Annual Climate Emergency and Sustainability Report 2025 - 2026

September 2026

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1. Foreword

This report is our fifth annual climate report and covers the twelve months to March 2026. Within the report you will find information which demonstrates how our emissions are changing over time, and how this compares with our plans. We also highlight areas where we have actions in place for future improvements, as well as those areas where we recognise our plans do not yet address the scale of change required. As we report on our past performance we are also working to develop a new climate action plan which we hope to publish later this year.

During this past twelve months our overall reported emissions, after carbon sequestration, reduced by 18.72% compared with 2024/25, with building-energy emissions reducing by 18.6%. Although significant, this does include the impact of temporary closure to Knoll Hospital and this element of reduction will not, on its own, represent a permanent improvement in our underlying performance. Nonetheless, we are pleased to have seen positive progress through a number of sustainable measures alongside this impact.

Medical-gas emissions also fell substantially as clinical teams continued to reduce the use of high-carbon anaesthetic gases. We have also seen a 13% reduction in waste-related emissions and are able to report zero waste sent directly to landfill. These achievements reflect practical changes in the way we manage our estate, deliver care and use resources.

The report is equally clear that progress remains slower than planned in other areas. Metered-dose inhaler emissions reduced, but not by the full targeted amount; fleet emissions and the transition to zero-emission vehicles remain behind trajectory, reflecting the challenges of serving a dispersed rural population and the availability and range of suitable vehicles; and water use increased rather than reduced, while our food-waste reduction target has not yet been achieved.

In March 2026 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.

Within the areas we can influence directly, we expect our Clinical Strategy to make a positive contribution to climate change mitigation by placing greater emphasis on prevention, supported self-management, care closer to home, digitally enabled pathways and efficient, evidence-based models of care. If delivered well, these changes should help to avoid unnecessary activity, travel, resource use and waste while improving outcomes and maintaining equity of access across our rural communities.

Achieving our long-term goal of net zero carbon emissions cannot be delivered by NHS Borders acting alone. It depends on sustained national investment in the decarbonisation and resilience of the public estate, further decarbonisation of the electricity grid and heat supply, the availability of affordable low-carbon technologies and vehicles, changes in the carbon intensity of medicines and other products, and effective action across national procurement and our wider supply chain.

The Programme for Government published on 1 September 2026 also signals public sector reform that will bring changes to public bodies in the years ahead. The future organisational, governance and delivery implications are not yet known, and we will need to remain flexible as these reforms develop, while maintaining momentum and ensuring that climate and sustainability considerations remain embedded in future decisions.

I want to acknowledge the commitment of colleagues across NHS Borders, particularly those who have led this work and those who have contributed alongside demanding operational responsibilities. I am also grateful for the contribution of our public and third sector partners within the Scottish Borders, and their commitment to collaborative working which is fundamental to achieving long term change. The progress described in this report is the result of their expertise, persistence and willingness to change practice, and I am grateful for their continuing leadership and support.

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**

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2. Introduction

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

In this report, we outline our greenhouse gas emissions for the financial year 2025/26 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.

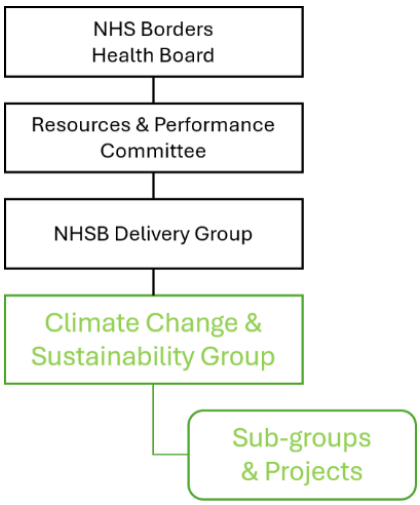
The initiatives detailed in this report align with the NHS Scotland Climate Emergency and Sustainability Strategy 2022-26. You can learn more about this strategy at the following link:

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

We are looking forward to publishing the NHS Borders Environment and Sustainability Enabling Strategy in the next 12 months.

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. Our Climate Change & Sustainability Group has remained stable over the past 12 months, with some changes to oversight as set out in the figure below.



The Board's Resources & Performance Committee has portfolio responsibility for assurance on risks relating to the healthcare environment, including climate change. Below this, the Delivery Group provides an executive led operational forum for ongoing monitoring and evaluation of progress against the Health Board's organisational strategy and annual delivery plan.

The role of Sustainability Champion has remained vacant throughout the past year due to ongoing turnover in non-executive board membership. Following the appointment of Fiona Sandford as Board Chair early in 2026 recruitment to vacancies in this structure has commenced and it is anticipated that the duties of Sustainability Champion will be assigned following appointment of a new non-executive member in the next few months.

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.

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 2026 we invited all employees to the national Green Healthcare event as our third all staff virtual Sustainability Conference.

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

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	2025/2026	Target (2025/26)
Carbon footprint (tCO2e)	10,236.7 tCo2e	10,344.5 tCo2e	9,677.48 tCo2e	10,470.3 tCo2e	10,316.4 tCo2e	8,384.76 tCo2e	9,491 tCo2e

The table above describes limited progress towards reduction in Co2 emissions over the past six 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 2024/25 & 2025/26, tonnes CO2 equivalent

Source	2024/25 – emissions	2025/26 - emissions	Percentage change – 2024/25to 2025/26	2025/26 target emissions reduction	Percentage difference between actual and target emissions – 2025/26
Building energy	7327.6 tCO2e	5964.34 tCO2e	-18.6%	-10%	Exceeded by 8.6%
Non-medical F-gas use	0[1] tCo2e	2.21 tCo2e	+100%	No Change	Missed by 100%
Medical gases	602.77 tCo2e	177.95 tCo2e	-70.95%	-5%	Exceeded by 65.95%
Metered dose inhaler propellant	1,695.94 tCo2e	1,646.71 tCo2e	-2.9%	-5%	Missed by 2.1%
NHS fleet use Fleet & Grey Fleet)	403.3[2] tCo2e	395.37 tCo2e	-1.89%	-10%	Missed by 8.11%
Waste	116.60 tCo2e	100.63 tCO2e	-13%	-10%	Exceeded by 3%
Water	16.69[3] tCo2e	17.01 tCO2e	+1.91%	-10%	Missed by 8.09%
Business travel	153.50[4] tCo2e	112.24 tCO2e	-26%	-10%	Exceeded by 16%
Total Emissions	**10,316.4[5] tCo2e**	**8,416.46 tCo2e**	**-18.41%**	**-8%**	**Exceeded by 10.41%**
Carbon sequestration	-	31.7 tCo2e[6]		-	Not Available
Greenhouse gas emissions minus carbon sequestration	**10,316.4 tCo2e**	**8,384.76 tCo2e**	**-18.72%**	**8%**	**Exceeded by 10.72%**

[1] In line with guidance figure calculated on F-Gas top up or removal
[2] Last year's figure amended due to Business travel & Grey Fleet figures under wrong heading
[3] Amended from erroneous report last year
[4] Last year's figure amended due to Business travel & Grey Fleet figures under wrong heading
[5] Amended to reflect errors from previous year
[6] Taken from 1st Natural Capital Accounts – March 2026

Progress against Target
We are please to note an overall reduction in our emissions of 18.79%. This is predominantly due to Building energy with a further reduction for including Carbon Sequestration for the first time in 2025/2026.

It should also be noted that throughout the full reporting period, the Knoll Hospital at Duns has not operated due to the ongoing Reinforced Autoclaved Aerated Concrete (RAAC) works.

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	2024/25 Use	2025/26 Use	Percentage change – 2023/24 to 2024/25
Building energy (MWh)	34,875.7 MWh	34929.1 MWh	+0.15%
Waste (tonnes)	1046.7 tonnes	918.64 tonnes	-12.2%
Water (cubic metres)	151,137 cubic metres	155,685 cubic metres	+3%
NHS fleet travel (km travelled) Includes Grey Fleet	2,567,693[7] km	2,540,867 km	-1.04%
Business travel (km travelled) Includes Public Transport and Flights)	1,096,569.40[8] km	849,774 km	-22.5%

It should be noted that Building Energy has increased, however a greater proportion of this is now renewable energy. In addition, there is an increase in Water consumption in 2025/2026 this is partly due to NHS Borders changing from the practice of using bottled water for patients and staff to returning to water jugs and tap water.

Within overall building energy, although the overall energy use has increased there is a reduction of 18.6% in emissions (tCO2e). This is largely due to electricity consumption, where there has been an 8.4% reduction in energy consumption, of which half is attributed to the temporary closure of Knoll hospital, with the balance being due to a range of measures including rollout of LED lighting, and installation of Solar PV. The remainder of the emissions reduction is largely driven by decarbonisation of the grid and corresponding reduction in conversion factors applied to the energy use.

[7] Last years figure amended due to Business travel & Gret Fleet figures under wrong heading
[8] Last years figure amended due to Business travel & Gret Fleet figures under wrong heading

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/

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 impaction on healthcare needs includes 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 2025/26 we have continued 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 Southeast, 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 2025/26, NHS Borders used 34,751,986 kWh of energy within its buildings, resulting in 5964.34 of CO2 equivalent, a decrease of 18.6% on previous year emissions (34,841,571kWh and 7,328tCO2e).

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 continued to be an increase by additional deployment of mobile diagnostic facilities - including endoscopy, mammography, CT, and MRI units – to further 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) – 2025/2026 consumption was circa 84,000 kWh equates to c.1.2% of NHS Borders annual electricity consumption – expected to increase to c.125,000 kWh's in 2026/2027. This effect is offset by a reduction in use of fossil fuels.
- Currently NHS Borders has reduced working on one of our main community hospital and health centre sites, Knoll Hospital, due to ongoing RAAC works – looking at the trend data analysis we estimate this to be as per the below:

	2023/24 (kWh)	2025/26 (kWh)	Change (kWh)	% Change
Gas	366,283	323,833	-42,450	-11.6%
Electricity	231,981	132,660	-99,321	-42.8%
Biomass Pellets	299,310	461,330	+162,020	+54.1%
Total Energy Use	897,575	917,823	+20,248	+2.3%

Note: 2023/24 represents a full year at normal operating capacity. 2025/26 represents a full year at reduced operating capacity. The figures indicate an overall increase in

energy consumption of 20,248 kWh (2.3%) compared to the 2023/24 baseline. This was primarily driven by increased biomass pellet consumption, which was required following gas infrastructure issues that affected the site for a number of weeks, resulting in a greater reliance on biomass heating during this period. Despite this, gas and electricity consumption both reduced compared to the 2023/24 baseline.

Building energy emissions, 2015/16, 2024/25 and 2025/26 – tCO2e

	2015/16 energy use	2024/2025 energy use	2025/2026 energy use	Percentage change 2015/16 to 2025/2026
Building fossil fuel use	4681.3 tCO2e	5545 tCO2e	4698.9 tCO2e	+0.4%
District heat networks and biomass	129.7 tCO2e	56.7 tCO2e	23.6 tCO2e	-81.8%
Grid electricity	4340.6 tCO2e	1725.9 tCO2e	1,372.4 tCO2e	-68.4%
Totals	**9151.6** tCO2e	**7327.6** tCO2e	**6094.9** tCO2e	**-33.4%**

Building energy use, 2015/16, 2024/25 and 2025/26 – MWh

	2015/16 energy use	2024/2025 energy use	2025/2026 energy use	Percentage change 2015/16 to 2025/2026
Building fossil fuel use	22368MWh	26019.5MWh	25679.7MWh	+14.8%
District heat networks and biomass	2860.6MWh	1164.4MWh	053.2MWh	-28.2%
Grid electricity	8739.6MWh	7658.7MWh	7018.9MWh	-19.7%
Renewable electricity	2895MWh	33.1MWh	77.3MWh	-93.9% - error in 2015/16
Totals	**36863.2 MWh**	**34875.7 MWh**	**34929.1 MWh**	**-5.2%**

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.

- **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 additional condensate recovery units to reduce water and energy waste. Installation of a pilot water systems that allows additional monitoring; temperature, use, efficiency etc.
- **Building Fabric Improvements**: Upgrades to roof coverings and insulation to improve thermal performance and reduce heat loss. A number of solar reduction trials were undertaken in an attempt to offset against the energy required to assist with temporary cooling/thermal comfort.
- **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: 2398 MWh (electricity and gas combined)
    - Estimated Lifetime Carbon Reduction: Approximately 417 tCO_2e per year

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.

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Forward Plan: Emissions Reduction Measures (2026/27)

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: Further scoping and feasibility on 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 (structural feasibility underway).
- BMS Optimisation: Additions to our BMS system, including upgrades to some of community sites to enable better controls and efficiency

- 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.
- LED full site replacements: Full Health Centre upgrade to smart lighting technology
- Roof extractions (Ventilation); multiple roof fan replacements as part of a rolling programme – more efficient roof units being installed.

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 2025/26 were 177.95 tCO2e, a decrease of 424.82 tCo2e from the year before. The change is largely attributed to the ordering process as set outin the foot note below

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

Nitrous oxide and Entonox emissions, 2018/19, 2024/25, 2025/26 – tCO2e

Source	2018/19 (baseline year)	2024/25	2025/26	Percentage change 2018/19 to 2024/25
Piped nitrous oxide	241 tCO2e	73.91 tCO2e	27.97 tCO2e	-88.4%
Portable nitrous oxide	12 tCO2e	0	0	-100%
Piped Entonox	265 tCO2e	406.38[9] tCO2e	103.85 tCO2e	-60.8%
Portable Entonox	114 tCO2e	110.87 tCO2e	57.46 tCO2e	-49.6%
Total	632 tCO2e	591.16 tCO2e	189.28 tCO2e	-70.1%

[9] 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, 2024/25, 2025/26 – tCO2e

	2018/19 (baseline year)	2023/24	2024/25	Percentage change 2018/19 to 2024/25
Desflurane	33 tCO2e	0	0	-100%
Isoflurane	1.1[10] tCO2e	0.2 tCO2e	0	-100%
Sevoflurane	15.3 tCO2e	12.3 tCO2e	9.56 tCO2e	-37.5%
Total	48.6 tCO2e	12.5 tCO2e	9.56 tCO2e	-80.3%

We have moved away from using Desflurane and Isoflurane 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 CO2e 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.

[10]*Amended from previous reporting following recalculation Isoflurane previously stated as 0.3 tCo2e (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.

The reduction this year is in part due to uptake of Symbicort AIR. In addition, the severe asthma service is picking up and improving global asthma care for the most severe (and likely then reducing excess inhaler use).

We estimate that emissions from inhalers in NHS Borders were 1,696 tonnes of CO2equivalent, a reduction 241 tonnes of CO2equivalent from the previous year.

Inhaler propellant emissions, 2018/19, 2023/24, 2024/25 – tCO2e

Source	2018/19 (baseline year)	2024/25	2025/26	Percentage change 2018/19 to 2024/25
Primary care	1,751.27 tCO2e	1,662 tCO2e	1,646.71 tCO2e	See below
Secondary care	41.55 tCO2e	33.94 tCO2e		See below
Total	1,792.82 tCO2e	1,695.94 tCO2e	1646.71 tCO2e	-8.14%

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 are engaged with several Green Health Care programmes.

8. Travel and transport



Two of NHS Borders EV Fleet

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 a decrease in emissions in relation to both NHS Fleet use and Business Travel. We had anticipated that this would decrease slightly each year and are pleased with this progress against the setting of moving care into the community and increasingly into people's homes in line with NHS Borders Clinical Strategy. To support this work NHS Border will pilot increased electric vehicle access for staff through Enterprise Car Club early April 2026.

We had anticipated an increased mileage in relation to the issue of RAAC at The Knoll with teams increasing frequency of travel to The Knoll and managing logistics 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 decrease in air travel emissions in part relates to a single long-haul journey the previous year and increased oversight from the Executive Leadership team following last years report. We are also seeing an increase I employees utilising trains instead of planes for journeys as indicated by the increase in public transport emissions.

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 commenced in 2025/2026 and will be concluded late summer 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 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 remail 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 2025 and March 2026:

	March 2025		March 2026		
	Total vehicles	**Number of % Zero Emissions Vehicles**	**Total vehicles**	**Number of % Zero Emissions Vehicles**	**Difference in % Zero Emissions Vehicles**
Cars	40	14	42	20	+6
Light commercial vehicles	36	11	36	12	+1
Heavy vehicles	2	0	2	0	0

	March 2025	**March 2026**	**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 2025/2026

Distance travelled, kms

Source	2024/25	2025/26	Percentage change 2024/25 to 2025/26
Cars	1,982,504 km	2,119,872 km	+6.92%
Light Commercial Vehicles	573,612 km	406,288 km	-29 %
Heavy Vehicles	0	0	-
Total	2,556,116km	2,526,160km	-1.17%

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, tCO2e

Source	2024/25	2025/26	Percentage change 2024/25 to 2025/26
Cars	446.36 tCO2e	438.38 tCO2e	-1.78%
Public Transport	3.33 tCO2e	3.89 tCO2e	+16%
Flights	10.16 tCO2e	1.47 tCO2e	-85%
Total	459.85 tCO2e	443.74 tCO2e	-3.5%

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.

During the reporting period, along with our tree survey AECOM, commissioned by Nature Scot, in Partnership with National Health Services (NHS) Scotland conducted a habitat type report across the organisation. The report highlighted that NHS Borders Board is made up of 48% greenspace and much of this is modified grassland and mixed woodland. NHS Borders Estates team will evaluate the report and consider how some of these areas can be replaced with trees, wildflower meadows and species rich grassland.

Following on from previous years 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 and during the reporting period we transitioned all grounds maintenance activities at community healthcare sites from external contractors to the in-house NHS Borders gardening team. This transition will improve consistency on how our grounds are managed and provide greater flexibility to implement positive green practices into our routines.

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.

10. Sustainable procurement, circular economy, and waste

Procurement has an important role to play in helping NHS Borders reduce its environmental impact. Through sustainable purchasing, supporting circular economy principles and making informed sourcing decisions, we continue to contribute to NHS Scotland's ambition of achieving net zero emissions by 2045.

During 2025/26, we continued to reduce the environmental impact of the goods and services we buy by making use of national contracts and frameworks wherever possible. Most of our purchases are made through NHS National Procurement contracts, helping us achieve better value, reduce duplication and support wider sustainability goals.

A large proportion of our medical consumables are supplied through NHS National Services Scotland's National Distribution Service. This consolidated approach helps reduce the number of deliveries required and, in turn, lowers transport-related emissions. For locally managed purchases, we also look to combine orders across departments where practical, helping to minimise supplier journeys while maintaining an effective and reliable supply chain.

We continue to work closely with colleagues in NHS National Procurement. The Head of Procurement remains actively involved in a number of national groups and forums, including the Sustainable Procurement Steering Group and the National Efficiency Operational Group. This involvement helps ensure NHS Borders both contributes to and benefits from national work on sustainable procurement, circular economy initiatives, commercial efficiency and supply chain decarbonisation.

Delivering wider social value remains an important part of our procurement activity. We continue to use the Community Benefits Gateway and, where appropriate, include community benefits as part of tender evaluations and ongoing contract management.

As a Living Wage Accredited Organisation, NHS Borders continues to support Fair Work First principles through procurement activity and contractual arrangements where relevant.
Sustainability training remains mandatory for staff involved in procurement. This includes Scottish Government eLearning modules on Sustainable Public Procurement, Climate Literacy and Circular Procurement and Supply, helping staff build the knowledge and skills needed to support the Board's sustainability and climate objectives.

During 2026/27, NHS Borders will continue to:

- Support NHS Scotland's ambition to achieve net zero emissions by 2045.
- Work collaboratively with NHS National Services Scotland and other NHS Boards to reduce supply chain emissions.
- Apply circular economy principles throughout procurement activities and contract management.
- Promote sustainable procurement practices and wider social value through sourcing activities.
- Support Fair Work First and ethical procurement principles across the supply chain.
- Maintain staff awareness and capability through ongoing sustainability training.

- Look for opportunities to reduce waste, encourage reuse, and increase recycling associated with purchased goods and services.

NHS Borders remains committed to embedding sustainability throughout the procurement lifecycle and ensuring procurement continues to make a positive contribution to the Board's wider climate and sustainability objectives.

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. Please note the data for 2020/2021 is incomplete.

Type	2022/23 (tonnes)	2024/25 (tonnes)	2025/26 (tonnes)	Percentage change from last year
Waste to landfill	10	0.61	0	-100%
Waste to incineration	63.62	50.36	51.84	+2.85%
Recycled waste	715.9	460.27	101.18	-78.01%
Food waste	15.5	30.36	51.25	+40.76%
Clinical waste	360.9	322.64	300.64	-6.82%

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. This is the first full year of accurate reporting that NHS Borders has had for all waste streams, and we anticipated that as we moved from estimated collection data to real data the figures would vary considerably.

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 in the last financial year and we have continued to roll this project out across the organisation.

A key change in during last year is we no longer process food waste through a macerator for disposal int 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 that we expected this rise as we collected the first full year's data.

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.

Across the organisation in 2025/26 we have considered areas that we can reduce waste in our processes for example the removal of couch roll on beds unless operationally required and the return to drinking tap water for staff and patients instead of bottled water.

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.

Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 – by 2025	
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) 2025/2026 – 186.72 tonnes (36% Reduction
Outcome	Achieved
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.*

Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill – by 2025	
Target – reduce waste sent to landfill by	Target (total landfill at 5% of overall waste)
Performance – waste sent to landfill reduced by	0.0 tonnes (1.3% of all domestic waste based on SBC (Scottish Borders Council) provided data)
Outcome	Achieved
Further reduction required	None

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	100%
Performance – recycled or composted	100%
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

NHS as an Anchor Organisation
As an anchor organisation, NHS Borders can make a significant contribution to reducing health inequalities and supporting climate action through the way it spends money, employs people, develops its workforce, and uses its buildings, land and other assets. This approach aligns with community wealth building, which seeks to generate, circulate and retain wealth locally so that more of the social, economic and environmental benefits are experienced by local people and communities. In practice, this means using the influence of large public bodies to support a fairer, greener and more resilient local economy, while also improving the wider determinants of health.

NHS Borders established an Anchors Development Group, which meets regularly and includes representation from leads across the anchor pillars – workforce, land and assets, procurement, partnership and communications and sustainability. A key focus of the group is to ensure that Anchors as an approach is embedded across organisational strategies and helps to inform joined-up action across the Board. With the launch of the Community Wealth Building (Scotland) Act 2026, action to support community wealth building will be further strengthened through closer collaboration with other local anchor organisations such as Scottish Borders Council, further and higher education partners, and the third sector. This will support stronger partnership working on shared priorities such as tackling poverty, improving population health, building community resilience and contributing to climate mitigation and adaptation across the Borders.
During the reporting period, NHS Borders continued to support local employability through the Bridge to Healthcare programme, delivered in partnership with the Local Employability Partnership. Two cohorts were funded, with 10 of 14 participants (71%) progressing into employment. This work reflects the NHS anchor role by creating local opportunities, supporting wellbeing, and contributing to more sustainable and resilient communities.
NHS Borders continues to promote the NHS Community Benefits Gateway, creating opportunities to support local initiatives that improve health and wellbeing while also contributing to environmental sustainability and stronger communities.

Communicating the Health Impacts of Climate Change Toolkit
NHS Borders recently published the *Communicating the Health Impacts of Climate Change: A Toolkit for Healthcare Workers* to support staff to talk more confidently and effectively about the links between climate change and health. Developed for use in the Scottish Borders, the toolkit explains why climate and health communication matters, outlines the direct and indirect health impacts of climate change, highlights the health co-benefits of climate action, and provides practical advice on how to tailor messages for different audiences. The toolkit builds climate and health literacy across staff and community groups. It also signposts local initiatives and resources that support environmental sustainability, health improvement and community wellbeing, helping staff to frame climate action in ways that are relevant, hopeful and grounded in local experience. The toolkit was developed by NHS Borders with input from the Scottish Borders Climate Action Network, alongside contributions from Public Health Scotland and sustainability colleagues.
Looking ahead, there are plans to develop a community version of the toolkit to be progressed by Scottish Borders Climate Action Network, helping to extend its reach and support wider public engagement on climate and health.

Green Health Partnership
The Department of Public Health is progressing plans for a Green Health Partnership to support a more joined-up approach to improving health and wellbeing across the Borders. It

is envisaged that the partnership will take a collaborative model, working with a range of stakeholders and partners to bring together groups with a shared interest in health and wellbeing, social prescribing, and activities that also support climate action. This approach aims to strengthen connections across sectors, encourage community participation, and promote opportunities that deliver co-benefits for people, places and the environment. The work will also draw on the recently published *Communicating the Health Impacts of Climate Change toolkit* to support consistent messaging and engagement.

Good Food Nation

The Good Food Nation (Scotland) Act 2022 provides the strategic framework for a more joined-up food system in Scotland. Its intent is to improve access to healthy, affordable and sustainably produced food; support better physical and mental health; strengthen local economies and food businesses; and contribute to environmental sustainability, biodiversity and net zero ambitions. In practice, it is about using food policy to deliver wider social, economic and environmental benefits, including reducing inequality and promoting thriving communities.

The final national Good Food Nation Plan was published by the Scottish Government in December 2025, and under the Act local authorities and health boards are required to prepare their own plans when the relevant provisions are commenced, with progress reports expected every two years and plans reviewed at least every five years. Locally, a stakeholder network has already been established to support this work, bringing together Scottish Borders Council, NHS Borders, and third sector partners, amongst others, to help shape a joined-up Borders approach.

Mental Health and Wellbeing

During the reporting period, NHS Borders has focused on recognising the links between climate change, sustainable communities, and mental health and wellbeing. This work takes account of the growing evidence base to inform practical, place-based responses that strengthen community resilience, reduce inequalities and support people most affected by climate-related disruption.

Evidence continues to show that climate-related hazards, including flooding, extreme weather and longer-term environmental change, can affect mental health through direct experiences such as trauma, injury and property loss, as well as indirect impacts on livelihoods, social networks, access to services and feelings of security. NHS Borders is using this evidence to strengthen the case for embedding mental health and wellbeing within local climate adaptation, emergency preparedness and community resilience activity.

Flooding remains a particular concern because of its long-lasting effects on individuals, families and communities, including increased risk of anxiety, depression and post-traumatic stress. NHS Borders Emergency Response and Resilience Team work collaboratively to respond to such events while the Department of Public Health continue to promote a preventative approach that aligns with this, and considers not only physical safety and infrastructure, but also the social and psychological recovery needs of communities following climate events.

It is acknowledged that climate change can compound existing inequalities, with disproportionate mental health impacts on people on lower incomes, those with limited ability to protect their homes or livelihoods, rural and agricultural communities, children and young people, and people already experiencing poor mental health. NHS Borders are therefore considering climate-related mental health risks through an inequality's lens, supporting approaches that are targeted to need while contributing to wider community wellbeing.

The work is supporting a shift from reactive response to proactive planning. Key areas of action moving forward include strengthening partnership working across health, social care, housing, planning, emergency response and community partners; promoting clear and empathetic communication before, during and after climate events; and recognising the protective role of social connection, community assets and local support networks in building sustainable and resilient communities.
Going forward, NHS Borders will continue to embed climate-related mental health and wellbeing considerations within strategic planning, including relevant action linked to suicide prevention, green health, community resilience and sustainability. This will help ensure that action on sustainable communities delivers co-benefits for population health, supports those most at risk, and contributes to a fair and inclusive transition to a more climate-resilient Scottish Borders.

NHS Borders Emergency Planning and Resilience
The NHS Borders Emergency Planning and Resilience (EPR) Team continues to strengthen its partnership with Scottish Borders Council (SBC) to support the development of resilient communities across the region. This collaborative approach is increasingly focused on adapting to the growing impact of climate change, particularly the rising frequency and complexity of extreme weather events.

During the reporting period, NHS Borders has contributed practical, health-focused advice to SBC-led community engagement activity, including the Resilient Communities Newsletter. This has provided accessible guidance on the health impacts of climate change, supporting individuals and communities to prepare for heatwaves, storms, and periods of prolonged disruption. Particular emphasis has been placed on protecting vulnerable groups, maintaining access to medication and care, and reducing avoidable pressure on health services.

This preventative work has been complemented by operational response. During Storm Eowyn, NHS Borders activated severe weather arrangements in close coordination with SBC partners. While infrastructure impacts were limited, the event disrupted staff movement and increased demand for services. Established resilience plans enabled continued delivery of care and timely support to patients, demonstrating the effectiveness of joint planning and response arrangements.

NHS Borders has also strengthened its contribution to community-led resilience planning. Through ongoing engagement with SBC and local Resilient Communities groups, the EPR team is supporting the integration of health considerations into local plans. This ensures communities are better equipped not only to prepare for hazards such as flooding, snow, and extreme heat, but also to recover quickly while maintaining access to essential health and social care services.

Seasonal health resilience messaging remains a key area of focus. In advance of winter, NHS Borders provides targeted advice covering:

- **Health preparedness:** supporting households to maintain access to medication and care during disruption
- **Cold weather risks:** reducing the impact of cold-related illness and supporting wider public health measures
- **Access to services:** clear information on how to access care during adverse conditions, including NHS 24, Near Me, and community-based alternatives

Formal NHS Borders representation at winter planning sessions ensures that health resilience is embedded within local community plans and decision-making processes.

Maintaining Service Delivery During Severe Weather
NHS Borders continues to enhance its established framework for managing severe weather, including storms, flooding, snow, and extreme heat. Plans are regularly exercised and updated to reflect emerging climate risks and lessons learned from incidents.

Working closely with SBC Emergency Planning and Transport colleagues, joint arrangements are in place to support continuity of care, including:

- Maintaining staff access through priority routes and specialist transport support
- Adapting service delivery through telehealth and alternative models of care
- Real-time monitoring and communication to minimise disruption
- Strengthening supply resilience, including fuel, medicines, and critical equipment

A structured exercise programme continues to test system-wide preparedness, with a growing focus on climate-related scenarios and cross-service coordination.

Flexible Healthcare Delivery and Community-Based Support
Recognising the potential for disruption to traditional healthcare settings, NHS Borders is progressing work to enable more flexible models of care delivery. This includes planning for the use of community-based locations, such as rest centres and mobile facilities, to provide essential services during emergencies.
In partnership with SBC, NHS Borders is contributing to the enhancement of the Care for People framework, ensuring that displaced individuals can access healthcare, medication, and support when required. This work includes:

- Developing health provision within rest centres
- Identifying suitable alternative care locations
- Aligning health response with wider community and social care support
- Ensuring continuity of care for vulnerable and high-risk individuals

Supporting guidance and training are being developed to enable staff to operate safely and effectively in these non-traditional settings.

Looking Ahead
NHS Borders is continuing to embed health resilience within broader community and system-wide planning. By strengthening partnerships, enhancing preparedness, and developing more flexible service models, the organisation is better positioned to respond to the evolving challenges of climate change.
The focus remains on protecting vulnerable populations, maintaining continuity of care, and supporting communities to adapt and recover, ensuring that health services remain accessible, responsive, and resilient in a changing climate.

Green Health and Community Action
Sustainable communities are central to NHS Borders' response to climate change, recognising that the places where people live, work and connect shape health, wellbeing and resilience. Supporting community-led action can help people adapt to the impacts of climate change, including flooding, storms, overheating and wider disruption, while also strengthening local resilience, reducing inequalities and improving the wider determinants of health. A community-centred approach helps ensure that climate action is relevant to local need and delivers practical benefits across the Borders.

There are also opportunities outlined in this report that will support sustainable communities through green health, social prescribing and community-led initiatives that deliver benefits for both people and the environment. Activities such as active travel, community growing, volunteering, reuse and repair, and nature-based opportunities can improve mental and physical wellbeing while also supporting environmental sustainability. By working with partners and local groups, NHS Borders can help strengthen community connections, encourage practical local action, and promote approaches that support both population health and climate resilience.

13. Conclusion

We are reporting reduction of 18.72% tCO2e against previous year emissions (8,384.76 tCO2e from 10,316.4 tCO2e). We recognise that this is in part due to the temporary closure of The Knoll Hospital in Duns and the reopening will inevitably show an increase in emissions in part in next year's report and in full for the 2027/28 reporting period.

This should not however diminish the underlying progress made in the last year including moving to more sustainable energy usage and the reduction of use in medical gasses.

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.