



**Annual Climate Emergency  
and Sustainability Report  
2023 - 2024**

**October 2024**

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## 1. Foreword from Harriet Campbell

I am very pleased to introduce the third NHS Borders annual Climate Emergency and Sustainability Report. Our previous report, covering our activities for the year to March 2023, was published in January 2024.

In March 2024 we held our first 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.

I am pleased that we can report continued progress in a number of areas, with highlights being:

- A greater than 50% reduction in Medical Gas emissions and full decommissioning of our nitrous oxide manifolds
- Greater than 10% reduction in emissions from both our own fleet and staff business travel
- Continued progress in our Green Theatres programme
- Collaboration with Scottish Borders Council to support increased use of public transport
- Introduction of 'no mow May' and other initiatives within our greenspace
- Successful award of a £2m grant for energy efficiency initiatives across our estate, including increase to Solar PV at Borders General Hospital
- Development of our climate risk assessment and adaptation plans

This report covers the period to March 2024, and reflects a year in which NHS services moved back towards 'normality' following the COVID19 pandemic.

One aspect of this return to normal business has been an increase in energy consumption. This has limited the level of progress achieved through emission reduction measures in other areas. 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.

Whilst I am delighted we can demonstrate progress against our plans, it is clear that in order to achieve the level of change required we will need to build greater momentum and that this in turn will need investment. Given the financial challenges facing NHS Borders and the wider Scottish public sector this remains a concern.

I do want to thank all the staff who have helped deliver changes over the past year and to encourage colleagues across the organisation to participate in our programmes over the next twelve months.



*Harriet Campbell*  
Non Executive Member,  
NHS Borders Health  
Board;  
*Sustainability Champion*  
and Chair of Organ & Tissue  
Donation Committee

### **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)

Our contact details are listed below.

Telephone: 01896 826000

Email: [bordershb@borders.scot.nhs.uk](mailto:bordershb@borders.scot.nhs.uk)

Headquarters

NHS Borders

Headquarters

Borders General Hospital

Melrose

Roxburghshire

TD6 9BS

## 2. Introduction

The planet is facing a triple crisis of climate change, biodiversity loss and pollution because of human activities breaking the planet's environmental limits.

The World Health Organisation recognises that climate change is the single biggest health threat facing humanity. As climate change takes hold, we will see its direct impact on human health whether through extreme weather events (flood, fire, drought), the changing spread of disease (such as malarial mosquitos moving north), climate anxiety and mental health concerns or other factors. Health organisations will thus bear the direct impact of climate change. Health organisations have a duty to cut their greenhouse gas emissions, the cause of climate change, and influence wider society to take the action needed to both limit climate change and adapt to its impacts. More information on the profound and growing threat of climate change to health can be found here: [www.who.int/news-room/factsheets/detail/climate-change-and-health](https://www.who.int/news-room/factsheets/detail/climate-change-and-health)

This is NHS Borders third annual Climate Emergency and Sustainability Report. Our previous report, covering our activities for the year to March 2023, was published in January 2024.

NHS Borders is responsible for the provision of health care services to the 116,900<sup>1</sup> people who live in the Scottish Borders and has approximately 3,315 employees. The region has a largely rural geography which covers 1,827 square miles at the southeast of Scotland. The Health Board operates a range of community and hospital services throughout the region, including 23 health centres, four community hospitals, a district general hospital, and a number of specialist community and mental health facilities.

Much of the Health Board's estate is aged and pre-dates modern construction methods and energy efficient design. In order to achieve the Board's net zero carbon roadmap the Health Board will require significant investment to modernise its estate, as well as actions taken across the wider public and private sectors to address energy efficiency and supply chain emissions.

The actions set out in this report are aligned to the NHS Scotland Climate Emergency and Sustainability Strategy 2022-26 and you can read more about this strategy at the link below:

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

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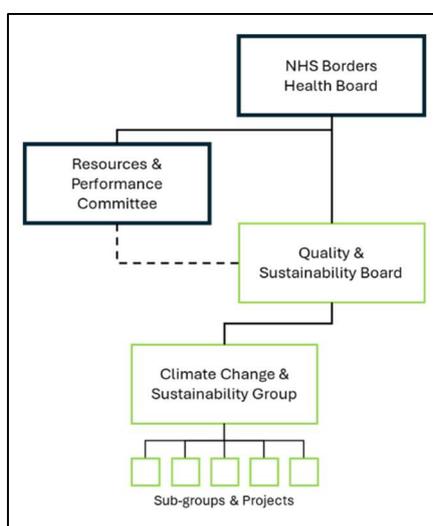
<sup>1</sup> Scotland Census 2022

### 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 continues to be held by Harriet Campbell, a non-executive member of our Board; Executive leadership remains under the remit of Andrew Bone, Director of Finance, Estates & Facilities.

#### REPORTING ARRANGEMENTS



The Climate Change & Sustainability Group has responsibility for developing the Board’s 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.

The Climate Change and Sustainability Group reports to the Quality and Sustainability Board, comprising the Board executive management team and senior management representatives from all business units. Updates are provided on a quarterly basis.

The Quality and Sustainability Board reports 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 and sessions are planned for the full NHSB (NHS Borders) leadership team to enhance understanding.

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

### 4. Greenhouse gas emissions

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.

### Greenhouse gas emissions 2022/23& 2023/24, tonnes CO2 equivalent

Source	2022/23 – emissions	2023/24 – emissions	Percentage change – 2022/23 to 2023/24	2023/24 – target emissions reduction	Percentage difference between actual and target emissions – 2023/24
Building energy	5995.43 tCo2e	6135.9 tCo2e	+2.3%	-10%	Missed by 12.3%
Non-medical F-gas use	391.06 tCo2e	498.18 tCo2e	+27%	-5%	Missed by 32%
Medical gases	535.7 tCo2e	243.3 tCo2e	-54.58%	-5%	Exceeded by 49.5%
Metered dose inhaler propellant	1,908.35 tCo2e	1,937 tCo2e	+1.5	-5%	Missed by 6.5%
NHS fleet use (Fleet & Grey Fleet)	302.74 tCo2e	256.40 tCo2e	-15.30%	-10%	Exceeded by 5.3%
Waste	135.98 tCo2e	120.04 tCo2e	-11.72%	-10%	Exceeded by 1.72%
Water	26.91 tCo2e	30.14 tCo2e	+12%	-10%	Missed by 22%
Business travel	381.31 tCo2e	298.86 tCo2e	-21.6%	-10%	Exceeded by 11.6%
<b>Total greenhouse gases emitted</b>	<b>9677.48 tCo2e</b>	<b>9519.82 tCo2e</b>	<b>-1.62%</b>		
Carbon sequestration	Not Available	Not Available	Not Available	Not Available	Not Available
Greenhouse gas emissions minus carbon sequestration	<b>9677.48 tCo2e</b>	<b>9519.82 tCo2e</b>	<b>-1.62%</b>	<b>8%</b>	<b>Missed by 6%</b>

We recognise that although there has been a reduction on previous year's emissions, this has not been in line with our own targets.

In part this is explained by the remobilisation of healthcare services following the COVID-19 pandemic and includes increased building energy use as staff and services increased within our estate. We continue to improve our reporting on emissions and this also impacts on our ability to compare progress.

Nonetheless, it is clear that we will need to increase the pace of changes in future years if we are to achieve a net zero position in line with current target dates.

More detail on the movements within each emissions source can be found under the relevant sections later on in this report.

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	2022/23 Use	2023/24 Use	Percentage change – 2022/23 to 2023/24
Building energy (MWh)	35,202 MWh	35,138 MWh	-0.18%
NHS fleet travel (km travelled) Includes Grey Fleet	2,058,370 km	1,645,751 km	-20%
Waste (tonnes)	1,165.5 tonnes	1,169.5 tonnes	+0.3%
Water (cubic metres)	146,319 cubic metres	163,374 cubic metres	+11%
Business travel (km travelled) Includes Public Transport)	2,279,034 KM	1,948,677 KM	-14%

## 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 will aid 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 2023/24, NHS Borders used 33,738,000kWh of energy within its buildings, resulting in 6,135.9 tonnes of CO2 equivalent, an increase of 1% on previous year emissions.

Increased energy consumption is attributed to a number of factors including the following:

- A combination of staff returning to on-site working post-pandemic together with expansion to community services (e.g. pharmacotherapy) resulted in increased building utilisation and occupancy during 2023/24.
- Increased use of mobile diagnostic facilities (endoscopy, mammography, CT, MRI) in order to support equipment refurbishment programmes and address long waiting times.
- Introduction of additional building cooling measures during summer 2023 in order to ameliorate the effect of high temperatures within Borders General Hospital.
- 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 2023/24, 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 2022/23 – tCO2e

	2015/16 energy use	2022/23 energy use	2023/2024 energy use	Percentage change 2015/16 to 2023/2024
Building fossil fuel use	4681.3 tCO2e	5220.2 tCO2e	5254.8 tCO2e	+12.25%
District heat networks and biomass	129.7 tCO2e	69.0 tCO2e	13.7 tCO2e	-89.44%
Grid electricity	4340.6 tCO2e	1659 tCO2e	1751.5 tCO2e	-59.65%
<b>Totals</b>	<b>9151.6 tCO2e</b>	<b>6948.2 tCO2e</b>	<b>7020 tCO2e</b>	<b>-23.29%</b>

### Building energy use, 2015/16, 2021/22 and 2022/23 – MWh

	2015/16 energy use	2022/23, energy use	2023/2024 energy use	Percentage change 2015/16 to 2023/2024
Building fossil fuel use	22368MWh	24434MWh	24654MWh	+10.22%
District heat networks and biomass	2860.6MWh	1439MWh	1299MWh	-09.70%
Grid electricity	8739.6MWh	7860MWh	7785MWh	-10.93%
Renewable electricity	2895MWh	1469MWh	Est. 1400MWh	-50% *PV estimated
<b>Totals</b>	<b>36863.2 MWh</b>	<b>35202 MWh</b>	<b>35138 MWh</b>	<b>-4.69%</b>

In the last year we have taken the following actions in order to reduce emissions from building energy use:

- Rolling replacement programme of fluorescent light fittings with LED (light emitting diodes) fittings (internal and external).
- Rolling replacement of inefficient boilers across our estate.
- Replacement of 3 industrial laundry washers with new efficient units (including water recovery systems).
- Upgrading and maintenance of heating pipework insulation.
- Upgrades of heating pumps and associated equipment.
- Life cycle replacement of inefficient air conditioning units, upgrade to chiller units, and remedial works to other ventilation plan to improve functional efficiency.
- Upgrades to the Building Management System (BMS).
- Installation of water condensate recovery units.
- Building Fabric upgrades – roof coverings/insulation.

In 2023 NHSB were successful in bidding for £2m of capital investment funds from the Scottish Green Public Sector Estate Decarbonisation Scheme. Plans outlined in the bid cover schemes such as Fan/pump efficiency upgrades, LED lighting, insulation projects, solar PV, sub-metering etc. Contractors were appointed in March 2024 and this programme is expected to complete early in 2025.

This programme is expected to result in a reduction to annual energy consumption of 905 MWh and associated reduction in Carbon emissions of 328.2 tCO<sub>2</sub>e.

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

Work to support green theatre initiatives and improvement to ventilation plant are also expected to result in improved energy efficiency within the BGH.

Our longer-term plans to reduce to reduce emissions from building energy use are set out in our Net Zero Carbon Roadmap developed in 2023 and will include ongoing rollout of measures outlined above.

## 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 2023/24 were 243.3 tCO<sub>2</sub>e, a decrease of 292.4 tCo<sub>2</sub>e from the year before. We have more than halved the amount of CO<sub>2</sub> equivalent emissions over the last year mainly due to decommissioning the nitrous oxide manifolds; this has resulted in less consumption and wastage of this gas with consequent significant financial and environmental benefits.

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

#### Nitrous oxide and Entonox emissions, 2018/19, 2022/23, 2023/24 – tCO<sub>2</sub>e

Source	2018/19 (baseline year)	2022/23	2021/22	Percentage change 2018/19 to 2022/23
Piped nitrous oxide	241 tCO <sub>2</sub> e	234.7 tCO <sub>2</sub> e	29.5 tCO <sub>2</sub> e	-88%
Portable nitrous oxide	12 tCO <sub>2</sub> e	13 tCO <sub>2</sub> e	15.1 tCO <sub>2</sub> e	+26%
Piped Entonox	265 tCO <sub>2</sub> e	216.7 tCO <sub>2</sub> e	126.4 tCO <sub>2</sub> e	-52%
Portable Entonox	114 tCO <sub>2</sub> e	58.3 tCO <sub>2</sub> e	59.8 tCO <sub>2</sub> e	-48%
<b>Total</b>	<b>632 tCO<sub>2</sub>e</b>	<b>522.7 tCO<sub>2</sub>e</b>	<b>230.8 tCO<sub>2</sub>e</b>	<b>-63%</b>

**Volatile medical gas emissions, 2018/19, 2022/23, 2023/24 – tCO<sub>2</sub>e**

	<b>2018/19 (baseline year)</b>	<b>2022/23</b>	<b>2023/24</b>	<b>Percentage change 2018/19 to 2023/24</b>
Desflurane	33 tCO <sub>2</sub> e	0	0	-100%
Isoflurane	1.1 <sup>2</sup> tCO <sub>2</sub> e	2.7 tCO <sub>2</sub> e	0.2 tCO <sub>2</sub> e	-81%
Sevoflurane	15.3 tCO <sub>2</sub> e	10.3 tCO <sub>2</sub> e	12.3 tCO <sub>2</sub> e	-20%
<b>Total</b>	48.6 tCO <sub>2</sub> e	13 tCO <sub>2</sub> e	12.5 tCO <sub>2</sub> e	-74%

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. Sevoflurane or total intravenous anaesthesia is now our default anaesthesia.

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 this financial 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 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 moved away from in-line fluid warming in obstetric theatre resulting in a reduction in consumables and energy use and are looking to expand this across the theatre suite.

<sup>2</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 (Chronic Obstructive Pulmonary Disease). 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. There are also more environmentally friendly inhalers such as dry powder inhalers which can be used where clinically appropriate.

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 1,937 tonnes of CO<sub>2</sub>equivalent.

### Inhaler propellant emissions, 2018/19, 2022/23, 2023/24 – tCO<sub>2</sub>e

Source	2018/19 (baseline year)	2022/23	2023/24	Percentage change 2018/19 to 2023/24
Primary care	1,751.27 tCO <sub>2</sub> e	1,871.67 tCO <sub>2</sub> e	1,900 tCO <sub>2</sub> e	+1.5%
Secondary care	41.55 tCO <sub>2</sub> e	36.67 tCO <sub>2</sub> e	37 tCO <sub>2</sub> e	+089%
<b>Total</b>	1792.82 tCO <sub>2</sub> e	1908.34 tCO <sub>2</sub> e	1937 tCO <sub>2</sub> e	+1.5%

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.

This year to improve patient care and reduce emissions from inhalers we are taking part in SRP-SIG discussions, gathering local data, and starting preparation work for individual patient review work required across practices. We will likely need to enter an agreement with a third-party review company (e.g., Interface/Spirit Healthcare) to support the practices. In early October 2023, the Pharmacy department and Respiratory team are meeting to agree an approach to the draft National Strategy and projects to improve East Region Formulary compliance for the year ahead. This will be published within the Board by early November 2024.

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 implemented a Virtual Respiratory ward from 22<sup>nd</sup> January 2022 till 31<sup>st</sup> March 2024. The model for the respiratory virtual ward was based on predominantly virtual care enabled by sophisticated remote monitoring technology which reduced the need for in person patient contact.

It is estimated that 6.48 tCO<sub>2</sub>e was saved through this model.

## **10. 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.

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

We are reporting a reduction in emissions in relation to both NHS Fleet use and Business Travel and we anticipate this will continue to decrease slightly each year. Some of the reduction is related to an increase in Electric Vehicles available to staff. The use of light commercial vehicles has increased due to service needs and the reduction in business travel.

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.

We have worked collaboratively with Scottish Borders Council to ensure public transport is effective for NHS Borders staff, patients, and visitors. We expect this work to continue for the next two years and are pleased that in April 2025 new bus timetables, which better fit with shift times, will begin to be operational.

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 are refreshed to support active travel. The active travel plan will be launched in Spring 2025.

We will continue to build on positive engagement to date with Scottish Borders Council to improve public transport usage for all our sites.

We are working to remove all petrol and diesel fuelled cars from our fleet by 2025.

The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Borders fleet at the end of March 2022 and March 2023:

	March 2022		March 2023		Difference in % Zero Emissions Vehicles
	Total vehicles	Number of % Zero Emissions Vehicles	Total vehicles	Number of % Zero Emissions Vehicles	
Cars	24	12	23	11	-8%
Light commercial vehicles	30	6	43	6	0
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 2022 and March 2023.

	March 2022	March 2023	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 2023/24

#### Distance travelled, kms

Source	2022/23	2023/24	Percentage change 2022/23 to 2023/24
Cars	1,878,123 km	1,062,215 km	- 43%
Light Commercial Vehicles	180,246km	583,535 km	+ 223%
Heavy Vehicles	0	0	
<b>Total</b>	2,058,369km	1,645,750km	-20%

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	2022/23	2023/24	Percentage change 2022/23 to 2023/24
Cars	658.06 tCO <sub>2</sub> e	441.6 tCO <sub>2</sub> e	-32%
Public Transport	0.76 tCO <sub>2</sub> e	2.47 tCO <sub>2</sub> e	+225%
Flights	5.51 tCO <sub>2</sub> e	9.43 tCO <sub>2</sub> e	+71%
<b>Total</b>	664.33 tCO <sub>2</sub> e	453.5 tCO <sub>2</sub> e	-38%

## 11. 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 adaptation 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 have 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 from us at the time.

To mainstream biodiversity across the organisation we have continued to reduce the number of cuts on our large areas of grassland per year from approximately 16 to 10 whilst increasing the height of cut of these areas to 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 are currently assessing 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 will be 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.

No Mow May - 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.

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
Increased Tree Planting	Improved environment and Carbon Sequestration	Investigating locations and partnerships to improve tree planting across the Estate.
No Mow May	Supporting our country’s flora and the wildlife that relies on it – particularly pollinators such as bees.	Areas of the Borders General Hospital Grounds were identified for the project.

## **12. 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 2023, Global Earth Overshoot Day is 2 August.

For the UK, the picture is more worrying. In 2023, the UK's Earth Overshoot Day is 19 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. A Commercial Improvement Taskforce (CITF) has been set up by National Procurement. This is bringing together expertise across

the Boards to review various commodities. 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 2024/25 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. We are working with National Procurement on reducing plastic waste. A recent initiative is to change to paper medicine pots instead of plastic. This will help towards the goal of reducing plastic waste.

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	2020/21 (tonnes)	2022/23 (tonnes)	2023/24 (tonnes)	Percentage change from last year
Waste to landfill	10	10	10	0%
Waste to incineration	31.5 (Partial Data)	63.62	49.82	+9.53%
Recycled waste	711.6	715.9	679.2	+11.13%
Food waste	Not available	15.5	19	0%
Clinical waste	262.8	360.9	326.4	-11.67%

The increase in incineration waste continues in part due to pharmaceutical waste, where patients are encouraged to return unused medicines to their local pharmacies for safe destruction.

Further to this, the safe disposal of 'sharps' (i.e. needles, etc.) used in health treatments has increased as activity returns to pre-pandemic levels, resulting in corresponding increase to clinical waste.

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, for pharmaceutical waste we have moved from plastic containers to recycled cardboard containers which reduces the overall waste streams carbon emissions.

We are pleased that we have moved 11% of Clinical waste into recycling streams and this was achieved through working with clinical colleagues in all areas of Borders General Hospital and Community Hospitals to change the types of bins they have available and to provide education on using the appropriate waste stream. As clinical waste creates more than 12 times the greenhouse gases than recycling this is a positive outcome. This is the second year in succession that we have achieved an 11% reduction in this area.

The work to reduce waste and ensure waste is placed in the correct waste stream across the organisation will continue. We will work with community pharmacies to reduce pharmaceutical waste and ensure that as much packaging as possible is recycled.

We will also continue to look for opportunities to further reduce single use items.

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.

In 2024/2025 NHS Borders will be moving to a new Framework Waste Contractor for all Recycling and General Waste. A key part of the change was the requirement to provide accurate data for more collections which may impact future reports.

**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	0 (tonnes)
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.*

**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	10 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	500 tonnes
Performance – recycled or composted	679.2
Outcome	Achieved
Further increase required	None

### **13. 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 have commenced work on our EMS during 2023. 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.

## 14. Sustainable communities

We know that the climate crisis is a health crisis. It has the potential to deepen the already stark health inequalities that our most deprived communities face, both locally and globally. We also know that in the UK, the NHS is responsible for approximately 40% of the public sector's carbon footprint. One of the ways NHS Borders can combat climate change is through our role as an Anchor Institution.

### Anchor Organisations

NHS Borders is an 'Anchor': a large, public sector organisation that has a significant stake in our local geographical area and an impact through the jobs we offer, the buildings and spaces we occupy, and the supply chains we use. As a result, we have the ability to use our resources and influence to benefit our local community. NHS Borders taking an Anchors approach is a coherent way to co-ordinate many actions to tackle health inequality.

Since last year, we have carried out a baseline assessment of our Anchors work in NHS Borders across workforce, procurement and land and assets, including sustainability, in order to focus our efforts. We have formed an Anchors Development Group with close links to Public Health Scotland and welcome the national work on communication of the concept of 'Anchors'. Colleagues in Public Health, HR, Procurement and Estates and Facilities have pushed this agenda forward by: expanding employability initiatives; developing the Community Benefits Gateway; bringing together a sustainability conference and developing the organisation's Climate Adaptation Plan; and sharing our Report into Climate Change Health Impacts with our community partners.

Over the coming year we will be working further with non-health Anchors – such as SBC, colleges and housing associations – around our shared goals to maximise the positive impact for us here in Borders.

It is vital for NHS Borders to proactively develop leadership and staff buy-in for environmental sustainability and influence sustainable practices in our community. Environmental sustainability is part of our Anchors mission. There is a real opportunity here to contribute to the regional, national and global efforts to fight the climate crisis.

### Engaging with our Communities

The Department of Public Health recently published the Climate Change Health Impacts, Scottish Borders report in March 2024. The report was produced with support from a number of local and national partners, including Public Health Scotland. The report identifies the risks that climate change has to people who live in the Scottish Borders and the most at risk groups. It also highlights where further resilience would be beneficial for communities. Information from the report is being disseminated with plans for engagement in community settings being explored. Link to the report: [Climate Change Health Impacts in the Scottish Borders Report](#)

The Department of Public Health is supporting a range of work being driven by third sector partners, to take forward community led climate action. Ongoing Public Health representation on the Advisory Group of Scottish Borders Climate Action Network (SBCAN) has enabled opportunities for collaboration between NHS Borders and local partners, to build awareness of climate change and actions that local communities can take to mitigate and adapt to change. From initial conversations with local partners, climate anxiety is emerging as an area of

particular concern. An example of how NHS Borders has worked with partners to increase community resilience is the recent Health, Wellbeing and the Climate workshop, co-delivered by NHS Borders, SBCAN and Change Mental Health. This event linked the recently published Health Impacts and Climate Change in the Scottish Borders report with information about climate anxiety, followed by a session covering The Ways to Be Well in the Scottish Borders, a local resource that provides information and ideas about how to protect your mental health. Following on from this event, further planning will determine how this work can be progressed in future.

The Department of Public Health is also developing a directory of community-based opportunities for Active Travel, the aim is that this will be shared for use by staff and communities. During staff Wellbeing Week 2024, planning for E-bike Come and Try sessions highlighted the need for centralised information about what could be accessed through local community cycling hubs and information about safer cycling routes that could be used for active travel. This information links with the Active Travel section of this report.

Energy efficiency is an ongoing area of collaboration between NHS Borders and partners. In preparation for the winter period, a planned series of opportunities for information sharing and signposting has been developed, for the benefit of staff and communities. This includes ongoing work with community-based partners to share information about how local groups can support with energy efficiency, information stands in Borders General Hospital for staff and members of the public, as well as working with NHS Communications team to disseminate information to staff and patients in health care settings.

NHS Borders is part of NHS Scotland Community Benefits Gateway portal. The portal aims to connect third sector organisations and NHS Scotland suppliers who may be able to support local project needs through providing 'in kind' support. In kind offers include volunteering, work placement opportunities, the provision of professional advice, assistance with building community facilities and more. Community Benefits Gateway is being actively promoted with third sector groups, including groups who are leading activities to improve community resilience to the impacts of climate change.

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. Under the Act ministers are required to produce a Good Food Nations Plan and this is expected to be developed by Spring 2026. Once this has been produced local authorities and health boards will have one year to produce a local Food Plan. Currently NHS Borders, Scottish Borders council, Borders Food Forum and key partners are working together with the intention of developing a joint Borders Food Plan.

It is the Scottish Government's ambition that: In our Good Food Nation, the people of Scotland can access and enjoy locally produced food that keeps them happy and healthy. Our food industry continues to thrive and grow. The environment is protected, biodiversity loss reversed, and our net zero ambitions achieved. A Good Food Nation enables flourishing rural and coastal communities.

### **Community Resilience**

The NHS Borders Emergency Planning and Resilience Team continues to work closely with counterparts at Scottish Borders Council to support and strengthen Resilient Community Planning. This collaborative approach is particularly focused on responding to, and mitigating the impacts of, inclement and severe weather events that are increasingly driven by climate

change. These efforts aim to enhance the capacity of local communities to cope with the immediate and long-term challenges posed by these events.

As part of this partnership, NHS Borders actively contributes to the development of community-led resilience strategies. These strategies are designed to ensure that communities are not only prepared to face extreme weather, such as flooding or heavy snowfalls, but also equipped to recover quickly and maintain access to essential health and social care services. This includes ensuring that vulnerable groups, such as the elderly or those with chronic health conditions, are supported during periods of disruption.

NHS Borders is also committed to providing practical, health-focused advice to Resilient Communities groups as they prepare for the winter months, when severe weather is most likely to occur. This expertise will help ensure that local winter resilience plans incorporate specific measures to protect the health and well-being of community members. This includes advice on:

- **Health Preparedness:** Practical tips for households on maintaining access to medical supplies and ensuring continuity of care for those reliant on regular health services, such as home visits or medication delivery.
- **Cold Weather Health Risks:** Guidance on protecting vulnerable individuals from the health risks associated with cold weather, such as hypothermia, flu outbreaks, and exacerbation of respiratory or cardiovascular conditions.
- **Access to Services:** Ensuring that communities understand how to access NHS services during adverse conditions, including through the use of NHS 24, telemedicine options, or mobile health services, should they be cut off due to extreme weather.

There will be formal representation at the Resilient Communities meetings during Winter 2024/5, where tailored advice will be provided to assist communities in integrating health resilience into their winter preparedness plans. NHS Borders' participation will focus on sharing best practices, highlighting available resources, and reinforcing the importance of building local networks to support health and social care needs during climate-related emergencies.

This ongoing collaboration forms a critical part of the broader strategy to increase community resilience to the impacts of climate change. By working alongside local authorities, emergency services, and community groups, NHS Borders is helping to ensure that communities are equipped not only to respond to immediate threats, but also to build long-term resilience to the evolving challenges posed by our changing climate.

NHS Borders has implemented a robust and well-developed plan to manage a range of severe weather events, including flooding, heavy snow, and storms. These plans have been thoroughly tested to ensure readiness across the organisation, minimising disruption to critical health and social care services. As part of the NHS Borders climate emergency response, the increasing frequency and severity of such events is recognised and emergency planning procedures to address these evolving challenges have been adapted.

To safeguard both patients and staff, NHS Borders has established comprehensive joint arrangements with Scottish Borders Council (SBC) Emergency Planning and Transport teams. This collaboration enables the maintenance of essential transport links during extreme weather, ensuring that vital services remain accessible.

Key measures include:

- **Staff Mobility:** Ensuring that healthcare and social care staff can travel safely to and from healthcare facilities or patient homes, even in adverse conditions. This includes priority access to cleared transport routes, and the provision of contingency options such as 4x4 vehicles or partnerships with community transport providers.
- **Patient Access:** Guaranteeing that patients, especially those with urgent healthcare needs, are able to access services or receive care at home. Community teams are fully supported and equipped to continue home visits wherever possible, with alternative arrangements in place (e.g., telehealth or mobile healthcare units) when physical access is compromised.
- **Risk Monitoring and Communication:** Using real-time weather monitoring systems and proactive communication strategies, staff, patients, and the wider community are kept informed of potential service disruptions and mitigation measures. NHS Borders works closely with SBC Emergency Planning to ensure early warnings and swift response actions are implemented.
- **Resource Allocation:** Plans include the strategic deployment of resources such as fuel for emergency vehicles, personal protective equipment for staff travelling in adverse conditions, and contingency supplies for patients who are cared for in the community.

In response to the climate emergency and the increasing likelihood of extreme weather events, scenario-based training exercises have been integrated to ensure staff are well-prepared for events such as major flooding, prolonged snowfalls, or heatwaves. These exercises simulate real-world challenges and test the responses across different services, identifying areas for improvement and ensuring plans remain resilient and adaptable.

NHS Borders is in the early stages of exploring the use of non-traditional spaces to deliver healthcare services during severe weather events, recognising the need for flexible and innovative approaches in response to the increasing frequency of such events due to climate change. This is part of the broader strategy to ensure that healthcare can be effectively provided to communities, even when traditional settings, such as hospitals or clinics, may be inaccessible or overwhelmed.

NHS Borders has been actively collaborating with counterparts at Scottish Borders Council (SBC) to integrate healthcare services into the region's emergency response framework. Specifically, working together to ensure that healthcare professionals can be deployed to rest centres set up in response to extreme weather, in alignment with the SBC "Care for People" Plan. These rest centres are typically established to provide shelter and support to individuals displaced or affected by events such as severe flooding, storms, or prolonged power outages, and the aim is to extend their capacity to offer basic healthcare services as well.

Key aspects of this joint effort include:

- **Health Provision in Rest Centres:** Work is underway to examine how healthcare teams can be embedded in rest centres during extreme weather events to provide immediate medical care, health assessments, and ongoing support for those with chronic conditions or acute health needs. This includes ensuring access to basic supplies like medication, first aid, and mental health support for displaced or vulnerable individuals.
- **Community-Based Healthcare Response:** In addition to rest centres, consideration is being given to other non-traditional spaces, such as community halls, schools, or mobile units, that could be utilised to deliver healthcare if local health facilities are inaccessible. These alternative locations would be equipped and staffed to provide

essential health services, with the flexibility to scale up in response to the severity of the weather event.

- Collaborative Planning: Work with SBC involves developing logistical frameworks to ensure that healthcare providers can access these spaces safely and that the necessary equipment and supplies can be deployed in a timely manner. This collaboration will also ensure that the healthcare response is coordinated with other essential services, such as emergency transport, social care, and shelter provision, to create a fully integrated response.
- Continuity of Care: Continuity of care for individuals who rely on regular health services is being prioritised, such as those with ongoing treatments, elderly patients, or people with disabilities. Planning includes ensuring that these individuals can continue to receive medical attention, prescriptions, and specialist care, even during periods of significant disruption.

NHS Borders is in the process of developing detailed protocols and training exercises to support healthcare staff in adapting to these non-traditional roles and settings during extreme weather events. This will help to ensure that, when such events occur, healthcare teams are fully prepared to deliver high-quality care in unconventional environments.

This initiative is a key component of the ongoing efforts to build resilience in community healthcare settings, ensuring that the people of the Scottish Borders have continued access to vital health services, regardless of the challenges posed by climate change. By working closely with local authorities and emergency planning teams, a proactive and flexible healthcare response model is being developed that can be swiftly activated in the event of extreme weather or other emergencies.

## 15. Conclusion

We are reporting a reduction of 1.62% against previous year emissions (9,519.82 tCO<sub>2</sub>e from 9,677.48tCO<sub>2</sub>e). This improvement is encouraging and has been achieved in the context of continued efforts to improve the accuracy, comprehensiveness, and transparency of our reporting.

Despite this we recognise that this falls below the level of progress necessary to achieve net zero carbon emissions by 2040. Delivering the national targets will require a level of investment in infrastructure adaptation, including actions which will address at source the efficiency and use of renewables in national grid. As a healthcare provider we will need to develop further actions as a Health Board, and in collaboration with our supply chain, to support changes in both clinical and broader staff working practices.

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.

We acknowledge the four areas where we have observed an increase in Carbon Emissions (Building Energy, Non-Medical F Gas, Metered Dose Inhalers and Water), and understand that this is in part due to improved reporting, however it has also highlighted areas for focus in the next 12 months and the work stream leads in these areas are reviewing actions that can be taken.

The four areas of reduction (Medical Gases, Fleet Use, Business Travel and Waste) are of course good news stories. The work stream leads within these areas have clear action plans for continuing the progress within these areas.

NHS Borders has made considerable progress in the year 2023-2024 and are committed to further reducing our Carbon emissions in 2024-2025.