	Missed by 13.4%
Non-medical F-gas use	498.18 tCO <sub>2</sub> e	0 <sup>3</sup> tCO <sub>2</sub> e	-100	-5%	Exceeded by 95%
Medical gases	243.3 tCO <sub>2</sub> e	602.77 tCO <sub>2</sub> e	+147.7%	-5%	Missed by 142%
Metered dose inhaler propellant	1,937 tCO <sub>2</sub> e	1,695.94 tCO <sub>2</sub> e	-12.4%	-5%	Exceeded by 7.4%
NHS fleet use (Fleet & Grey Fleet)	256.40 tCO <sub>2</sub> e	282.29 tCO <sub>2</sub> e	+10.09%	-10%	Missed by 20.9%
Waste	120.04 tCO <sub>2</sub> e	116.60 tCO <sub>2</sub> e	-2.86%	-10%	Missed by 7.14%
Water	30.14 tCO <sub>2</sub> e	32.64 tCO <sub>2</sub> e	+8.29%	-10%	Missed by 18.29%
Business travel	298.86 tCO <sub>2</sub> e	239.70 tCO <sub>2</sub> e	-19.79%	-10%	Exceeded by 9.79%
<b>Total Emissions</b>	<b>10,470.32<sup>4</sup> tCO<sub>2</sub>e</b>	<b>10,297.54 tCO<sub>2</sub>e</b>	<b>-1.6%</b>	<b>8%</b>	<b>Missed by 6.4%</b>
Carbon sequestration	Not Available	Not Available	Not Available	Not Available	Not Available
Greenhouse gas emissions minus carbon sequestration	<b>10,470.32<sup>5</sup> tCO<sub>2</sub>e</b>	<b>10,297.54 tCO<sub>2</sub>e</b>	<b>-1.6%</b>	<b>8%</b>	<b>Missed by 6.4%</b>

<sup>2</sup> Amended from last year's report, previously reported as 6135.9 tCO<sub>2</sub>e

<sup>3</sup> In line with guidance figure calculated on F-Gas top up or removal

<sup>4</sup> Amended from last year's report, previously reported as 9519.82 tCO<sub>2</sub>e

<sup>5</sup> Amended from last years report, previously reported as 9519.82 tCO<sub>2</sub>e

### *Progress against Target*

We recognise that the reduction of 1.6% against previous emissions falls short of our target reduction (8%) and that there are a number of areas where we are unable to demonstrate any progress towards reduction in emissions. Each of these areas is discussed in detail within the report and where actions have been identified to improve future progress this is described.

### *Data Quality*

As in our previous report we have restated historic figures to reflect improvements to the quality of our data and to ensure consistency of reporting. We continue to strive to provide the most accurate information available and as we improve awareness of carbon accounting requirements across our teams and implement changes to our processes this does mean that some information previously provided is reviewed and amended.

### *Changes in Resources impacting on Emissions*

The table below sets out our usage of key resources impacting on greenhouse gas emissions over the last two years and provides further context to the preceding table.

Source	2023/24 Use	2024/25 Use	Percentage change – 2023/24 to 2024/25
Building energy (MWh)	35,138 MWh	34,875.7 MWh	-.75%
Waste (tonnes)	1,169.5 tonnes	1046.7 tonnes	-10.5%
Water (cubic metres)	112,314 cubic metres	151,137 cubic metres	+34%
NHS fleet travel (km travelled) Includes Grey Fleet	1,645,751 km	1,870,648 km	+13.6%
Business travel (km travelled) Includes Public Transport and Flights)	1,948,677 km	1,606,617 km	-17%

## 5. Climate change adaptation

Scotland's climate is changing faster than expected according to research published by the James Hutton Institute in December 2023. According to this research:

- “Between 1990 to 2019, February and to a lesser extent April have become wetter, particularly in the west, by up to 60%, exceeding the projected change by 2050 of 45-55%.”
- “Scotland is on track to exceed “a 2°C increase in temperature by the 2050s, with the months from May to November experiencing up to 4°C of warming over the next three decades (2020-2049).”
- “The number of days of consecutive dry weather – an indicator for drought and wildfire risk – are also expected to increase in drier months, such as September.”

Climate change exacerbates existing health risks and introduces new challenges, ranging from the spread of infectious diseases to the intensification of heatwaves and extreme weather events that will impact the health of the population, healthcare assets and services. NHS Scotland plays a pivotal role in safeguarding the life and health of communities by developing climate-resilient health systems capable of responding to these evolving threats.

The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing available here: [www.ukclimaterisk.org/independent-assessment-ccra3/briefings/](http://www.ukclimaterisk.org/independent-assessment-ccra3/briefings/)

NHS Borders completed an Adaptation Risk Assessment in 2023. The main risks identified were in relation to changes to population needs (i.e. increased demand for healthcare services) and the adaptability of environmental controls within our estate (e.g. ventilation systems).

This risk assessment is being used to support the Health Board in planning its future estate strategy, ensuring that our land and buildings are adapted to mitigate the risks arising from climate change. This includes both sustaining the fabric of the estate from potential damages as well as ensuring that the healthcare environment does not present and increased risk of harm to our patients, and that it is suitable to meet the future needs of our population.

Population risks impactation on healthcare needs include a potential increase to chronic conditions affected by seasonal temperature variation, for example more patients requiring hospital admission during prolonged hot weather; admissions relating to dehydration, heat stroke, breathing issues and cardiac issues could be anticipated; with further long-term issues relating to potential increase in skin cancers. We also identified wider societal impacts affecting population mental health, with specific concern regarding the isolation of small communities in rural locations.

Risks in relation to environmental controls are in part related to the age and design of our current estate, with integral plant and equipment likely to be insufficient to mitigate increased healthcare acquired infection risks arising from potential changes to temperature and humidity within the operating environment.



The actions to address increased demand will be a collaborative approach between our clinicians, supported by our Public Health and Communications teams, to ensure residents of the Scottish Borders are engaged in the design of future service models and aware of the actions they can take to ensure that health services are both effective and efficient regarding the impact that these services have on our environment.

In relation to our buildings, we are aware of innovation in building design which offers opportunities to improve natural ventilation and cooling, and we will ensure that these opportunities are considered for both our existing estate and new buildings developed in our long-term property strategy.

During 2024/25 we have begun the work necessary to develop our future property strategy, including commissioning a full review of the design, condition and use of the Borders General Hospital. We expect that the development of this strategy will be informed by the information provided through our climate change risk assessment.

NHS Borders is also working with Climate Ready South East, a regional project considering both impact and adaptations that will need to be made.

## 6. Building energy

We aim to use renewable heat sources for all the buildings owned by NHS Borders by 2038. NHS Borders has thirty-nine buildings, across 19 sites, such as Borders General Hospital (Acute Hospital), 4 community hospitals, 23 health centres and a range of other facilities.

In 2024/25, NHS Borders used 34,841,571kWh of energy within its buildings, resulting in 7,327.6 tonnes of CO2 equivalent, an increase of 2.3% on previous year emissions (34,042,761kWh and 7,071.3).

Increased energy consumption is attributed to several factors including the following:

- Due to evolving service delivery models within the community - particularly the transition towards more hub-like environments and extended operational hours at facilities such as health centres - it is anticipated that there will be a corresponding increase in both gas and electricity consumption. These changes reflect a broader commitment to accessibility and integrated care, but they also necessitate greater use of heating, lighting, hot water, and other utilities during periods that were traditionally considered out-of-hours.
- This shift in usage patterns should be factored into future energy management strategies, budget planning, and sustainability assessments to ensure continued operational efficiency and environmental responsibility.
- There has been an increased deployment of mobile diagnostic facilities - including endoscopy, mammography, CT, and MRI units - to support essential equipment refurbishment programmes and to help reduce waiting times. This strategic approach enables continuity of diagnostic services while permanent equipment undergoes upgrades and provides additional capacity to meet rising demand across the region.
- Shift to EV Charging – increase in the number of EV chargers available to support the fleet migration from fossil fuel to renewable energy (electric) – average annual consumption 86,000 kWh (based over 5300 sessions), equates to 1% of NHS Borders annual electricity consumption. This effect is offset by a reduction in use of fossil fuels.

In 2024/25, NHS Borders generated 1400 MWh of energy from renewable technologies (Solar PV). This is expected to increase significantly in future years with the introduction of increased Solar PV on the BGH campus.

### Building energy emissions, 2015/16, 2021/22 and 2024/25 – tCO<sub>2</sub>e

	2015/16 energy use	2023/2024 energy use	2024/2025 energy use	Percentage change 2015/16 to 2024/2025
Building fossil fuel use	4681.3 tCO <sub>2</sub> e	5254.8 tCO <sub>2</sub> e	5545 tCO <sub>2</sub> e	+18.5%
District heat networks and biomass	129.7 tCO <sub>2</sub> e	80.1 tCO <sub>2</sub> e <sup>6</sup>	56.7 tCO <sub>2</sub> e	-56.3%
Grid electricity	4340.6 tCO <sub>2</sub> e	1751.5 tCO <sub>2</sub> e	1725.9 tCO <sub>2</sub> e	-60.2%
<b>Totals</b>	<b>9151.6 tCO<sub>2</sub>e</b>	<b>7086.4 tCO<sub>2</sub>e</b>	<b>7327.6 tCO<sub>2</sub>e</b>	<b>-19.9%</b>

### Building energy use, 2015/16, 2021/22 and 2024/25 – MWh

	2015/16 energy use	2023/2024 energy use	2024/2025 energy use	Percentage change 2015/16 to 2024/2025
Building fossil fuel use	22368MWh	24654MWh	26019.5MWh	+16.3%
District heat networks and biomass	2860.6MWh	1299MWh	1164.4MWh	-59.3%
Grid electricity	8739.6MWh	7785MWh	7658.7MWh	-12.4%
Renewable electricity	2895MWh	Est. 1400 MWh	33.1MWh	-97%
<b>Totals</b>	<b>36863.2 MWh</b>	<b>35138 MWh</b>	<b>34875.7 MWh</b>	<b>-.76</b>

Over the past year, NHS Borders has implemented a range of measures aimed at reducing emissions associated with building energy use. These actions reflect our commitment to sustainability and operational efficiency across the estate:

- **LED Lighting Upgrade Programme:** A rolling replacement of fluorescent fittings with energy-efficient LED technology is underway across internal and external areas.
- These installations feature smart lighting systems that incorporate natural light optimisation, motion sensors, and automated timers to maximise energy efficiency and reduce carbon emissions.

<sup>6</sup> Amended based on recalculation

- **Boiler Replacement Programme:** Ongoing replacement of inefficient boiler plant across the estate to improve heating efficiency and reduce fuel consumption.
- **Heating Infrastructure Improvements:** Upgrades to heating pipework insulation and replacement of heating pumps and associated equipment to enhance system performance.
- **Ventilation and Cooling Enhancements:** Lifecycle replacement of inefficient air conditioning units, upgrades to chiller systems, and remedial works to ventilation plant to improve functional efficiency.
- **Building Management System (BMS) Upgrades:** Enhancements to BMS controls to enable better monitoring and optimisation of energy use.
- **Water Efficiency Measures:** Installation of condensate recovery units to reduce water and energy waste.
- **Building Fabric Improvements:** Upgrades to roof coverings and insulation to improve thermal performance and reduce heat loss.
- **Scottish Green Public Sector Estate Decarbonisation Scheme (GPSEDS):** Delivery of capital projects under this scheme, including fan and pump efficiency upgrades, LED lighting, insulation improvements, solar PV installations, and sub-metering.
  - **Estimated Annual Energy Savings:** 2,398 MWh (electricity and gas combined)
  - **Estimated Lifetime Carbon Reduction:** Approximately 5,470 tCO<sub>2</sub>e



*Solar PV Panels at Borders General Hospital*

In addition to the grant-funded initiatives, rolling programmes for boiler plant replacement and improvements to pressure systems, condensate units, steam traps, and other core infrastructure continue to be progressed through the Board's capital programme.

Work supporting green theatre initiatives and ventilation plant upgrades - particularly at Borders General Hospital - are also expected to deliver further energy efficiency gains. These were included within the scope of the GPSEDS project, which is now largely complete, pending final commissioning activities.

### **Forward Plan: Emissions Reduction Measures (2025/26)**

Our longer-term strategy for reducing building-related emissions is outlined in the **Net Zero Carbon Roadmap** developed in 2023. Key initiatives planned for the current financial year include:

- **Ventilation System Upgrades:** Remedial works to critical and general ventilation systems, including extract systems, to improve air quality and energy performance.
- **Hot Water System Improvements:** Replacement of existing calorifiers with plate heat exchangers, designed to reduce energy use and eliminate the need for hot water storage.

- **Solar PV Expansion:** Installation of a new photovoltaic array at a Community Hospital as part of a RAAC remedial project.
- **Feasibility Studies:** Development of business cases for future decarbonisation and energy efficiency projects, aligned with the Net Zero Carbon Roadmap and targeting multiple grant and funding streams.

## 7. Sustainable care

The way we provide care influences our environmental impact and greenhouse gas emissions. NHSScotland has three national priority areas for making care more sustainable – anaesthesia, surgery, and respiratory medicine.

### 7.1 Anaesthesia and surgery

Greenhouse gases are used as anaesthetics and for pain relief. These gases are nitrous oxide (laughing gas), Entonox (a mixture of oxygen and nitrous oxide) and the ‘volatile gases’ - desflurane, sevoflurane and isoflurane.

Through improvements to anaesthetic technique and the management of medical gas delivery systems, the NHS can reduce emissions from these sources.

NHS Borders total emissions from these gases in 2024/25 were 602.77 tCO<sub>2</sub>e, an increase of 359.47 tCO<sub>2</sub>e from the year before. The change is mainly due to the ordering process which is explained below.

More detail on these emissions is set out in the tables below:

#### Nitrous oxide and Entonox emissions, 2018/19, 2023/24, 2024/25 – tCO<sub>2</sub>e

Source	2018/19 (baseline year)	2023/24	2024/25	Percentage change 2018/19 to 2024/25
Piped nitrous oxide	241 tCO <sub>2</sub> e	29.5 tCO <sub>2</sub> e	73.91 tCO <sub>2</sub> e	-69.3%
Portable nitrous oxide	12 tCO <sub>2</sub> e	15.1 tCO <sub>2</sub> e	0	-100%
Piped Entonox	265 tCO <sub>2</sub> e	126.4 tCO <sub>2</sub> e	406.38 <sup>7</sup> tCO <sub>2</sub> e	+53.4%
Portable Entonox	114 tCO <sub>2</sub> e	59.8 tCO <sub>2</sub> e	110.87 tCO <sub>2</sub> e	-2.7%
<b>Total</b>	<b>632 tCO<sub>2</sub>e</b>	<b>230.8 tCO<sub>2</sub>e</b>	<b>591.16 tCO<sub>2</sub>e</b>	<b>-6.5%</b>

<sup>7</sup> This figure is based on ordering in 2023/2024 ordering in final quarter was reduced. In 2024/2025 a large order was placed in the first quarter and final quarter. It is expected that the figure for 2025/2026 will reduce again.

### Volatile medical gas emissions, 2018/19, 2023/24, 2024/25 – tCO<sub>2</sub>e

	2018/19 (baseline year)	2023/24	2024/25	Percentage change 2018/19 to 2024/25
Desflurane	33 tCO <sub>2</sub> e	0	0	-100%
Isoflurane	1.1 <sup>8</sup> tCO <sub>2</sub> e	0.2 tCO <sub>2</sub> e	0	-100%
Sevoflurane	15.3 tCO <sub>2</sub> e	12.3 tCO <sub>2</sub> e	11.61 tCO <sub>2</sub> e	-24%
<b>Total</b>	48.6 tCO <sub>2</sub> e	12.5 tCO <sub>2</sub> e	11.61 tCO <sub>2</sub> e	-76%

We have moved away from using Desflurane for volatile anaesthesia. No Desflurane has been purchased by NHS Borders since August 2021 and it is no longer used. Isoflurane has similarly been phased out so now Sevoflurane or total intravenous anaesthesia is our default.

In previous years we moved to GE Aisys anaesthetic machines which have technology that makes giving anaesthetics at lower gas flows more straightforward. This reduces the amount of volatile anaesthetic used as well as piped oxygen and air.

The nitrous oxide manifolds have now been decommissioned resulting in a significant reduction in CO<sub>2</sub>e in previous financial years. The timing of orders for replacement cylinders seems to have resulted in an increase in Entonox this year however we would expect that to be compensated by a decrease next year.

A National Green Theatres Programme was officially launched in 2023 to help reduce the carbon footprint of theatres across NHS Scotland and enable more environmentally sustainable care by:

- Working with clinicians and professionals to develop actions that reduce carbon emissions, waste and resource use.
- Supporting Boards to implement, measure and report on these improvements.

We are implementing the green theatre project and have introduced reusable theatre hats for staff, reusable sterile drapes and gowns, embedded waste segregation and oral Paracetamol as the default choice in the peri-operative period. We are working on a process to switch AGS (Anaesthetic Gas Scavenging) and HVAC (Heating Ventilation Air Conditioning) to a background setting out of hours and looking at the business case for alternative surgical suction devices. We have now moved away from in-line fluid warming as default in all theatres resulting in a reduction in consumables and energy use. Rub not scrub has also been firmly embedded and staff are as a result using less water and less energy to heat this.

<sup>8</sup>Amended from previous reporting following recalculation Isoflurane previously stated as 0.3 tCo<sub>2</sub>e (2018/2019).



## 7.2. Respiratory medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD. Most of the emissions from inhalers are from the use of reliever inhalers – Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions.

NHS Borders clinicians have adopted the approach agreed through national Respiratory pharmacy networks. It is the opinion of the Scottish Respiratory Pharmacist SIG, that the best inhaler is ‘the one the patient can use [most] effectively’. The cost (financially and environmentally) of Dry Powder Inhalers (DPI) is significantly greater than normal use of MDIs (metered dose inhalers). There are two new (environmentally better) propellants coming to market in the next couple of years and it was agreed the greatest immediate gain clinically and environmentally would be to focus on patients’ over-use of SABA inhalers rather than any scheme switching to DPI. It is also worth noting that the current crop of environmental claims is mostly through carbon off-setting and often still results in a plastic product which cannot be recycled.

We estimate that emissions from inhalers in NHS Borders were 1,696 tonnes of CO<sub>2</sub>equivalent, a reduction 241 tonnes of CO<sub>2</sub>equivalent from the previous year.

### Inhaler propellant emissions, 2018/19, 2023/24, 2024/25 – tCO<sub>2</sub>e

Source	2018/19 (baseline year)	2023/24	2024/25	Percentage change 2018/19 to 2024/25
Primary care	1,751.27 tCO <sub>2</sub> e	1,900 tCO <sub>2</sub> e	1,662 tCO <sub>2</sub> e	- 5%
Secondary care	41.55 tCO <sub>2</sub> e	37 tCO <sub>2</sub> e	33.94 tCO <sub>2</sub> e	-18%
<b>Total</b>	<b>1,792.82 tCO<sub>2</sub>e</b>	<b>1,937 tCO<sub>2</sub>e</b>	<b>1,695.94 tCO<sub>2</sub>e</b>	<b>-5.4%</b>

There is a Primary Care asthma review project under development which will take into account changes to local Formulary and the recently published National Respiratory Strategy.

In addition, we are involved with Realistic Medicine which will ensure patients are on the most appropriate medicines for the minimum time.

## 7.3. Other Sustainable Care Action

NHS Borders strives to find ways to deliver sustainable care and actively seek opportunities to deliver exceptional care whilst reducing our carbon footprint.

We are actively seeking opportunities to change practice and look forward to reporting on this next year.



## 8. Travel and transport

Domestic transport (not including international aviation and shipping) produced 28.3% of Scotland's greenhouse gas emissions in 2022. Car travel is the type of travel which contributes the most to those emissions.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.



We are reporting an increase in emissions in relation to both NHS Fleet use and Business Travel. We had anticipated that this would decrease slightly each year and are disappointed with the increase. Much of this increase is associated with moving care into the community and increasingly into people's homes. As an organisation we need to consider how we will address this challenge whilst reducing emissions related to transport.

Some increased mileage will relate to the issue of RAAC at The Knoll in the last quarter of the year, with teams increasing frequency of travel to The Knoll and managing logistics. It is anticipated the same will be true next year as the organisation supports the reoccupation and in addition business miles for displaced staff are captured within reporting. The three additional EV cars are to support temporarily redeployed employees at The Knoll.

As last year the inclusion of air, rail, and passenger journeys we supported are now included for completeness. For bus and rail, due to the number of paper expenses claims the mileage was calculated this year as the average km to pence. This will be the process moving forward until we are able to get more accurate data.

The small increase in air travel emissions relates to a single long-haul journey and without that journey overall flight emissions would have decreased by 22%.

We continue to work collaboratively with Scottish Borders Council to ensure public transport is effective for NHS Borders staff, patients, and visitors. We are pleased that SBC secured funding to upgrade the bus stop at Borders General Hospital and the work will be carried out in 2025/2026.

We continue to enable agile working which enables people to utilise technology such as Microsoft Office Teams to reduce the need to travel to meetings.

NHS Borders recognises that supporting active travel will be a key component of our future travel plans. Our progress to date in this area has been limited however through the development of our Active Travel plan we expect to increase awareness across staff and visitors and to ensure

*Two of NHS Borders EV Fleet*

that our policies and infrastructure is refreshed to support active travel.

NHS Borders continues to work with SEStran and actively participate in the South Regions Strategic Action on Transport to ensure we leverage opportunities for sustainable transport wherever possible.

We remain committed to removing all petrol and diesel fuelled cars from our fleet as soon as possible. Given the rurality this is challenging due to the range issues and in addition funding constraints.

The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Borders fleet at the end of March 2024 and March 2025:

	March 2024		March 2025		
	Total vehicles	Number of % Zero Emissions Vehicles	Total vehicles	Number of % Zero Emissions Vehicles	Difference in % Zero Emissions Vehicles
Cars	23	11	40	14	+3
Light commercial vehicles	43	6	36	11	+5
Heavy vehicles	2	0	2	0	0

The following table sets out how many bicycles and eBikes were in NHS Borders' fleet at the end of March 2024 and March 2025.

	March 2024	March 2025	Percentage change
Bicycles	0	0	0
eBikes	0	0	0

Due to the rurality of the Scottish Borders the relative distances for journeys are significantly higher than in Health Board regions which have a higher population concentration within urban centres.

Following consultation with key stakeholders NHS Borders has decided to undertake further review before progressing any investment in eBikes.

The following table sets out the distance travelled by our cars (Fleet and Grey Fleet), vans and heavy vehicles in 2024/2025

#### Distance travelled, kms

Source	2023/24	2024/25	Percentage change 2023/24 to 2024/25
Cars	1,062,215 km	1,297,036 km	+22%

Source	2023/24	2024/25	Percentage change 2023/24 to 2024/25
Light Commercial Vehicles	583,535 km	573,612 km	-1.7 %
Heavy Vehicles	0	0	-
<b>Total</b>	1,645,750km	1,870,648	+13%

Business travel is staff travelling as part of their work in either their own vehicles or public transport. It covers travel costs which are reimbursable and does not include commuting to and from work. The table below shows our emissions from business travel by transport type. This table includes Fleet, Grey Fleet and business miles claims.

#### Business travel emissions, tCO<sub>2</sub>e

Source	2023/24	2024/25	Percentage change 2023/24 to 2024/25
Cars	441.6 tCO <sub>2</sub> e	518.86 tCO <sub>2</sub> e	+17.49
Public Transport	2.47 tCO <sub>2</sub> e	3.33 tCO <sub>2</sub> e	+34.8%
Flights	9.43 tCO <sub>2</sub> e	10.16 tCO <sub>2</sub> e	+7.7%
<b>Total</b>	453.5 tCO <sub>2</sub> e	532.35 tCO <sub>2</sub> e	+17.38%

NHS Borders is investigating how to effectively capture commuter miles for inclusion in future reports.

## 9. Greenspace and biodiversity

### Biodiversity

Biodiversity, or the wide variety of living organisms within an environment, has declined at a rapid rate in the last 50 years. Evidence demonstrates that these trends are attributed to human activities, such as land use change, habitat degradation and fragmentation, pollution, and the impacts of climate change. The State of Nature report published in 2023 has highlighted the decline of nature across Scotland, with 11% of species now classed as threatened with extinction.

Public bodies in Scotland have a duty under the Nature Conservation (Scotland) Act 2004 ([Nature Conservation Scotland Act 2004](#)) to further the conservation of biodiversity, taking care of nature all around us. Furthermore, the Wildlife and Natural Environment (Scotland) Act 2011 ([Wildlife and Natural Environment Scotland Act 2011](#)) requires every public body to summarise their activities to meet this duty, through the production of a publicly available report.

We are fortunate to be in a beautiful and rural part of Scotland and are continuing to work on a long-term strategy to address the identification, protection, and enhancement of biodiversity across our estate. As part of our climate change adaption plans, we will consider how nature-based solutions may align across both the climate and biodiversity emergencies. We recognise this is a complex area and will work with relevant bodies (e.g. Nature Scotland) to ensure that plans are aligned to best practice.

We submitted our data for NHS Scotland Estate Mapping programme and look forward to progressing this work. The ongoing mapping works by PHS has provisionally calculated that greenspace accounts for 53% of the NHS Scotland's 15.8km<sup>2</sup> total estate. This work will be published in a high-level report summary and an update will be provided in the near future.

Following on from last year we have maintained our reduced number of cuts of 10 cuts a year at a height of 75mm. We have also further increased the number of areas within all NHS Borders grounds that are planted with new pollen rich planting and wildflowers.

We continue to assess how we can minimise the use of pesticides across our estate and have reduced the times it is used each year, also working alongside Risk, Health & Safety to ensure the correct products are being used.

We are seeking to embed the principles of biodiversity into all our estate planning and management. We are also investigating opportunities on how to best monitor and assess biodiversity across the Estate.

Finally, we have used our regular communications to highlight Biodiversity and increase understanding of the issues to all our employees.

### Greenspace

The design and management of the NHS Scotland green estate for human and planetary health, offers an opportunity to deliver a range of mutually beneficial outcomes. These include action on climate change (both mitigation and adaptation), biodiversity, health and wellbeing for patients and staff, community resilience building and active travel.

To support this our grounds & gardens team continue to assist in the “Space to Grow” project at Huntlyburn House. The “Space to Grow” area is used for carrying out workshops that assist in the rehabilitation of our mental health patients and is widely accessed by staff and visitors.

We have also continued to develop new outdoor spaces for staff members at all our NHS Borders Hospitals by providing areas in greenspace which promote improved staff wellbeing. These areas are being planted with pollinator plants and shrubs. Healthcare workers often experience high levels of stress, especially in demanding environments like hospitals. Green spaces provide staff with a place to decompress, enhancing job satisfaction and potentially reducing burnout.

Following on from the grassland guidance, we joined other boards across Scotland taking part in No Mow May and other actions to change the way we manage grassland.



*No mow May May 2024 Signage*

**The table below outlines our key greenspace projects and their benefits.**

Project name/ location	Benefits of project	Details of project
Public Health Collaboration	Wide Stakeholder engagement Anchor Organisation Work	We are working with PH to ensure our Green spaces provide the best environment for everyone in the Scottish Borders
Rainwater Harvesting	Reduced Water consumption	We are implementing rainwater harvesting to support the watering of plants across our sites. Currently in place in the Estates Gardening Team workshop.
Increased Tree Planting	Improved environment and Carbon Sequestration	New hedge/trees were planted behind Car Park 3 at Borders General Hospital. All materials were funded and supplied by CGI and our estates team received assistance from volunteers and Carbon Footprint Ltd with planting.
No Mow May	Supporting our country's flora and the wildlife that relies on it – particularly pollinators such as bees.	Additional areas of the Borders General Hospital Grounds were added this year including the main entrance area of the Borders General Hospital and additional signage was used to communicate information on this project.



## **10. Sustainable procurement, circular economy, and waste**

Earth Overshoot Day marks the date when our demand for resources exceeds what earth can regenerate in that year. In 2024, Global Earth Overshoot Day is 1 August.

For the UK, the picture is more worrying. In 2024, the UK's Earth Overshoot Day is 27<sup>th</sup> May. The current level of consumption of materials is not sustainable and is the root cause of the triple planetary crises of climate change, biodiversity loss and pollution.

We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship, and working with other UK health services to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

In the last year, to reduce the environmental impact of the goods and services we buy we have continued to procure over 80% of our products through National Contracts or Frameworks. The National Distribution Service supply over 80% of our medical consumables (economies of scale, consolidation of deliveries).

The majority of goods used by our services are supplied through national procurement hosted by NHS Scotland. For all of our deliveries, including those ordered locally, we aim to minimise the frequency of deliveries whilst retaining effective supply chain management. National deliveries are scheduled once daily via a single distribution centre. Orders placed directly with suppliers are consolidated across multiple departments in order to limit the number of journeys to a minimum achievable.

NHS Borders Procurement work with NHS NSS (National Services Scotland) National Procurement. Our Head of Procurement is a member of the Sustainable Procurement Steering Group. We will continue to be actively involved in this group and ensure delivery of initiatives and ensure our efforts are targeted effectively within our Board.

NHS Borders has signed up to the Community Benefits Gateway. The Community Benefits Gateway is a facilitation platform, enabling procurement services and suppliers to further improve lives, and support healthier communities.

When undertaking procurement activities, NHS Borders considers community benefits within the tender evaluation criteria (where relevant).

In 2021 NHS Borders became a Living Wage Accredited Organisation (working with the Poverty Alliance). Fair Work principles are embedded in appropriate contracts.

The Head of Procurement is a member of the National Efficiency Operational Group (commercial optimisation key objective).

In the next year to reduce the environmental impact of the goods and services we buy we will have a continued presence within the National Groups.

Our Head of Procurement is an active member of the working groups set up.

Sustainability training is now a mandatory requirement for staff who have a Procurement remit (using the SG (Scottish Government) eLearning) on Sustainable Public Procurement, Climate Literacy and Circular Procurement & Supply.

During 2025/26 NHS Borders will remain committed to delivering on Climate and Sustainability objectives and utilising the benefits of being an active member of the various national groups.

We will continue to work with other NHS Scotland Health Boards to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

We have a commitment to ensuring that waste generated through procurement activities will continue to be reduced and that we will increase how much of this waste is recycled.

The table below sets out information on the waste we produce and its destination for the last three years. The data for 2020/2021 is incomplete. Percentage change has been measured against 2021/22 to ensure comparability of figures.

Type	2022/23 (tonnes)	2023/24 (tonnes)	2024/25 (tonnes)	Percentage change from last year
Waste to landfill	10	10	0.61	-93.9%
Waste to incineration	63.62	49.82	50.36	+1.08%
Recycled waste	715.9	679.2	460.27	-32.2%
Food waste	15.5	19	30.36	+59.7%
Clinical waste	360.9	326.4	322.64	-1.15%

In October 2024 NHS Borders implemented the new waste contract for recycling and general waste. The new contractor is fully compliant with the Environmental Protection Act 1990 duty to provide accurate weighing and tracking of waste. As expected, this has impacted the figures contained within this report. It should be noted that because the contract came into effect part way through the year, we do not expect the full impact of the change of contractor to be shown till next years report.

The significant reduction in Waste to landfill is because of the final treatment of waste provided by the new contractor who can process more waste as recycled or recycled to energy.

The recycled waste reduction figure is, following an investigation, due to the over inflated estimates by the previous contractor regarding the volume of waste uplifted.

We have initiated a programme to increase recycling through the removal of personal bins to encourage the correct segregation. This was successfully piloted by the executive leadership team.

A key change in the last year is we no longer process food waste through a macerator for disposal into the sewage network, which reduces the risk of blocked drains, changes to microbial communities and production of methane.

This has resulted in an increase to our food waste reported. This food waste is now processed via anaerobic digestion. The catering manager and waste manager are working collaboratively to ensure the food waste is reduced. Again, it should be noted this is a part year figure and we anticipate this may rise as we receive a full year's data even as mitigations are put into place.

To reduce the amount of incinerated waste we are reinforcing our education of what should be included in this waste stream and asking for increased vigilance that all recycling packaging is placed in the correct waste stream. In addition, we have worked with infection prevention control to remind clinicians about the correct use of sharps bins.

NHS Borders is pleased to see our continuing reduction in clinical waste and are confident that further improvements can be made.

The all staff virtual Sustainability Conference in March 2025 provided a deep dive into waste management and this ongoing education will support reducing our waste and ensuring waste is correctly segregated.

There are nationally agreed targets setting out reduction to the amount of waste produced across NHS Scotland; the tables below provide information on our performance against those targets. It should be noted that until April 2018 NHS Borders operated an onsite incinerator which was how most of our waste was processed; this means that we do not have segregated data from 2012/2013.

<b>Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 – by 2025</b>	
Target – reduce domestic waste by	No 2012/13 baseline data available. Based on 'straight line' methodology, anticipate 1.25% reduction per year. Target = 1.25% x 2021/22 tonnes
Performance – domestic waste reduced by	2023/2024 - 315 tonnes 2024/2025 - 294 tonnes (6.6% Reduction)
Outcome	Not achieved yet*
Further reduction required	3 x 1.25% of 2021/22 less any reduction achieved in 2022/23

*\*On basis that reduction of 1.25% is expected each year from point where base data is available.*

<b>Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill – by 2025</b>	
Target – reduce waste sent to landfill by	Target (total landfill at 5% of overall waste)
Performance – waste sent to landfill reduced by	0.61 tonnes (1.3% of all domestic waste based on SBC (Scottish Borders Council) provided data)
Outcome	Achieved



**Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill – by 2025**

Further reduction required	None
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**Reduce the food waste produced by 33% compared to 2015/16 – by 2025**

Target – reduce food waste by	3.3% per year based on 33% over 10 years. Use 2021/22 as baseline
Performance – food waste reduced by	0 tonnes
Outcome	Not achieved yet
Further reduction required	3.3% x remaining year

**Ensure that 70% of all domestic waste is recycled or composted – by 2025**

Target – recycle or compost	500 tonnes
Performance – recycled or composted	679.2
Outcome	Achieved
Further increase required	None

## **11. Environmental stewardship**

Environmental stewardship means acting as a steward, or caretaker, of the environment and taking responsibility for the actions which affect our shared environmental quality.

This includes any activities which may adversely impact on land, air, and water, either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation, and improvement of our environmental performance.

We continue to work on EMS. This work is ongoing and through our Climate Emergency and Sustainability Group we are aligning EMS to our overall action plan to ensure that as work is undertaken to review and/or introduce our plans, policies, and procedures these will be recorded within our EMS. The work on EMS impacts a wide number of stakeholders and we will work collaboratively to ensure the EMS is robust with organisational wide engagement and teams aware of their responsibilities.

We recognise that resource will impact the EMS work and are frustrated that this will impact the full adaptation of an EMS.

## 12. Sustainable communities

### Anchor Organisations

Anchor organisations can make a significant contribution to climate change and community health and wellbeing by reducing health inequalities through their procurement practice, training, employment, professional development and buildings and land use. Anchor organisations use a Community Wealth Building approach which is a person-centred approach to local economic development, this redirects wealth back into the local economy, and places control and benefits into the hands of local people.

We made a commitment last year to working further with non-health Anchor Organisations around our shared goals to maximise the positive impact for us here in the Scottish Borders and we have made good progress:

### Workforce

NHS Borders are represented on the Local Employability Partnership by Human Resources and Public Health. Working in partnership we have submitted two applications for No-One Left Behind funding to progress employability projects in the following areas:

- Wellbeing Service through the recruitment of an Employability Advisor. This was successful at the end of the financial year 2024-25, with recruitment starting in 2025.
- Clinical and Professional Development to recruit two cohorts of participants to NHS Borders Employment Readiness Programmes. The programme has been shaped by lived experience research, aiming to reach our priority groups by offering a family friendly approach, paid placements and where possible sustained employment. This programme will include sessions on the Ways to Be Well to build participant capacity for health improvement.

Public Health have supported Human Resources with the delivery of two values-based presentations for groups of high school pupils from across the Scottish Borders who were starting work experience in a range of settings within NHS Borders. This included a mixed methods approach; a presentation, a patient experience video clip and an interactive discussion, to build knowledge and understanding of NHS Scotland Values, Communication and interpersonal Skills.

Our Anchors objectives for our Workforce workstream are:

1. Monitor and evaluate No One Left Behind-funded NHS post to support employability.
2. Improve staff wellbeing by supporting progress towards Menopause Friendly Accreditation.
3. Facilitate information exchange between Princes Trust Project and potential links to Scottish Borders Council's 12-week placements programme.
4. Facilitate Anchor Institutions Self-Assessment process with our Community Planning Partners using Anchors Progression Framework (with support from Public Health Scotland).

### Procurement of Goods, Services and Infrastructure

The Community Benefits Gateway promotions are ongoing, in partnership with voluntary (third sector) and community groups in the Scottish Borders. This has led to a total of 7 applications in the last financial year.

The table below provides a summary of Third Sector Organisations/Community Groups and needs for the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025:

Third Sector Organisation/ Community Group	Need
Chirnside Development Group	Replacement Chairs
Springwood Retirement Village Residents Association	Springwood Retirement Village Defibrillator
Live Borders	Defibrillators for the Live Borders mobile library vans
Borders Carers Centre	Equipment: Everyday Essentials for Carers
The Lavender Touch	Equipment: Support for people living with Cancer in the Scottish Borders
Borders Carers Centre	Short Breaks Co-ordinator
Tweed Valley Mountain Rescue	Rescue Boxes

Of the seven applications listed in the table above, there have been four successful notifications of bids against local needs.

The Lavendar Touch received a successful notification of a national bid against their need from Ricoh UK who had work colleagues who wanted to donate their time; this is our first successful case study for Scottish Borders.

Our Anchors objectives for our Procurement workstream are:

1. Increase local promotions and third sector engagement with the NSS Community Benefits Gateway
2. Systematically apply community benefit goals and scoring in competitively tendered contracts for Quick Quotes

### Land and Assets

Our Anchors objectives for our Land & Assets workstream are:

1. Scope out and develop a plan for embedding anchor sustainability activities in existing health board sites.
2. Progress next phase of the Sustainable Communities Plan (which is part of the wider NHS Borders Emergency Climate Change Plan) by building on established relationships with third sector partners.

### Products and Service Delivery and Design

Public Health have continued to work in partnership with Scottish Borders Council to ensure policies and services are designed in a way that reduces inequalities caused by socioeconomic disadvantage. The mainstreaming equalities report has included contributions from Public Health relating to:

- Money Worries App
- Royal Environmental Institute for Health Food and Health Cooking Skills
- Trauma Informed Services
- Walk It

- Borders Alcohol and Drugs Forum
- THIS Borders
- Stigma
- Creating Hope Action Plan
- ALISS (A Local Information System for Scotland)
- Social Prescribing

Public Health have supported the facilitation of the British Sign Language Equalities & Human Rights Impact Assessment and developed the role of the Borders Older People's Partnership as a key group for age as a protected characteristic.

A further example of this was research undertaken by the Barriers Insights group, led by the Department of Work & Pensions and supported by Public Health which has influenced service planning within Clinical and Professional Development.

### **Working in Partnership across a wider area or place**

There are three examples of partnership work in a wider area or place over the last year:

1. **Borders College** who supported the dissemination of the Women's Health Plan Long-Acting Reversible Contraception Survey. Borders College shared our social media assets to invite students and staff to complete the survey. While it is not possible to determine how many responses were from Borders College we can confirm they contributed to 153 responses we received. The survey included questions about access preferences and transport needs to influence service planning and improvement.
2. Scottish Borders **Housing Association** invited NHS Borders Public Health team to contribute to their draft housing strategy which already reflects an Anchors approach. Public Health were able to further influence the strategy from an anchors and health inequalities perspective, and this feedback has been welcomed by SBHA.
3. **LIVE Borders** carried out a consultation on the Scottish Borders Sport and Physical Activity Strategy and Public Health submitted a co-ordinated response reflecting key considerations from a health inequalities perspective to influence LIVE Borders role as an Anchor Organisation in the Scottish Borders. This has led to ongoing communications and we are planning a joint health related CPD in the future.

The above contributions will stand us in good stead for partnership work on the application of the Anchors Progression Framework.

### **Sustainability as part of our Anchors Mission**

Looking ahead, we are excited about the work that Public Health Scotland are doing to map the green estate across Scotland which will be helpful for us locally to support further action. We are also hoping to build on other Whole Systems Work our Public Health team has been involved in in the community around Eyemouth to promote an established [outdoor activities pack](#) during Green Health Week in May 2025.

### **Active Travel**

NHS Borders Department of Public Health Communities Team supports the Active Travel Links network which began in August 2024 and meets on a quarterly basis. This is a working group of like-minded people who support walking, wheeling and cycling in the Scottish Borders, and membership includes Cycling Hubs, SBCAN, Scottish Borders Council Active Travel, Walk it and others.

NHS Public Health developed a pictorial directory of the Cycling Hubs in the Scottish Borders, and this has been shared with partners across the network, including NHS Borders and Scottish Borders Council. One of the aims of the group is to share and learn from each other to reduce duplication and share experience in relation to funding, as most of the members are from the third sector.

### **Energy Efficiency and Home Renewables**

Sustainable Borders (previously Sustainable Selkirk) is a funded project with key objectives to reduce the Scottish Borders' carbon footprint by providing advice to local residents and businesses. This advice covers practical and cost-effective ways to reduce energy and resource consumption, promote sustainable modes of transport and increase public awareness of both the causes and consequences of climate change. Sustainable Borders have provided tabletop information services based at Borders General Hospital Dining room to NHS Borders staff, and through September and November 2024 home visits or advice for NHS staff.

Information from Sustainable Borders covering the services they offer has been shared with NHS staff through the NHSB intranet site. As well as promoting energy efficiency, they also promote access to the E-Bike lending scheme, to support active travel.

### **Scottish Borders Climate Action Network (SBCAN)**

A representative from NHS Borders Public Health Team is a member of the Advisory Group for Scottish Borders Climate Action Network (SBCAN). SBCAN is a Scottish Government funded project that sits with Southern Uplands Partnership. The project aims to build awareness of the climate emergency and actions local groups and communities can take to mitigate and adapt to climate change.

NHS Borders Public Health team and SBCAN have worked collaboratively to ensure the anticipated impacts on health are included in ongoing conversations about climate change and have jointly promoted the [Climate Change Health Impacts in the Scottish Borders report](#) on their website and during community events.

Plans are being developed to produce a resource that will support both NHS staff and community groups to communicate about the health impacts of climate change.

### **Mental Health and Wellbeing - Ways to be Well**

Ways to Wellbeing is a guide developed by NHS Borders Public Health Team that offers ideas about how to look after mental health and wellbeing. Adverse impacts on mental health and wellbeing have been identified through the NHS Borders climate adaptation planning process as a risk to certain groups, especially those who are at risk of flooding or work in agriculture. In addition to this, there is evidence to suggest that young people are already experiencing climate anxiety as a result of expected climate change impacts.

NHS Borders Public Health Team has worked collaboratively with Scottish Borders Climate Action Network (SBCAN) to raise awareness of the links between climate change and mental

health and wellbeing. This was a key consideration during Green Health Week 2025 and SBCAN are developing a section on their website, committed to health and wellbeing, where the [Ways to Be Well](#) resources are publicised.

### **The Good Food Nation (Scotland) Act 2022**

The Good Food Nation (Scotland) Act 2022 provides a legislative framework that enables the government to take forward a vision for Scotland to be a Good Food Nation with the aim that the people of Scotland can access and enjoy locally produced food that keeps them happy and healthy, and that our food industry continues to thrive. Other key aims are that the environment is protected, biodiversity loss reversed, and our net zero ambitions achieved. A Good Food Nation enables flourishing rural and coastal communities.

Under the Act ministers are required to produce a Good Food Nations Plan and this is expected to be developed by Spring 2026. In the Borders, a multi-agency Food Steering Group is in the process of developing the plan; NHS Borders is in attendance to contribute both from a Public Health perspective, and also as a key local employer and Anchor. Other key partners in the group include Scottish Borders Council, Abundant Borders and the Borders Food Forum.

### **NHS Borders Emergency Planning and Resilience**

The NHS Borders Emergency Planning and Resilience (EPR) Team continues to work closely with Scottish Borders Council (SBC) to support and strengthen Resilient Community Planning across the region. This joint approach is particularly focused on enhancing local preparedness and response to the increasing frequency and severity of weather-related events driven by climate change.

In the lead up to summer, NHS Borders provided direct input to the SBC Resilient Communities Newsletter, offering practical advice on managing the health implications of climate change. This included guidance on staying safe during heatwaves and storms, maintaining access to medication and care during disruptions, and supporting vulnerable groups during prolonged adverse conditions.

Our health-focused contribution complemented our operational response to Storm Eowyn, which brought widespread wind and rainfall to the region. Although there was no significant damage to healthcare infrastructure, the storm impacted staff travel and led to a moderate increase in weather-related presentations. NHS Borders activated severe weather protocols in close coordination with SBC, ensuring continuity of care and support to patients throughout the disruption.

As part of ongoing partnership working, NHS Borders remains an active contributor to the development and refinement of community-led resilience strategies. These efforts ensure that local communities are not only prepared for extreme weather—such as flooding, snow, and heatwaves—but are also equipped to recover and maintain access to essential health and social care services.

NHS Borders continues to provide tailored, seasonal health advice to Resilient Communities groups, particularly in preparation for winter. This includes:

- **Health Preparedness:** Guidance for households on securing access to medication and care during disruptions.
- **Cold Weather Health Risks:** Information on protecting vulnerable individuals from cold-related illness and supporting community flu prevention efforts.



- **Access to Services:** Clear messaging around how to contact NHS services during adverse weather, including through NHS 24, Near Me (telehealth), and community-based alternatives.

Formal NHS Borders representation is in place at Resilient Communities meetings during winter planning sessions, providing local groups with advice and resources to embed health resilience into their winter planning. This collaboration with SBC and community stakeholders forms a key pillar of NHS Borders' climate change adaptation strategy. By integrating health considerations into local resilience efforts, we are collectively strengthening our ability to withstand and recover from climate-related challenges.

### **Maintaining Service Delivery During Severe Weather**

NHS Borders has a well-established framework to manage severe weather events including storms, snow, flooding, and extreme heat. These plans are tested regularly and have been adapted to reflect the growing risks linked to climate change.

Working alongside SBC Emergency Planning and Transport teams, joint arrangements are in place to safeguard access to health and care services, including:

- **Staff Mobility:** Ensuring health and care staff can travel safely via priority routes, 4x4 support, and partnerships with community transport providers.
- **Patient Access:** Supporting continued home visits and alternative service delivery (e.g., telehealth, mobile units) where travel is not possible.
- **Risk Monitoring and Communications:** Real-time monitoring and proactive communication to staff, patients, and the public about service disruptions and contingency plans.
- **Strategic Resource Allocation:** Ensuring essential supplies—such as fuel, PPE, and emergency medications—are available during sustained incidents.

Scenario-based training exercises simulating major flooding, heatwaves, or snow events have been integrated into annual preparedness efforts. These exercises test cross-service responses and support continuous improvement of our severe weather plans.

### **Healthcare in Non-Traditional Settings**

Recognising the impact of climate-related disruptions, NHS Borders is developing flexible approaches to healthcare delivery. This includes exploring how non-traditional spaces—such as community halls or mobile units—can be used to deliver essential services when hospitals or clinics are inaccessible.

Joint planning with SBC is focused on expanding the health offer within rest centres established under the Care for People Plan, ensuring access to basic healthcare, medication, mental health support, and assessments for those displaced by severe weather or extended power outages.

Key elements of this work include:

- **Health Provision in Rest Centres:** Embedding NHS staff to support displaced and vulnerable individuals.
- **Alternative Healthcare Locations:** Identifying and equipping community spaces to provide flexible, scalable services.
- **Logistical Coordination:** Aligning health provision with wider emergency response, transport, and social care planning.
- **Continuity of Care:** Safeguarding access to essential treatments and ongoing support for high-risk individuals during periods of disruption.



NHS Borders is also developing detailed protocols and training to support staff in adapting to these roles, ensuring safe, high-quality care regardless of setting.

### **Looking Ahead**

By embedding healthcare into broader resilience frameworks and aligning with partners at SBC, NHS Borders is helping to build a system that can respond flexibly and compassionately to the evolving challenges of the climate emergency. Our focus remains on maintaining continuity of care, supporting vulnerable groups, and ensuring the health needs of our communities are met - no matter the changing climate.

## 13. Conclusion

We are reporting reduction of 1.6% against previous year emissions (10,297.54 tCO<sub>2</sub>e from 10,470.3 tCO<sub>2</sub>e). This is disappointing and is a sobering reminder of the challenge presented by our target to achieve net zero carbon emissions by 2040. Without a significant increase in momentum it will not be possible to deliver the progress required.

It should be noted that this position is set within the context of continued efforts to improve the accuracy, comprehensiveness, and transparency of our reporting.

Reducing carbon emissions in a healthcare environment is challenging due to both the complexities of the operating environment and the necessary use of products which presently have a high carbon emissions footprint. We hope that this report demonstrates the commitment of our clinical teams and support services to finding innovative solutions to reduce our carbon emissions, without compromising patient care.

The scale of investment and action required to deliver net zero cannot be achieved through individual organisations and local action alone: it will require Government level investment in infrastructure adaptation, including actions which will address at source the efficiency and use of renewables in national grid.

Nonetheless, as a healthcare provider we will need to ensure that we are taking the actions available to us locally, and in collaboration with our supply chain, to support changes in both clinical and broader staff working practices and to mitigate where possible the impact of our services upon the wider environment.