

Cover Sheet

Trust Board Meeting in Public: Wednesday 9 July 2025

TB2025.65

Title: **Framework Travel and Transport Strategy for the John Radcliffe**

Status: **For Decision**

History: Board 28 May 2025 Seminar Session
Investment Committee 25 June 2025

Board Lead: **Chief Estates and Facilities Officer**

Author: **Wendy Cheeseman**, Head of Sustainability and Carbon
Management
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Confidential: **No**

Strategic Pillar: **Patients and People**

Summary

1. On Wednesday 28th May the Framework Travel Strategy (FTS) was presented at a Board Development session, and then at Investment Committee on the 25th June 2025.
2. Inputs into the FTS are the result of the Staff Travel Survey 2024, a Stakeholder Workshop including the City Council which is the Planning Authority and current available data or travel patterns.
3. The FTS is a planning condition for the new Surgical Elective Centre; however it is intended to provide a direction, and set of principles for a longer-term FTS for the entire Trust.
4. The FTS will lead to the creation of a JR site Travel Plan which will contain actions to deliver the aims.
5. The four aims for the FTS are:
 - Enhance the Patient Experience
 - Improve Staff Wellbeing
 - Support the effective use of resources
 - Help us meet our statutory climate commitments
6. It was acknowledged that more data was required for data-driven decision making such as a greater understanding of vehicle movements.
7. Comments made during the presentation of the FTS to the Trust Board have been incorporated into this revised version. These include:
 - A slide was added which provides more important context about equity and driving. This includes some research household income and car ownership, as well as ethnicity and propensity to have a driving license, as well as some relevant data about costs of bus travel. This slide draws some important conclusions to support travel choice, and opportunity for alternatives, for lower paid staff.
 - The need for this strategy to align with the developments to the Trust estate - One of the formal Aims of the FTS is to 'Support the effective use of resources' and further details are: 'Our FTS will support the Trust to utilise our assets and resources and live within our allocated budgets to maintain the highest standards of delivery. This will include examining the use of our estate and assessing the full cost of journey choices.' This provides a firm foundation for exploring different use of estate currently used for staff car parking.
8. It is envisaged to establish a cross-department Travel Working Group to oversee this FTS, creation of the John Radcliffe site Travel Plan and the creation of a wider Trust-wide FTS.

Recommendations

9. The Trust Board is asked to:

- Approve the FTS for submission to the Local Planning Authority to meet SEC discharge of planning conditions
- Note the plan for an intra-Trust working group to be established and that this group will develop a John Radcliffe site and Trust-wide FTS for approval in due course

Appendices

1. Framework Travel Strategy – revised from Board comments

Healthy Travel

Strategy: 2025-2027

A framework travel strategy for the John Radcliffe

Healthier People

Healthier Places

Healthier Planet



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Abbreviations

C2W: Cycle to Work

F2F: Face to face

FTS: Framework Travel Strategy

JR: John Radcliffe Hospital

NOC: Nuffield Orthopaedic Centre

SCAS: South-Central Ambulance Service

SEC: Surgical Elective Centre

P&R: Park and Ride

P&V: Patients and Visitor Parking

WfH: Working from Home



Introduction

This section describes who we are, why and how we have formed this strategy, the Vision and the Aims that we want it to achieve.





Our Vision

**Healthier travel choices
are the first choice for
most of our staff.**

What we mean by this:

Healthier for patients and staff, the places that we are based, and healthier for the planet.

This Vision is driven by these Aims:

- Improve the patient and visitor experience with regards to traveling and visiting sites
- Improve the impact of the commute on staff wellbeing
- Support the financial management and effective use of Trust resources, and
- Help us meet our climate commitments.

We recognise that travel impacts many areas of our estates, workforce and operations and we strive to balance these complex interdependencies.

A bit about us

Oxford University Hospitals NHS Foundation Trust is one of the largest Teaching Trusts in the country, with a national and international reputation for the excellence of our services and its role in education and research. The Trust provides high quality general hospital services for the local population in Oxfordshire and neighbouring counties, and more specialist services on a regional and national basis.

The Trust currently employs over 16,130 staff and is one of the largest employers in Oxfordshire. The Trust has more than 1,185 inpatient beds across its four sites: The John Radcliffe Hospital, the Churchill Hospital and the Nuffield Orthopaedic Centre (NOC), are all located in Oxford, and the Horton General Hospital is located in Banbury, north Oxfordshire.

The Trust provides a wide range of clinical services, specialist services (including cardiac, cancer, musculoskeletal and neurological rehabilitation) medical education, training and research.



Foreword

Every week, our Trust generates an extraordinary 75,524 vehicle journeys, in and out of the John Radcliffe. On a weekday, around 14% of all vehicles on Oxford's ring road are going to, or coming from, our Headington hospitals. While these numbers are very high, the upside to being a big part of the puzzle is that what we do matters. The impact of our travel strategy matters; to our patients, our staff, our visitors and to the people who live and work around Oxford and Oxfordshire. We acknowledge the impact that staff journeys – primarily solo car journeys - have on the local community; be that air pollution, road danger or slowing down our vital bus network, so making healthier travel choices easier for our staff has never been more important.

Our staff work incredibly hard, with hands, heart and head, to provide outstanding patient care with increasingly scarce resources. While it may be five years ago, the long-term effects of Covid are still being felt. We've chosen to focus on staff travel for this first strategy as this is where we have the best data, and the most influence. We know that driving is the only feasible way to get to work for some staff, but we will also be asking others if they could drive with a colleague, to a Park & Ride, or swap a car journey once a week.

Positive changes are happening – for example our successful new Park & Ride scheme for staff, or our ever-popular free cycle training for staff, or our Liftshare scheme so colleagues can share a car, but change is needed fast. The John Radcliffe site has historically undergone rapid, organic growth – weathering social change, different economic climates, and a pandemic. The site will only ever be the size that it is, set inside Headington, but we have more people visiting it than ever before. We've reached a point where transport issues are impacting our ability to achieve more, so we will proactively decide the direction we want to take, based on robust evidence and data, and provide for healthier travel choices.



There are always challenges ahead, and change is constant. This strategy anticipates travel behaviour will change city-wide as Oxfordshire County Council carry out their plans for the road network, so we intend to review and extend it in 18 months, but the foundational direction will remain the same. Change can be hard, and habits are powerful, but we pride ourselves on innovation and constant improvement at this Trust; be it in medicine or our travel choices.

Simon Crowther, Acting CEO

D R A F T

This Strategy is a first step

This Framework Travel Strategy (FTS) will last from September 2025 to September 2027 and covers the John Radcliffe site only. However, the principles outlined set a firm direction for the following Trust-wide FTS for all four of our main sites.

This 24-month span is for two reasons:

- **Substantive travel data will be gathered by the Trust in this period to further inform thinking**
- **Extensive changes Oxford's road network – traffic filters – are being instigated within this period**

The importance of data

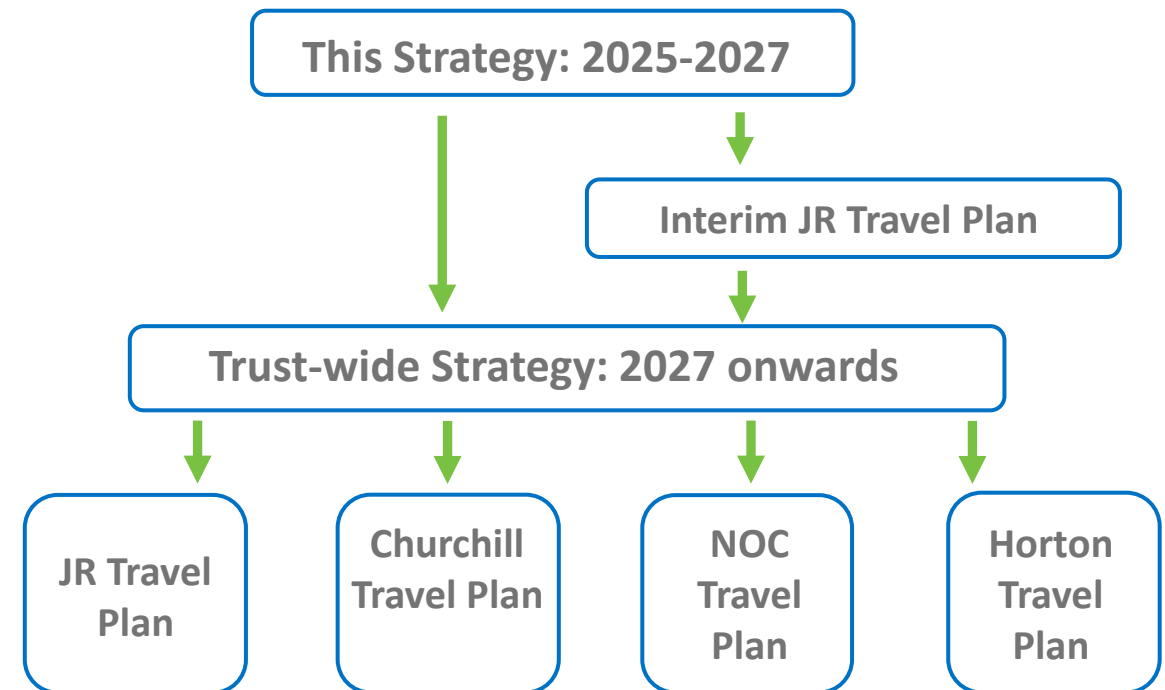
We take decisions based on strong data and create policies on the basis on robust evidence. Critical data, from staff ANPR and other sources, essential for the development of a Trust-wide FTS will be available from late 2025. This will enable us to develop trials and test measures.

Equally, knowing the impact on travel behaviours of the filters is vital as it could alter measures taken by the Trust in the future.

This FTS complies with section M1 and M2 of the [Oxford Local Plan 2036](#) which is required by the planning conditions set by Oxford City Council for the occupation of the new modular theatre building.

This FTS covers the John Radcliffe site only, as specified by the City, and the modular theatre building has own specific travel plan [here](#).

Travel plans for the four main sites will be generated from following Trust-wide FTS after September 2027. In the interim period a Travel Plan for the JR will developed based on current and incoming data and new activities. All these strategies and plans will support the Vision and Aims, and follow the and Principles for Action set out in this FTS.



Formed in partnership:

While the new theatre building has catalysed the creation of this FTS, it reflects a far greater emphasis on travel at the Trust, and a recognition that, as an [Anchor Institution](#), the way we use our assets has a big influence on the health and wellbeing of our local community.

This strategy was formed with input from many partners, through many conversations and workshops. Including:

Oxford Health NHS Foundation Trust

Oxfordshire County Council

Oxford Brookes University

The University of Oxford

Oxford Bus Company

Oxford City Council

Stagecoach

Carter Jonas – planning consultants for the theatre build



Formed with a strong focus:

This FTS has been written internally by the Sustainability Team at OUH, with input from [mode®](#) – a travel consultancy. OUH's Clinical Division, Capital Projects, Estates and Strategy colleagues were also involved.

Staff commute is a key focus

There are many thousands of types of trips to the John Radcliffe every day. These can range from a community minibuss bringing an elderly patient to an appointment, to a contractor delivering a lorry load of supplies, to a nurse going home after a late shift.

This FTS is focused on the staff commute, staff intra-site travel, and grey fleet (private cars used for business travel) where it interacts with the staff commute choices. This focus has been chosen due to:

- a) Measurement: we have good baseline data for these three areas so can see the impact of policies
- b) Influence: we can directly bring about change through our policies

Patient and visitor travel, deliveries, taxis and business travel will be considered in the Trust-wide FTS from 2027, when more baseline data is available.

Our Framework Travel Strategy will support these four aims

Our FTS will support the Trust to improve the patient experience with regards to transport options and parking issues, and ability to get to and move around the site.

We know: The number one ask of patients in the Healthwatch Report 2024 is to address transport issues and parking.

Enhance the patient experience

Support staff well being

Our FTS will assist the Trust to enhance staff health and wellbeing and make [OUH a great place to work](#), for everyone. This will include supporting the development of genuine travel choices for staff.

We know: The top request from staff in the [Staff Sustainability survey](#) is for help to travel to work more sustainably.

Our FTS will enable the Trust to build a greener OUH and meet our contractual net zero commitments to halve staff commute emissions by 2033. It will better enable us to adapt our estate to the impact of more extreme weather. This will include proactively improving sustainable journey choices.

We know: we are contractually obliged to fulfil [our commitments as laid out by NHS England](#)

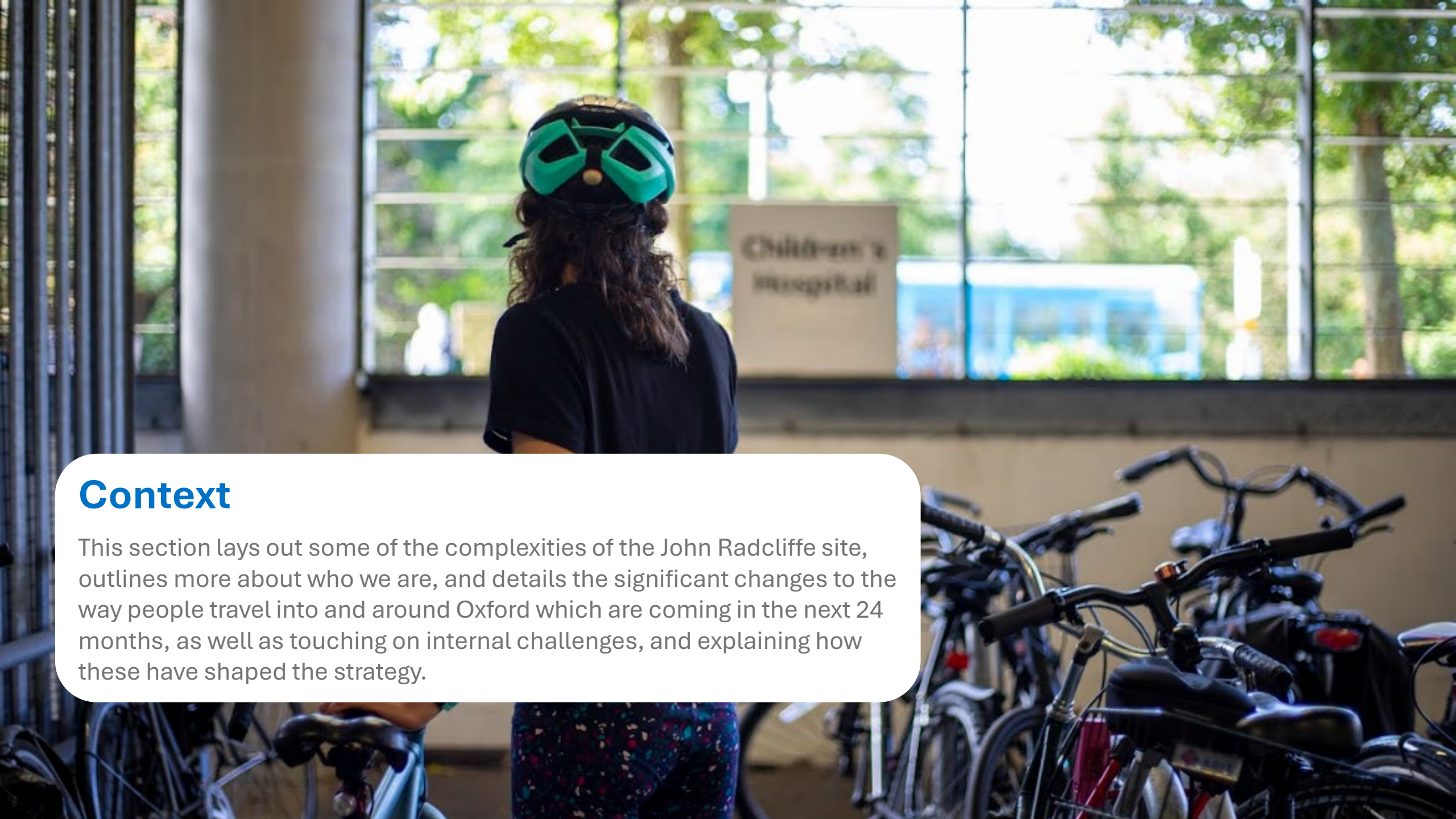
Help us meet our climate commitments

Support the effective use of resources

Our FTS will support the Trust to utilise our assets and resources and live within our allocated budgets to maintain the highest standards of delivery. This will include examining the use of our estate and assessing the full cost of journey choices.

We know: this is essential for the long-term health of the Trust.

Travel Strategy



Context

This section lays out some of the complexities of the John Radcliffe site, outlines more about who we are, and details the significant changes to the way people travel into and around Oxford which are coming in the next 24 months, as well as touching on internal challenges, and explaining how these have shaped the strategy.

The Oxfordshire context

Big changes will be occurring in the way we all use Oxford's road network in the next five years. The city is a cornerstone of the Oxford-Cambridge Arc – a national economic priority area, powered by science and technology innovation. This is expected to bring over 25,000 jobs to the region and over 1m new homes by 2031. This growth is expected to bring a further 142,000 cars to the county's roads. In response, Oxfordshire County Council will introduce measures to discourage private car use within Oxford, to keep the road network operational, and enable alternatives to be viable and further improve. These measures, known as 'the core schemes' are 1) traffic filters 2) Zero Emission Zone expansion and 3) Workplace Parking Levy. See [Central Oxfordshire Travel Plan](#).

What this means for the Trust

The measures will broadly mean:

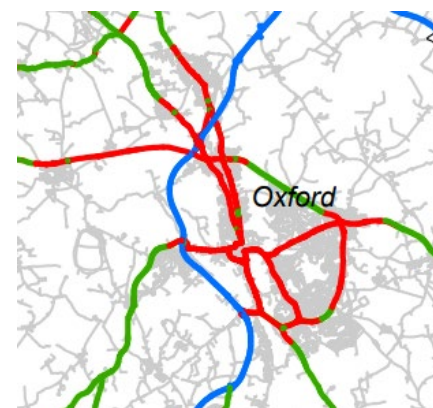
- Re-assessing travel options will be high on the public agenda
- Buses should become significantly faster and more reliable
- Cycling should become safer and more attractive

The measures will specifically mean for staff:

Filters: some who drive may have to change their route to work, or amend their working hours, those who use the bus should benefit

ZEZ: no significant impact expected as the filters will already change cross-Oxford driving

WPL: the annual cost to the Trust could be £1.2-2.2m. The WPL Investment Plan heavily focuses on improving travel in Headington.



2023 Oxfordshire Delay map

Red = more than one minute delay per mile between peak flow and free flow.

2013

The year that 'operational capacity was reached or exceeded on much of the road network' according to Oxford City Council



100,000

New houses to be built in Oxfordshire by 2031



142,000

More cars expected on the county's road network



11%

2011-2021

Population rise in Oxfordshire in the last decade



15%

2021-2031

Expect population rise this decade

6

The number of traffic filters that will make it more less convenient to drive a private car across the city, significantly speeding up the bus network. There are exemptions for health workers on operational journeys.

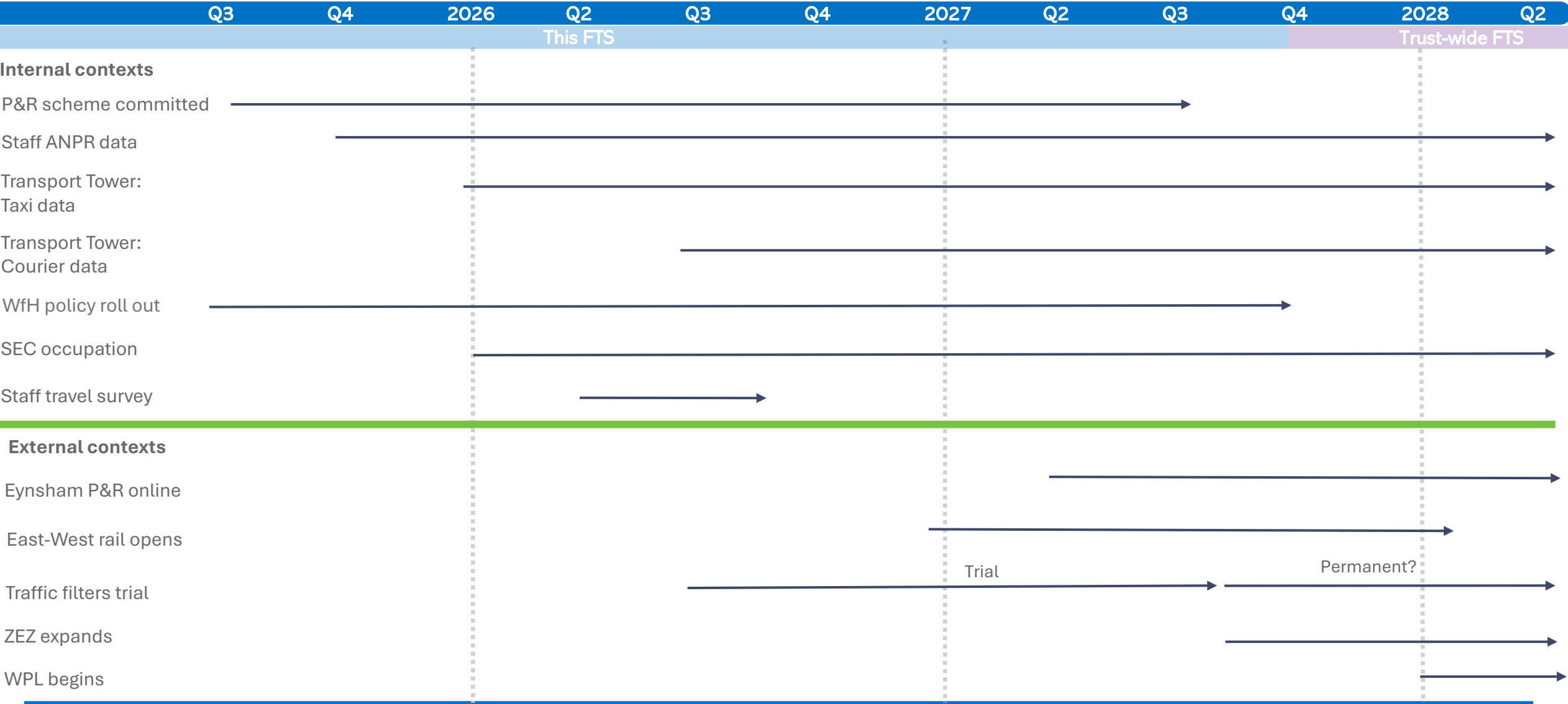
2027

The year the expansion to Zero Emission Zone is expected to take place, making it more expensive to drive a non-electric vehicle across central Oxford.

0-100%

The proportion of the WPL charge that employers can pass on their staff

Timeline of internal and external contexts



We are a hospital, not an office

Changing travel patterns at the John Radcliffe is not an easy task. There is no other employer close to our size and complexity in Oxford – we are one of the largest teaching hospitals outside London, which has a completely different public transport ecosystem, and notably lower levels of car ownership.

Unlike an office we genuinely run 24/7 – and not just a porter in a lodge or security staff. The work we do here is the difference between life and death. Some of our staff work anti-social, very long shifts, and if they are late, it can have a knock-on impact on hundreds of sick people in one day. Staff stress and exhaustion doesn't just mean a project is overdue – it's about a person's medical care. Our specialisms mean that staff travel from far afield to work here, many are patient facing and cannot work from home. Travel is an emotive topic for staff, as it has a real impact on their lives.

We're limited by national NHS terms and conditions and pay scales – against a backdrop of high house prices in Oxford. The Trust does not own the entire site – we have a Private Finance Initiative in place and other landowners who we need to work with to make infrastructure changes. NHS Blood and Transplant, and South-Central Ambulance Service are different NHS Trusts, with different staff, and different policies, over which we have no control.

We are committed to improvement and lessening the impact of staff travel to our site on the local community, but we are a big ship to turn around. It will take time, investment, patience and support.



The scale and impact of our current travel



NHS Blood and Transplant, the University of Oxford, A2 Dominion, Equans, Mite, a nursery and South-Central Ambulance Service operate on our site.



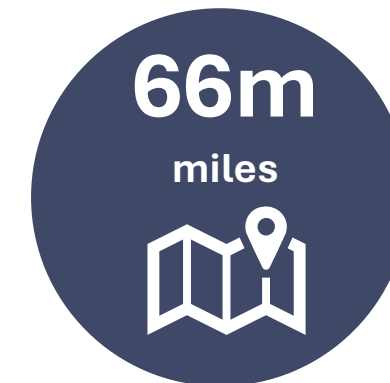
Around 14% of all trips on Oxford's ring road are going to or coming from our Headington sites on a weekday.



Number of people who call the JR their main place of work – from OUH and other organisations.



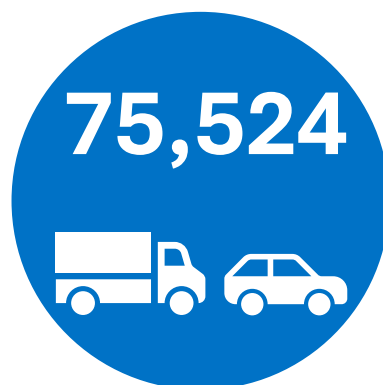
Average time staff spend travelling to and from work, daily.



Commuting miles by OUH staff annually



Outpatient appointment at OUH in the last year



Vehicle movements in and out of the JR site, weekly



Tonnes of CO₂e generated by our staff commuting, annually.



Proportion of staff who live outside the Oxford ring road



Total number of staff employed by OUH in May 25

Theatre build and planning conditions

This FTS is being submitted to Oxford City Council as part of the conditions for occupation for the new Surgical Elective Centre (SEC).

These are the specific requirements requested in the Notice of Grant of Planning Permission on 16th August 2024.

Prior to occupation of the development, a Framework Transport Strategy (FTS) for the whole of the hospital site shall be submitted to and approved in writing by the Local Planning Authority. The FTS shall include the following details:-

- 1.Measures to encourage sustainable modes of transport other than cars;*
- 2.Details of a scheme of new cycle parking for the whole hospital site that is secure, sheltered and accessible (including provision for tricycles and electric powered cycles);*
- 3.Provision of increased staff changing/shower facilities to latest current standards;*
- 4.Electric vehicle charging infrastructure and spaces;*
- 5.Timescales for implementation of these measures and cycle parking scheme.*

- This FTS is being submitted to Oxford City Council as part of the conditions for occupation.
- The majority of this FTS focuses on the first detail specified, and the Principles for Action and Areas of Focus to encourage sustainable modes of transport other than cars are laid out in slides 32 to 35. These measures are in addition to those in the SEC-specific Travel Plan.
- Details of the 35 new bike parking spaces and shower facilities are available in the SEC Travel Plan.
- Electric vehicle charging infrastructure and spaces have not yet been fitted, as the grid capacity in the local area is not available. As South-Central Ambulance Service have an obligation to have 100% zero emission vehicles by 2030 there is competition for this grid capacity. This was communicated in the FTS workshop in March 2025. We will work with South-Central Ambulance Service, Oxfordshire County Council and other partners on the energy plan to discuss capacity requirements. This is an evolving piece of work for all parties.

Fitting with our strategic objectives

Our FTS needs to align with the objectives in the Trust's other strategies. Here are some areas of crossover, and how our FTS can support these.

Strategic Framework – a selection of our Strategic Objectives

- Operational Performance and Financial Sustainability: Our FTS aims to help shift travel patterns to make the most of our estates, whether that is reducing traffic queues to ensure swifter sample testing to generating income for the Trust
- Estate meets highest level of regulatory compliance: Our FTS anticipates legal changes, such as the WPL, and aims to reduce risk to maintain compliance.
- Working in Partnership at Place and System Level: Our FTS recognises that healthier journeys for staff means healthier communities, and that we need to work with nearby big employers to maximise options.

Clinical Strategy

- Emphasis on health inequalities: Our FTS supports healthier journeys which means cleaner air, more physical activity and more social connections, and the Travel Plans will explicitly consider the different economic and social situations of our staff.
- Patients: Our FTS will help the patients who are coming to use our many services to have better journeys. This could be making P&V parking more plentiful by reducing staff use of it, or easing the burden on the roads around the hospital due to staff using healthier alternatives.
- Flexible, digital and community work: Our FTS creates travel alternatives which support these ways of working, taking into account flexibility and varied working patterns – be this pool bikes or variable parking charges.

People Plan

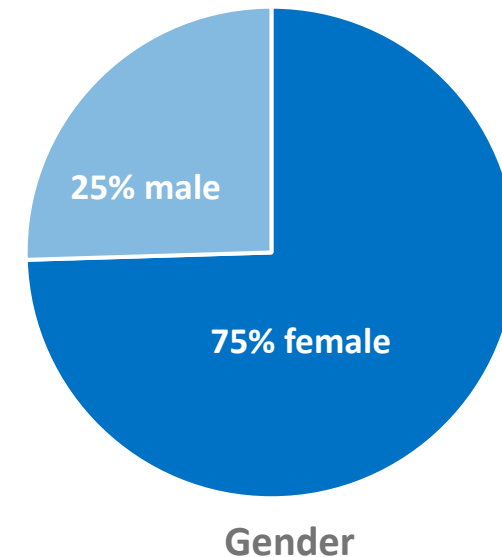
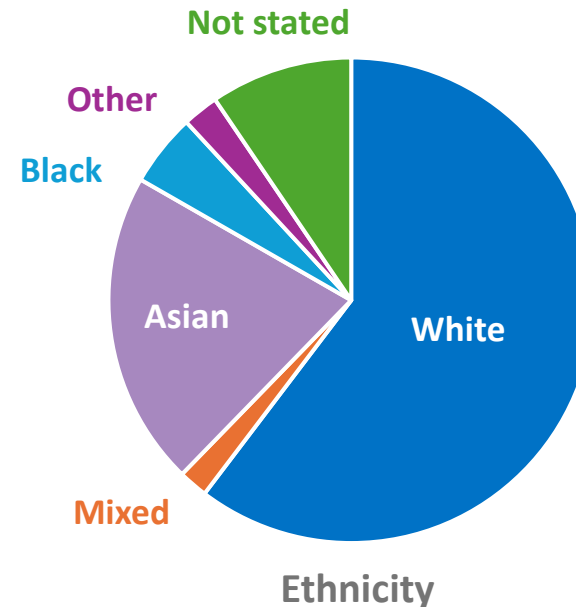
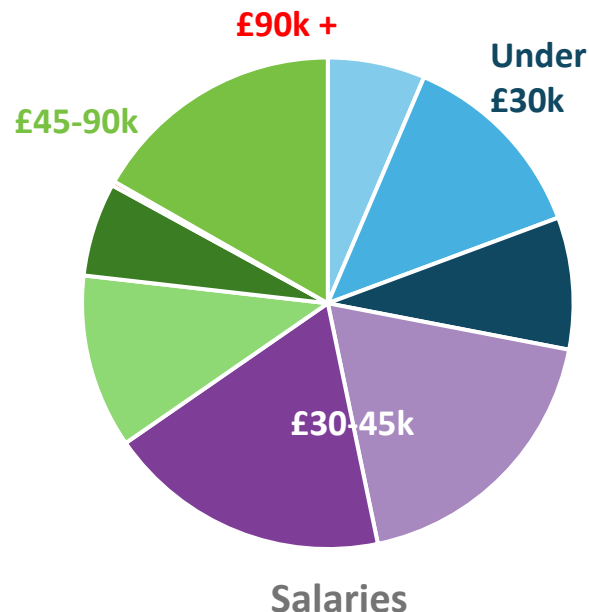
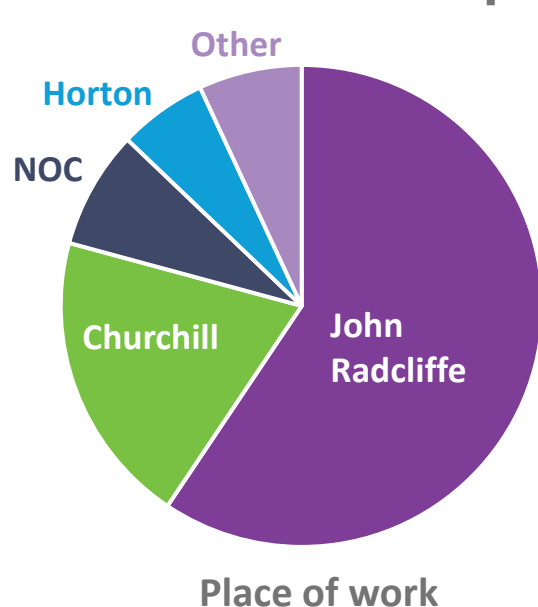
- Health, well-being and belonging: Our FTS will support staff to move towards healthier journeys, building physical activity into every day habits, and creating more reliability in terms of journey times to help wellbeing and work-life balance.
- Making OUH a great place to work: Our FTS will support genuine, viable alternatives to the current stress experienced by many staff around parking and the unpredictability of the commute.
- More people working differently: Our FTS goes hand in hand with flexible working, and supports alternatives to driving; useful for the increasing numbers of staff who do not drive.

Digital Strategy

Our digital strategy is fundamental to enabling more remote working, community care and digital offerings, all of which reduces the need for staff and patients to travel, and flattens the peak travel curve. Changing travel patterns will also increase demand for digital working, so this FTS, and the Trust-wide FTS and site Travel Plans need to be formed with input from IT&M to ensure that changes to staff travel needs are possible.

[Strategic Framework](#) [People Plan](#) [Clinical Strategy](#) [Digital Strategy](#)

Our staff make up



...and the implications for our travel strategy

The majority of staff come to the John Radcliffe for work, which is why this site is the first area of focus.

Conclusion: There is a need for the Trust-wide strategy to have strong coherence between all the Headington sites.

The majority of staff earn under £45k a year, meaning the local house price-to salary ratio is amongst the worst in the UK.

Conclusion: The travel plans must acknowledge that staff are travelling a long way, and must put affordability and flexibility at the heart of alternatives.

Our staff are very diverse and come from a range of communities, with a large proportion of international staff.

Conclusion: The Trust should further consider research findings around travel and ethnicity and ensure that choice and support are at the heart of the strategy.

Our staff are overwhelmingly female, therefore likely to carry out more caring tasks, making reliability of journey time an important factor.

Conclusion: The Trust should reflect on research findings around travel and gender and ensure that creating alternatives and reliability are prioritised.

Transport and equity

As a Trust we do not yet have data about travel behaviour broken down by salary bands, ethnicity, age or gender. The national picture is a useful representation of the majority our staff, who live outside Oxford. Within Oxford it is important to note that there is no correlation between household income and car ownership.

Different groups of people have different levels of access to cars

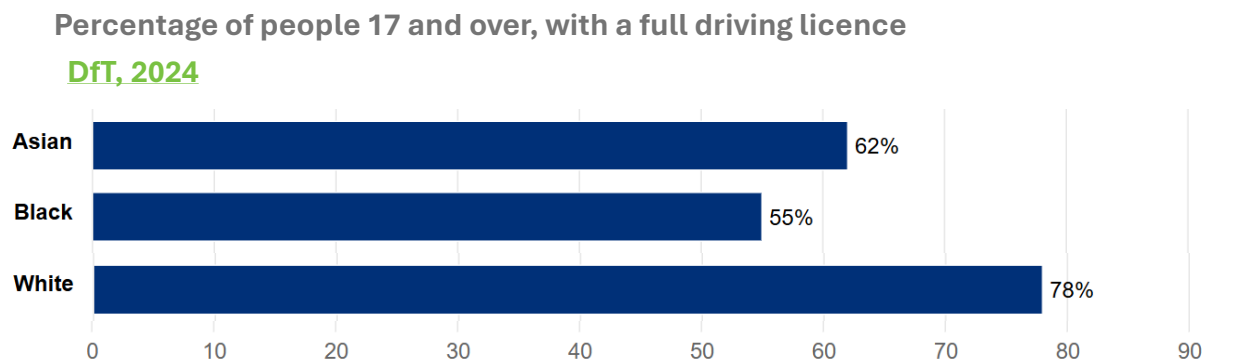
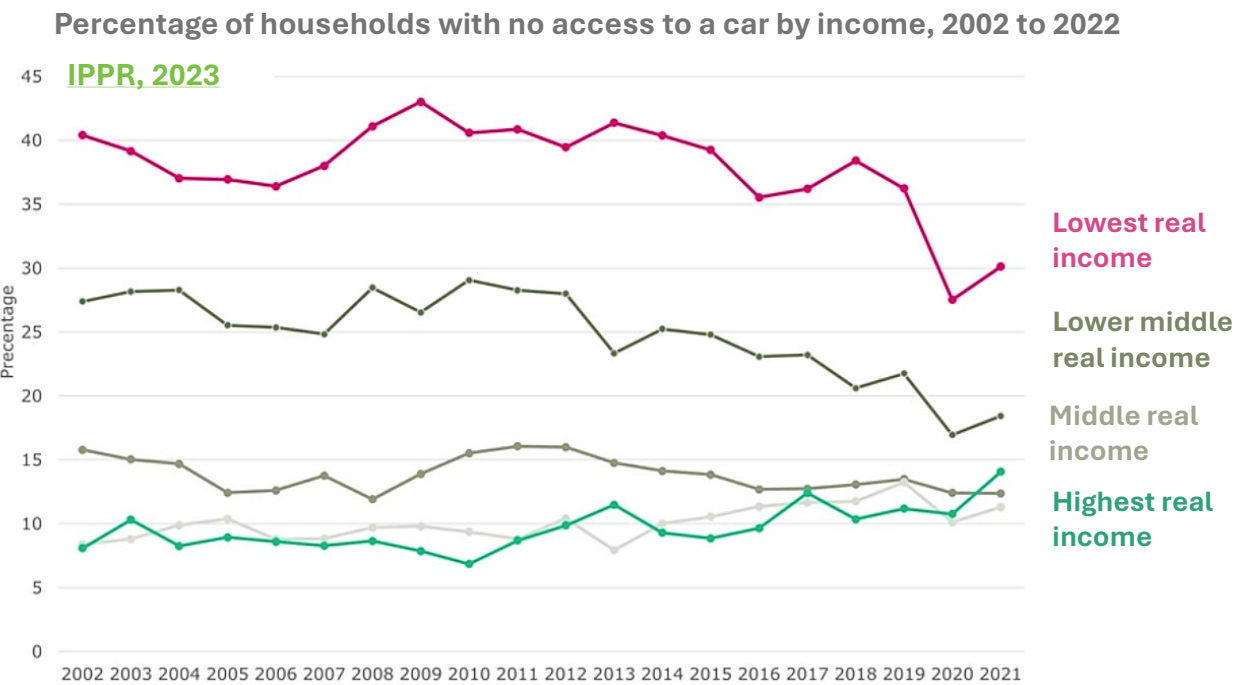
The poorest households are twice as likely to have no access to a car than the wealthiest households. When those with a full driving license is broken down by ethnicity, there is also a difference between Black, white and Asian populations, with Black people much less likely to have a driving license, than white people, while Asian people somewhat less likely to have one.

Conclusion: As our Trust has a large range of salaries, with a significant number of staff earning under £30k a year, and a diverse workforce, it is important to ensure transport support is equitable, and creating opportunities for staff to try out alternatives without a financial barrier is vital.

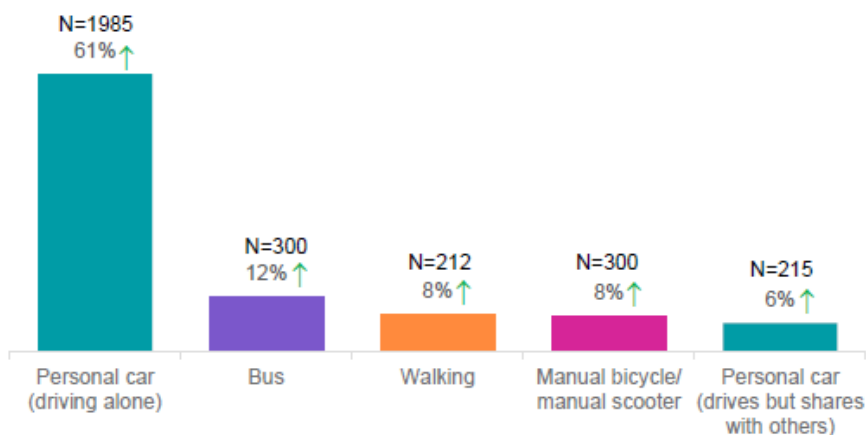
The cost of public transport has risen disproportionately to that of motoring, but the cost of running a car can be a source of economic stress

Prices for bus travel has **risen nearly twice as fast** as the cost of motoring in the last decade, by 58.5% against 35.6%. Additionally, the UK government has **noted** that forced car ownership can lead to economic stress. This arises when there is no viable alternative to owning a car, and means lower income households spend disproportionate amounts to run a car, in order to get to work. Viability is about cost of transport, but also the reliability, speed and flexibility.

Conclusion: It is important to ensure that the strategy creates the opportunity for as many alternatives to be as viable – financially and otherwise - as possible.



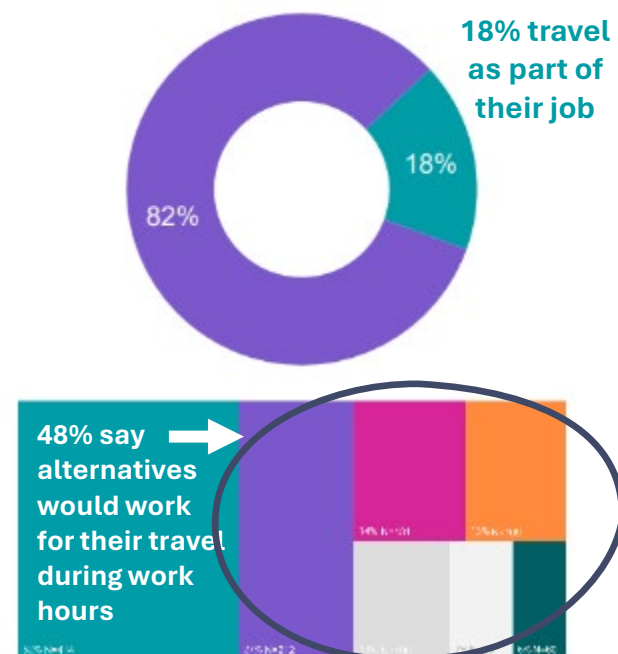
Our survey told us: current situation



Solo car travel currently dominates – and a significant group find multi-mode best

80% of staff use one means of travelling, door to door. Overall car use in this group is 67% (either as driver or passenger). 39% of those who use more than one means of travel per journey use a car as part of their journey.

Conclusion: driving is of high utility, so lift-sharing and Park & Ride are an important part of the mix of alternatives.



Travel while at work is a factor – but half say there are solutions

67% of those who travel as part of work do so with their car, which is the same figure as those who drive overall. Almost half of these people say there are solutions which could help reduce or switch these journeys.

Conclusion: fleet/pool options have high potential for helping swap some car journeys

Most common influence on choice

- ↑ Quickest door-to-door
- ↑ Flexible
- ↑ Convenient

Less common influence on choice

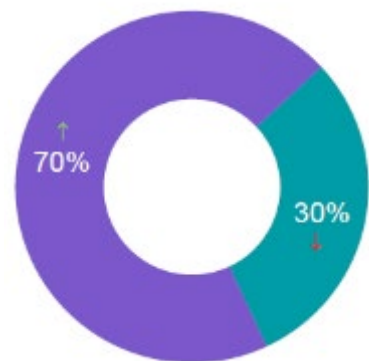
- ↓ Home in an emergency
- ↓ Cheapest
- ↓ Comfortable

People need to get around – but the ‘how’ can change.

Our staff are practical and busy, and need certain qualities in their transport. If the alternatives more were equal to solo car travel in speed, flexibility and convenience, then they would be viable.

Conclusion: prioritise options such as P&R where the majority of a journey is still by car, but reduces Oxford-last mile traffic, maintaining overall speed of journey door to door.

Our survey told us: solutions



Yes, I am open to change

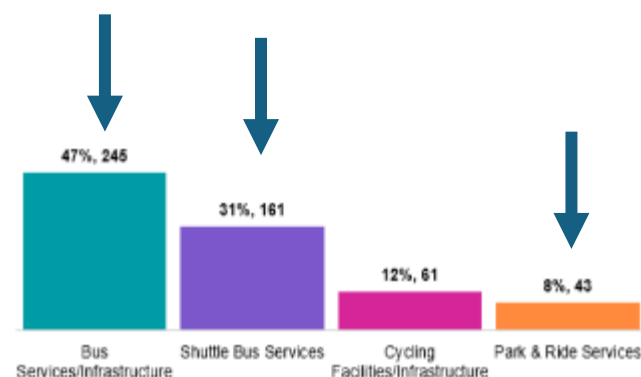
No, I am not open to change

Willingness to change

30% of staff car drivers are willing to change their travel once a week or more.

Conclusion: A focus on solo car journey *reduction*, as opposed to total change in means of travel is an important strand.

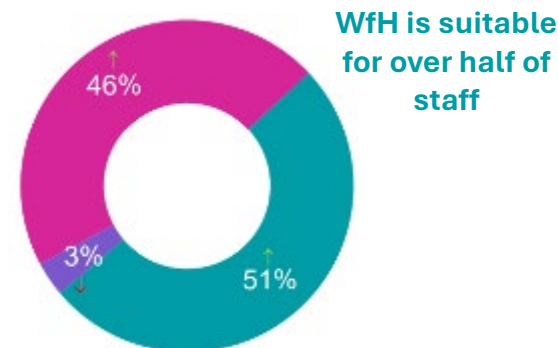
These three are bus-related solutions



Buses, buses, buses

Limited-stop bus-based solutions, such as express P&R services, and shuttles from key locations were consistently ranked highly throughout the survey and focus group findings.

Conclusion: Important for Trust to push for these options with County, bus companies and work with other Headington employers.



WfH is suitable for over half of staff

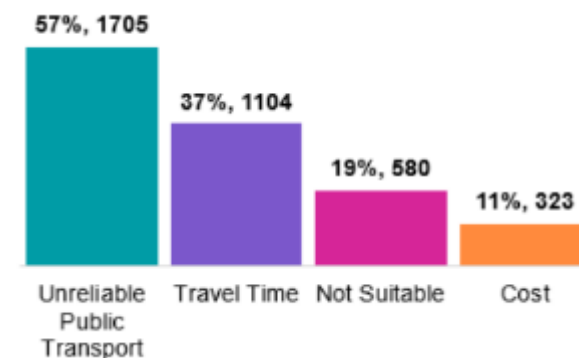
Tele-med could replace journeys for 20%

→

Other policies matter

Half of staff believe they could carry out their role at home, and 20% could cut travel with tech.

Conclusion: 1) a considered WfH policy spreading core days across a week could be transformative for travel peak demand 2) continue to focus on tech innovation and tele-med to replace F2F patient appointments and facilitate staff WfH.



Demand reduction

Unreliability and journey time is key barrier to using public transport. Both factors strongly correlate with congestion, in large part caused by current driving patterns.

Conclusion : Policies which discourage driving will cut congestion on site and on local road networks, and therefore make alternatives faster, and simulate demand for bus frequency upgrades, ultimately improving flexibility.

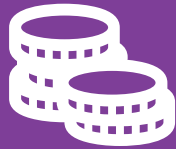
Parking at the JR: quick overview

2016



Year parking charges were set

54-82p



Median daily charge, per working day

4,803



Number of permits currently issued

2,157



Number of staff spaces

>45

minutes



Time, by public transport, that a staff journey must take to qualify for a 'Standard' permit

64%



Proportion of all parking spaces allocated to staff

6



Categories of staff permits: Blue badge, Caring, Medical, Standard, Priority, Shift, Travel

1:3.4



Ratio of staff : non-staff vehicle movements on Headington sites

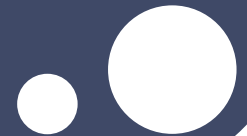
55%



Approx. proportion of permits which are 'Standard'

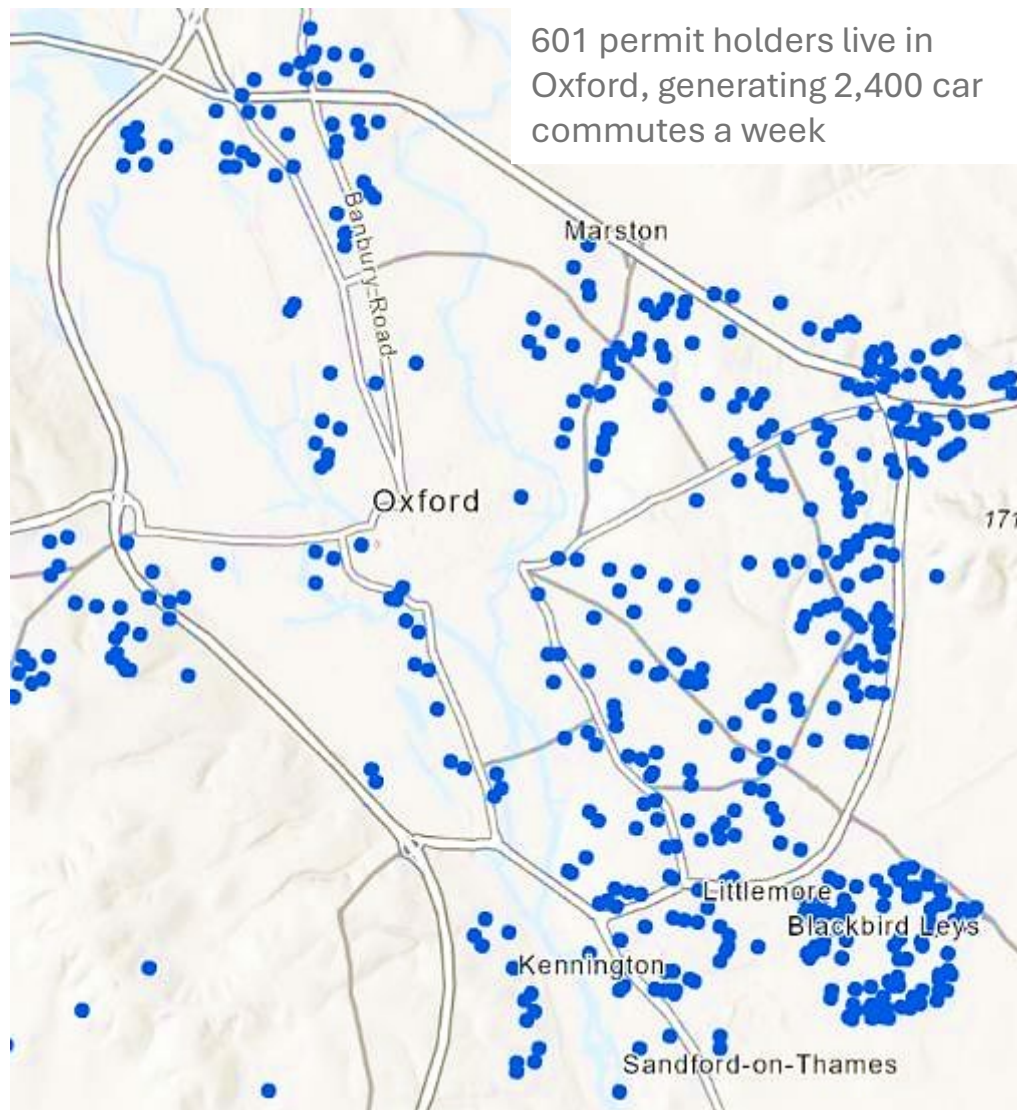
X11

more

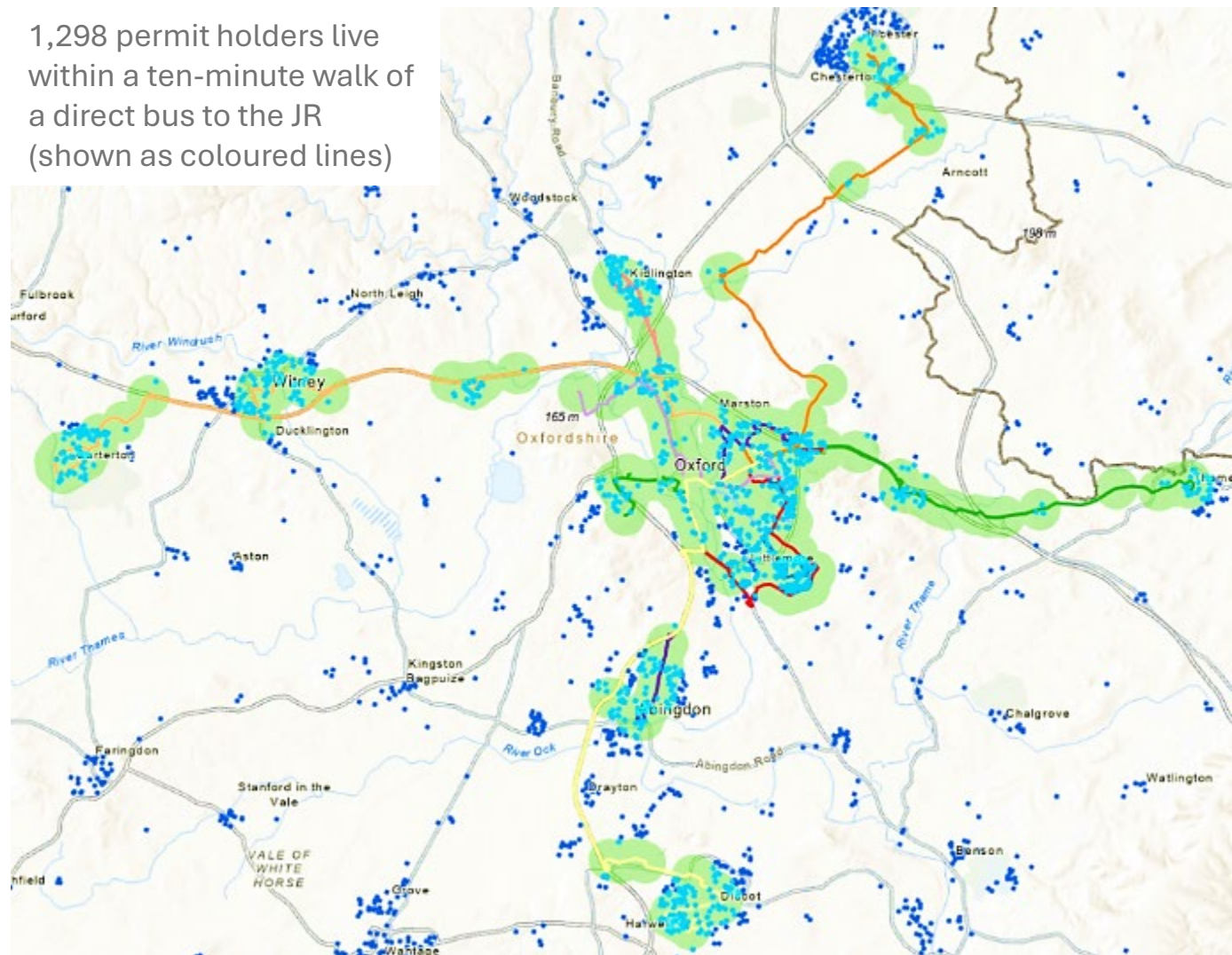


The income generated by a P&V space versus a staff space

Analysis of potential to change



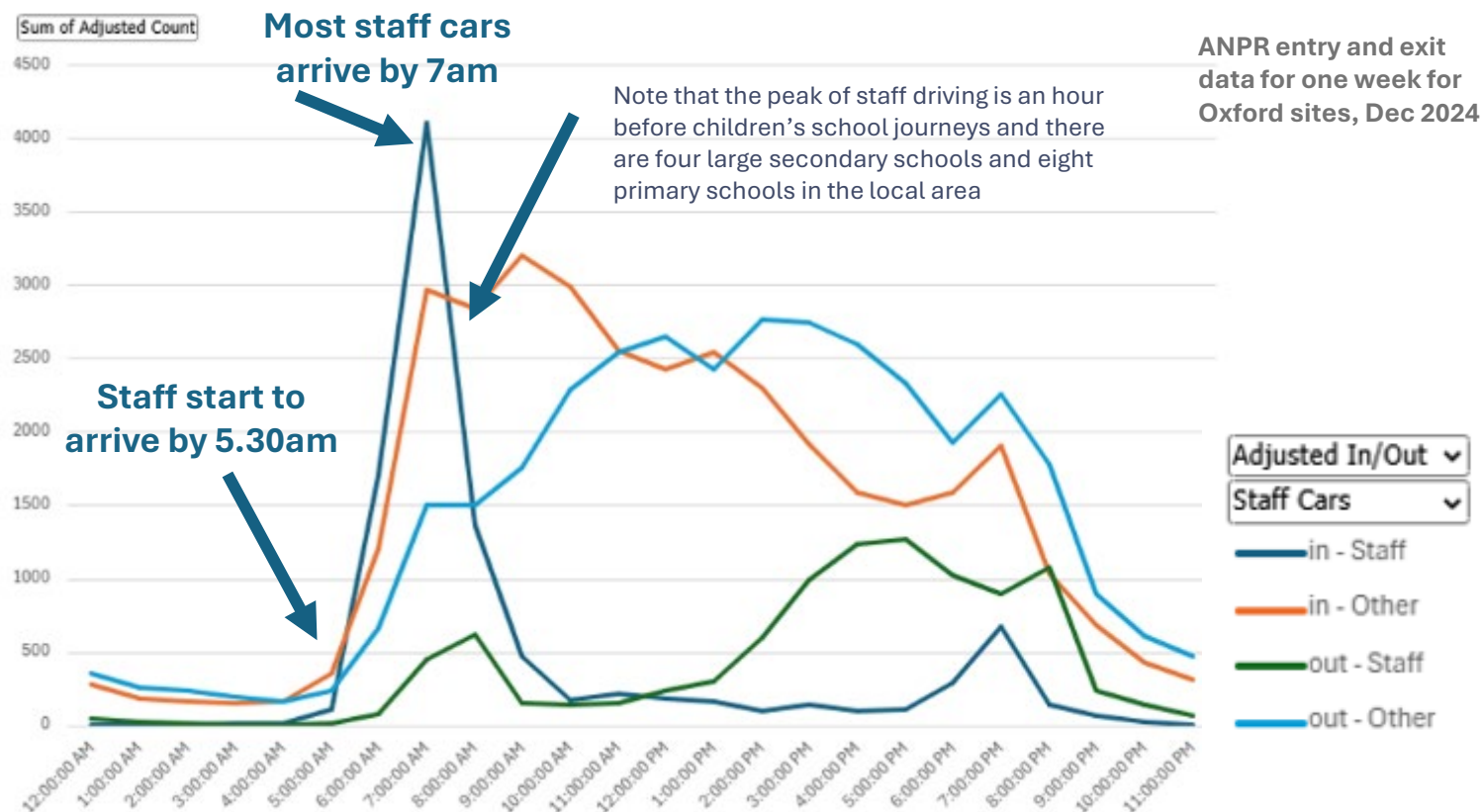
1,298 permit holders live within a ten-minute walk of a direct bus to the JR (shown as coloured lines)



These are examples of the kind of analysis which could inform a permit criteria review and the number of spaces provided.

Who does the current parking policy work for?

- The current policy works for those who can afford a car, and can arrive on site very early.
- It is a major disadvantage for those who do a school run, in support of flexible working patterns, or those who use the bus network which is slowed down by the volume of cars.
- While some staff frequently ask for more parking, there will be significant driving demand reduction created by the current parking problems, so any new parking would likely be filled up very swiftly, making local road even busier, and bus network even slower and less reliable.



When it comes to leaving site after 4pm I don't even attempt it. I just sit in M&S for an hour thinking about how awful my life is...!

Consultant anaesthetist

'I arrive to work earlier and earlier to ensure I am even able to park...'

CSS Manager

Chronic stress related to parking and travel to work is causing a negative effect on the health and wellbeing of staff.

Cardiac physiology

'I'm afraid I am emailing with frustration, disgust and total disbelief at the way the JR is failing to manage traffic leaving the site...'

Outpatients manager

The impact on the patient experience

Much more difficult for patients

The impact of staff parking and vehicle movements on the patient experience is significant. As staff parking reaches over 95% capacity for much of the weekday, it is likely that staff are using P&V parking, making it harder for our patients, who are more likely to be sick, elderly or disabled, to park easily.

The stress of parking is a consistent complaint from patients, and tackling it was the number one recommendation in the [Healthwatch 2024](#) report.

Healthwatch Recommendation

1. Parking issues at the JR Hospital remain a challenge. Continued focus on addressing parking and transport issues remain important to address concerns and ensure that there are sufficient spaces available for both patients and staff.



Schooling and education (of patients) impacted as transport issues mean whole school day is missed.

Paediatrics dept

*“Daughter dropped of elderly ill father at main entrance whilst she parked car. Parking facilities inadequate, **taking 75 minutes to find a space.** Encountered cars parked on walkways, verges and doubling up with other cars.”*

Patient's complaint

Why data is such a focus

We have some gaps

This Framework Travel Strategy lasts for 24 months, during which time we will gather robust data to create a Trust-wide strategy. We can then base any decisions on good data and evidence.

What we don't know, currently

How many staff are parking without a permit?

Due to our current enforcement provider it is believed many staff are parking without a permit. The numbers are not clear until new staff ANPR is installed.



How this will inform the Trust-wide FTS

Enforcement alone may solve some of the current problems, and less demand reduction is needed.

Are staff parking in P&V spaces in large numbers? It is possible that staff are parking in P&V spaces, however the scale of this it is not known. With the upgraded P&V ANPR we will be able to see patterns of vehicles parked for whole days on a regular basis.



This is detrimental to the patient experience, but it provides important market data about the amount some staff are willing to pay for parking spaces.

What's a true picture of our permit holders? Due to the current permit system there is opacity about the true number of permit holders, and other information such as which site they work at. We are not sure how many are not driving but holding onto permits, or how many days a week they travel.



A better picture will inform a whole range of measures and actions for the long-term strategy.

What impact the traffic filters will have?

Oxford will be the first example of traffic filters in the UK, so it is not clear to what extent they will make staff reconsider the way they get to work, and how radical the changes will be.



If the impact is significant then we may not need as many demand reduction measures, or support for healthier options may have much higher demand.

What impact a Trust-wide WfH rollout could have?

The most effective way to reduce travel demand is for those who can, to work from home. We do not know the impact of take up and how peak demand will look.



We may need to focus more on peak-demand measures such as special shuttle buses on core days or 'lift-share Tuesdays' and variable parking pricing mechanisms.

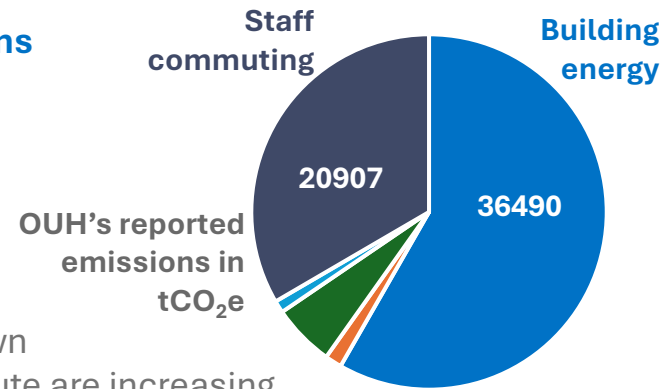
Our climate commitments

The commute is one third of emissions

Staff commute emissions account for approximately one third of our calculated carbon emissions.

They're rising

Unlike other all other areas of our known emissions, those from the staff commute are increasing – this is because there is a direct correlation with the number of staff, which is rising. In addition, staff are living further away, and the average car is 40% larger than 20 years ago, which is balancing out progress made in electrifying cars.

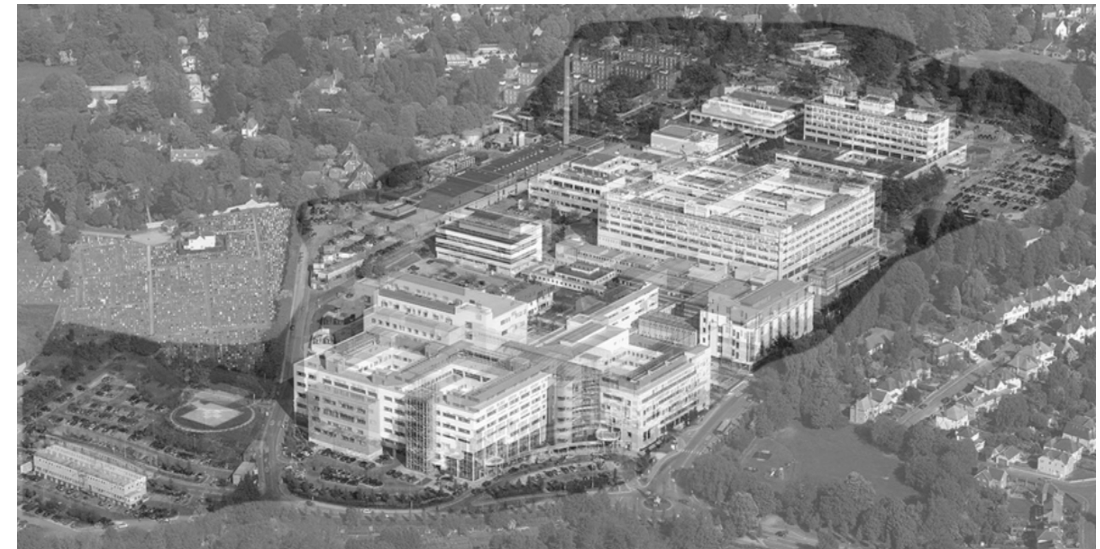
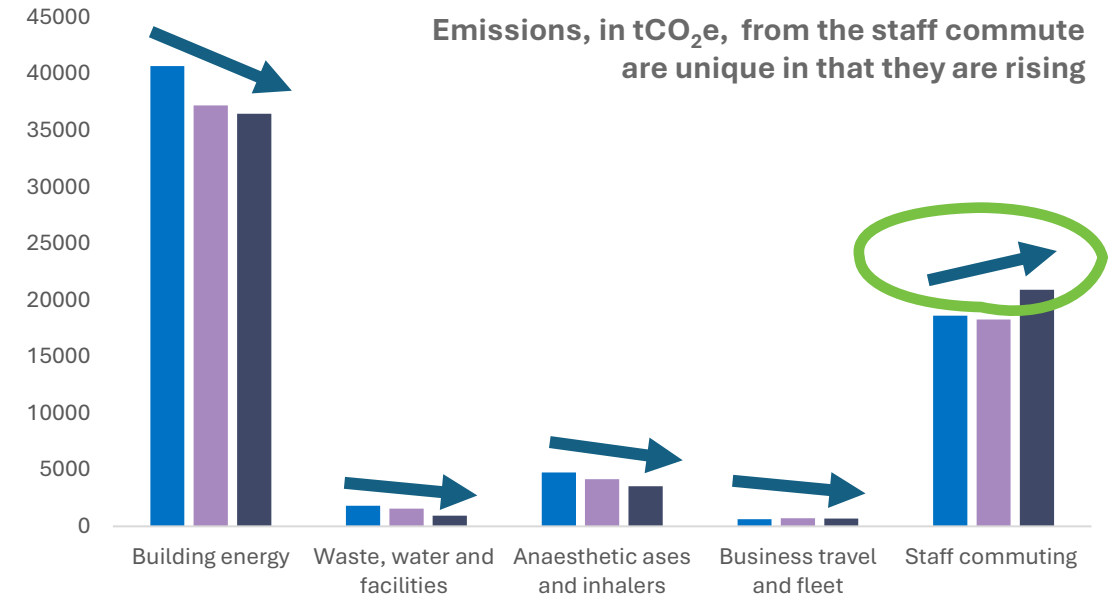


Large numbers of cars on site amplify other risks

Concrete, tarmac, metal and glass absorb heat and do not allow water to sink into the ground. Therefore, they amplify two of the most likely climate risks: urban heatsinks, and flash flooding. The inability to adapt our site to heatwaves is a direct risk to our patients, staff and visitors at the JR, and flash flooding intensification will be felt by lower parts of Oxford but could impact the Trust in myriad ways.

We've obliged to meet climate targets

We need to reduce our emissions to be net zero by 2045. This is specified in the Health and Care Act 2022. The target for staff commute emission reduction is 50% by 2033.



An aerial photograph of a large, modern hospital complex. The main building is a long, multi-story structure with a light-colored facade and numerous windows. In the foreground, there's a smaller, more modern building with a flat roof and several skylights. The complex is surrounded by greenery and other buildings in the background.

Principles for action

This section takes the learnings and conclusions from the complex internal and external contexts in which we are operating and draws Principles for action for the John Radcliffe interim Travel Plan. These also set the direction for a Trust-wide Framework Travel Strategy from 2027.

We're committed to acting now

These statements describe why we are committing to action within the next 24 months and then developing a Trust-wide FTS in the immediate period after.

Our scale means we have a responsibility to act

That the scale of the Trust's operations means the current levels of solo car driving generates traffic and congestion which impacts the viability and attractiveness of alternatives, such as buses and cycling. This negatively effects other staff who do not drive, as well as impacting our local community and the city.

We can build resilience to the housing growth risk

The scale housebuilding and job creation in Oxfordshire and the South East means we need to act. The sooner staff habits shift, the greater the resilience we will have to the risks that are posed by the congestion growth around Oxford's road network.

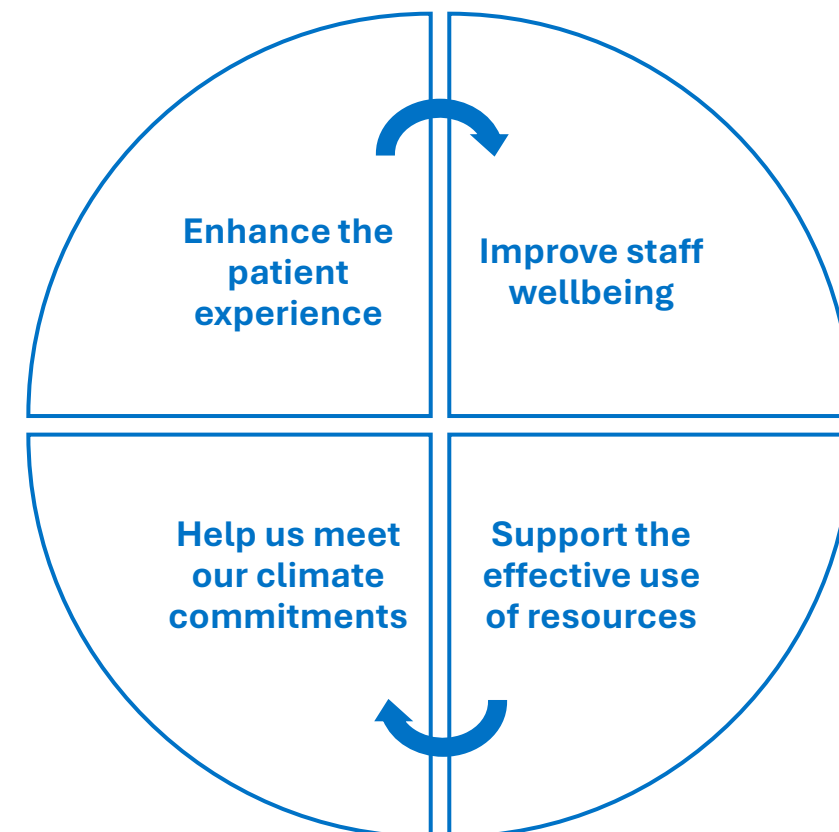
Responding on City-wide changes makes sense

Big shifts to travel habits are happening in Oxford, and some of the outcomes of the changes could help us achieve our Vision of staff making healthier journeys. We can capitalise on these, being aware of key points and ready to respond with support for staff at the right time.

Partners are acting too – we'll get more done together

Other large employers in Headington are acting to help change travel habits. By working in partnership and sharing risk where possible, we can create a collective culture of change toward healthier travel patterns.

Reminder of the four aims of the FTS



Core principles to guide action

These are the core principles which guide specific actions of this FTS, the JR Travel Plan, and lay the direction for a Trust-wide FTS.

We recognise that driving is essential for some

Solo car journeys will always be essential for some staff, and are vital for some groups, such as those with less mobility, working anti-social hours and other needs.

We recognise that driving demand needs to change

Largescale change to travel patterns will only occur when demand reduction measures are put in place alongside, and simultaneously to, supporting healthy alternatives. Necessity is the mother of invention, and without these, alternatives are unlikely to be tried.

We will ensure decisions are driven by data

Data driven decisions making is paramount. We test ideas through pilots where possible and seek out academic evidence where needed. However, we do not use a lack of data as an excuse not to act, and we experiment and iterate where needed.

We know staff need good alternatives

Sticks alone will create harm; investment needed in alternatives and Trust investment and commitment to put these in place.

We focus on harm reduction and last-mile solutions

Driving is very likely to remain a core part of many journeys so measures that prioritise reduction of driving from the ring road and into the JR, driving solo and driving every day, are likely to feature heavily.

These are some broad areas of action which illustrate the two types of tools which are effective when done together.



Create demand for alternatives

- Review parking permit issuing criteria
- Ability of Travel Team to enforce permit criteria consistently
- Explore cost of parking permits
- Consistent enforcement of parking rules
- Examine number of spaces provided

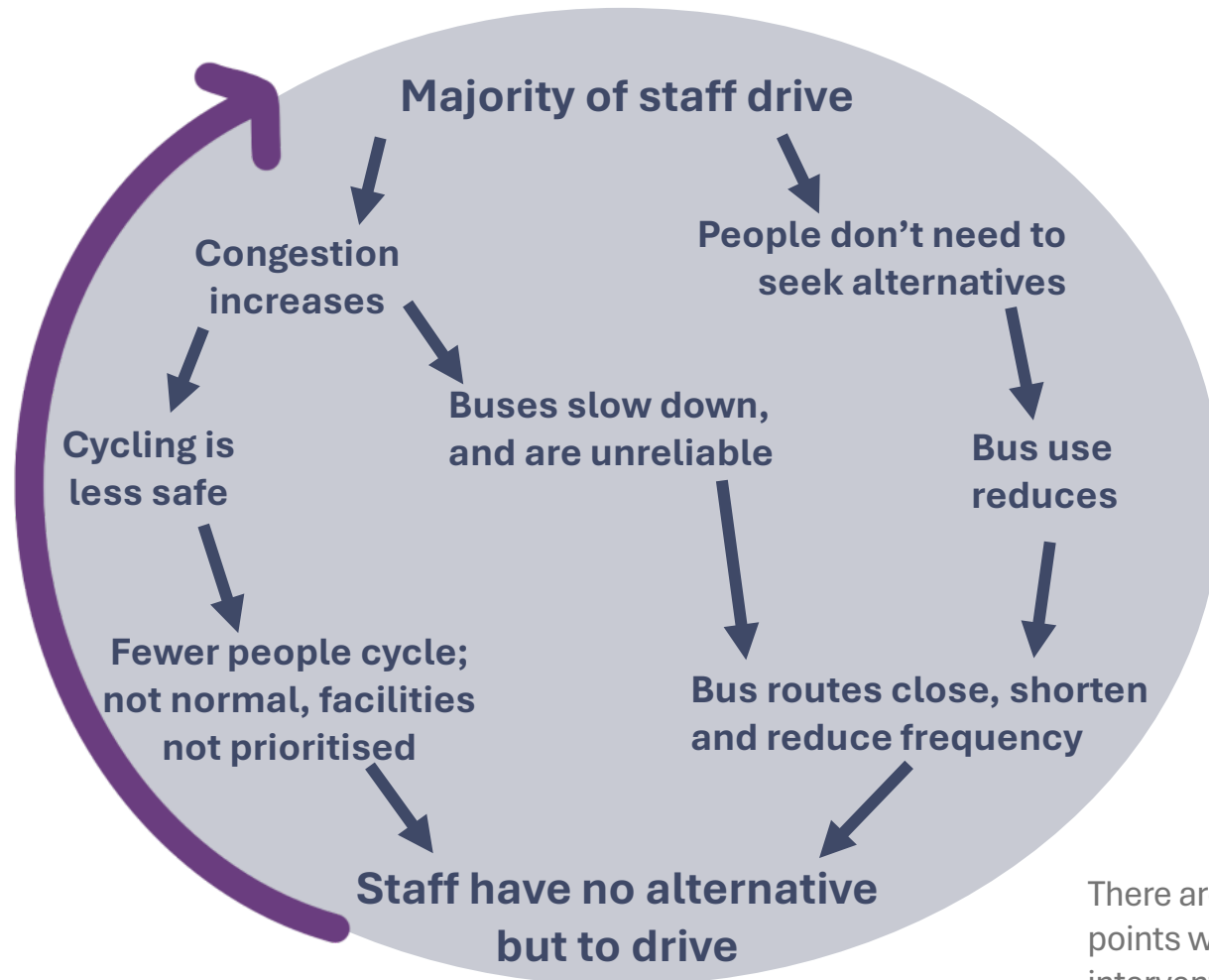


Encourage and support alternatives

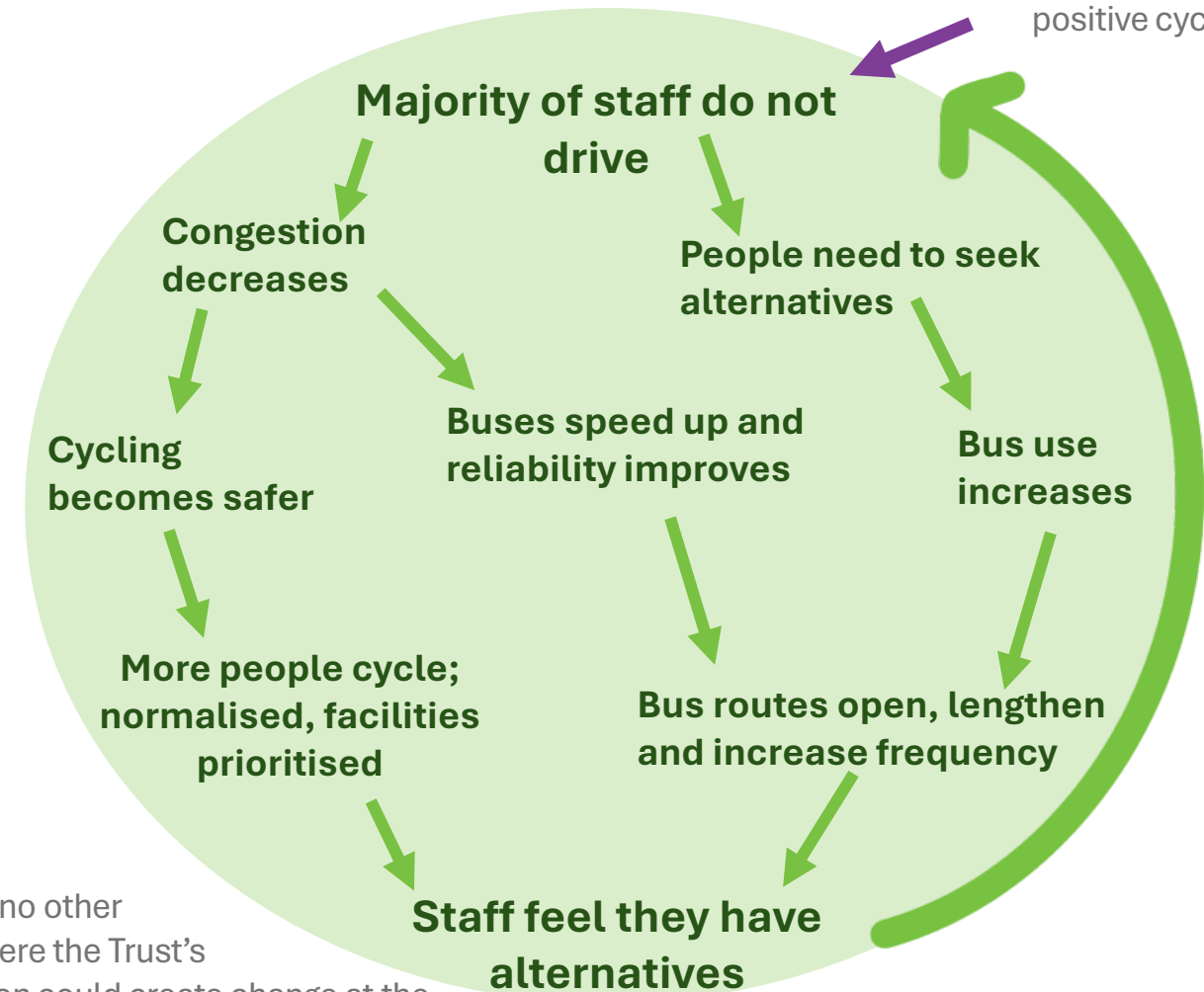
- Providing healthy travel activation support for individuals e.g. 'try an e-bike' trial
- Directly reducing barriers walking and cycling barriers by improving estate infrastructure
- Supporting wider measures to improve alternatives with other stakeholders, and positively engaging with local authorities to identify and prioritise investment opportunities

Why creating demand for alternatives is crucial

Current travel cycle



Potential travel cycle



The parking policy is where the Trust has agency to kick start this positive cycle.

There are no other points where the Trust's intervention could create change at the scale needed to trigger the positive cycle.

Areas of Focus

This section explains the three key areas of action that we will focus on during the length of this Framework Travel Strategy. These will include some activities which help lay the groundwork for the Trust-wide strategy from 2027

1. Build a much stronger data foundation

In this strategy period we will:

Install ANPR in staff carparks

This is being installed in mi-late 2025 and is foundational in allowing us to:

- a) see real staff travel patterns in real time and have much greater confidence in our permit data
- b) understand how many staff were previously parking without permits and the impact of stricter enforcement on driving levels
- c) trial reduction incentives and ride-share encouragement measures and see their effectiveness e.g. priority bays for car-sharing

Move to a new permit system

This will allow us to carry out a comprehensive analysis of permit holders, to create a road map for potential reductions in the parking spaces in line with the Estates Development Plan. For example, we will be able to see how many staff live on direct frequent bus routes, within a 20-minute cycle, which P&Rs are closest to most staff and much more.

Carry out a second Staff Travel Survey

This will build on the same questions as the 2023 survey to allow change analysis and will be carried out in Spring 2027. This will also allow us to see the impact of the filters on staff travel patterns and amend our Trust-wide strategy accordingly.

Roll out the Transport Tower

This is a centralised booking platform for all Trust taxi use, which will be operational by late 2025. This will provide data on taxi usage for patients, staff commuting and for other business travel. This can support a P&V travel strategy and inform fleet actions and enable other healthy alternative measures.

By the end of this period, we will also have worked with DHL on a major project to understand our courier and delivery needs and patterns and we will be on a pathway to rationalising and consolidating courier procurement, which is expected to reduce vehicle movements on site.

Work more closely with other areas of the Trust to gather and analyse travel-relevant data

This may involve collecting data on the impact of a Trust-wide roll out of a WfH policy, or the impact of a shift to telemed and technical innovation may have on staff need to travel during working hours.

We will continue to measure business travel.

We will create plan to map P&V travel data, understand what data is currently available internally, and what a Patient-Visitor Travel Survey would need to look like to have utility, and benchmark and learn from other Trusts actions on P&V travel.

2. Review demand reduction measures

In this strategy period we will:

Understand clinical needs: We will work with Division leads to thoroughly understand clinical needs around travel: shift times, travel for work, unpredictability of working hours, and needs around staff well being.

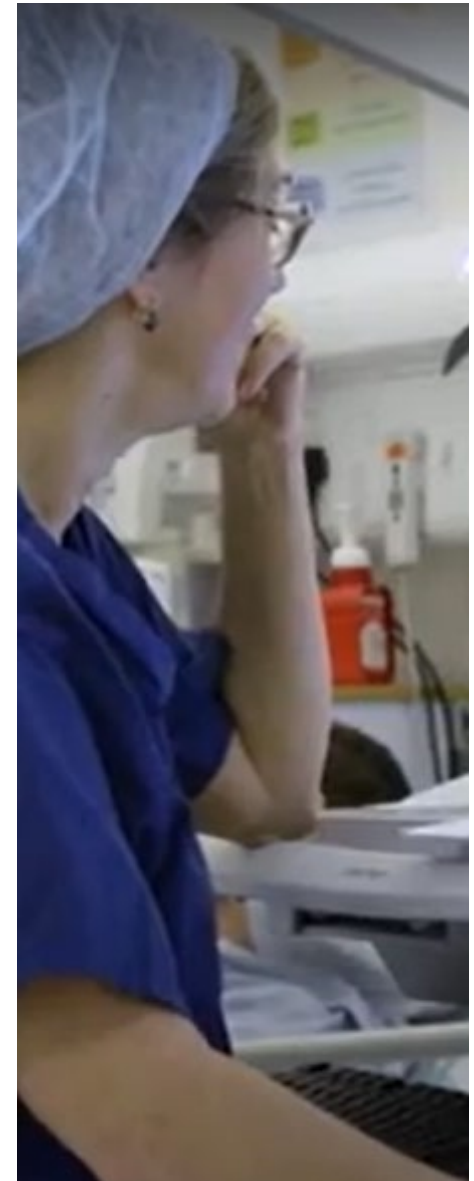
Evaluate permit numbers: We will review permit numbers, using the stronger permit data, and create a range of realistic options with a clear understanding of the impact of these different options on: the patient experience, staff well-being, the effective use of resources, and climate commitments

Review permit issuing criteria: We will review, with staff input, all permit issuing criteria to ensure it fairly balances different people's needs, and understand how different criteria may enable permit number options (above)

Review permit pricing strategy: We will review, with staff input, the parking permit pricing strategy to understand how it impacts on travel patterns, and how variable pricing could flatten peaks, or how cheaper liftsharing permits might encourage this under-utilised option

Enforce policies fairly and consistently: We will work across the Trust to create a clear policy on appeals, with the aim of enabling the Travel Team to enforce any permit criteria consistently. We will work with enforcement partners to enforce existing parking rules are enforced fairly and consistently across site.

Explore scenarios for numbers of parking spaces: We will analyse what impact different numbers of parking spaces could have at the Trust and develop a clear picture of the impact of scenarios on the patient experience, staff well-being, the effective use of resources, and climate commitments.



3. Explore and support healthy alternatives

Buses

- Continue our P&R scheme for staff, and bus ticket support
- Test express/limited-stop service, and assess the impact they could have on staff travel, potentially in partnership with fellow large employers in the Headington area
- Utilise our datasets to better understand underserved bus areas and work with County and the bus companies to see where timing adjustment and route amendments could be beneficial to staff
- Collaborate with County and other partners to push for investment in bus routes and bus infrastructure that will be of benefit to our staff

Cycling

- Continue our cycle training and existing cycling support, including basic security measures
- Explore providing a more flexible Cycle to Work scheme which specifically targets the barriers women face
- Provide a 'try an ebike scheme' and other direct activation schemes
- Create a Cycling Strategy with budgeted action plan for a) to tackling physical and infrastructure barriers within the JR b) a culture and communications campaign to create role models and promote cycling, including security measures
- Collaborate with County and other partners to push for investment in cycling and bike infrastructure that will be of benefit to our staff

Liftshare

- Renew our Liftshare license in 2027 and when staff ANPR installation allows it, create dedicated liftshare parking spaces
- Carry out a liftshare promotion week at a strategic point in 2026

Other measures

- Focus on new starters, who are forming travel habits, and work to ensure they have adequate information about alternatives
- Ensure Travel communication materials are up to date and of a high quality, and promote alternatives wherever possible
- Work with other partners to improve general route planning and wayfinding for all modes around the site and Headington area and at key transport hubs
- Explore providing more consistent incentives to include trains and P&R fees, in addition to buses and C2W, and non-annual passes
- Explore running pilots for fleet/pool options for staff who travel within working hours, including baseline data collection and
- Consider personalised travel planning services and pilot a small service to assess the impact on staff travel patterns.

These are a selection of measures that we will undertake and is not exhaustive. Many others are detailed in the SEC Travel Plan and will be expanded in the first JR Travel Plan.

Conclusion

This needs everyone

This is an issue which impacts almost every area of the Trust; from the speed at which patients' samples can be taken off site for testing, to patients' stress on arrival, to our long-term resilience to heatwaves. Finding a solution is going to require commitment, courage and imagination from across the Trust; notably in People, Digital and Sustainability and Estates.

Recommendation: the formation of a cross-Trust transport working group at CO/Director level to oversee the pathway from this Strategy, the formation of the interim John Radcliffe Travel Plan, and then the formation of the Trust-wide FTS.

Tracking progress

The large amount of data which will be generated in the lifetime of this FTS will mean the ability to form a baseline, to track progress and to see the impact of policy changes on behaviour.

Recommendation: The Trust-wide FTS to have specific solo car reduction targets, and targets regarding the take up of healthier alternatives.

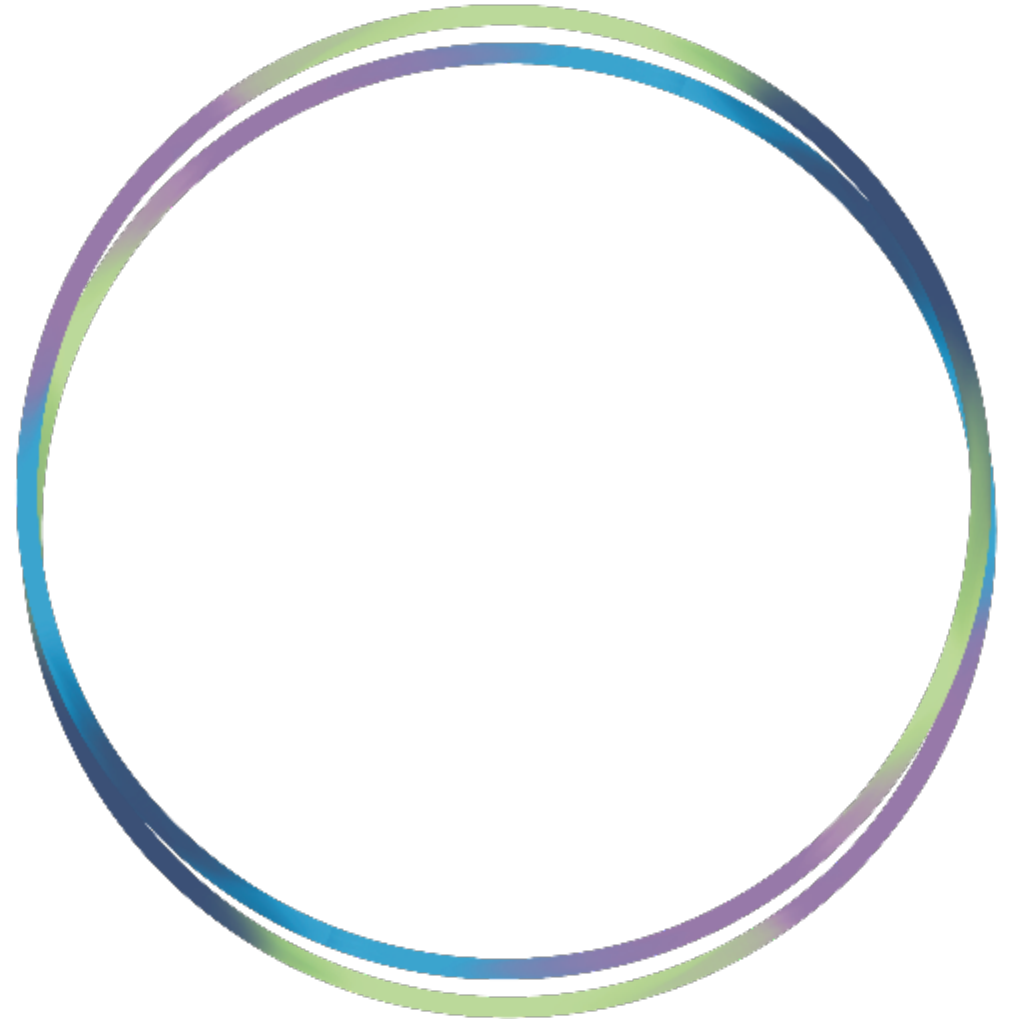
The next Trust-wide FTS

A huge amount will have changed with regards to travel patterns and policy by the end of 2027. However, we can work with partners to follow emerging patterns and to see the impact of the traffic filters during the trial.

Recommendation: We start to form the Trust-wide strategy from Spring 2027. We are committed to publishing to a Trust-wide strategy from late 2027 and Travel Plans for each site from then on.



Appendixes



M1 and M2 Oxford Local Plan 2036

Policy M1: Prioritising walking, cycling, and public transport

Planning permission will only be granted for development that minimises the need to travel and is laid out and designed in a way that prioritises access by walking, cycling and public transport.

Walking:

In order to promote walking in the city and improve the pedestrian environment, development proposals must meet the needs arising from the development and take opportunities to achieve improvements. Proposals shall:

- a) ensure that the urban environment is permeable and safe to walk through and adequately lit, with good and direct connections both within and across the wider network;
- b) make improvements to the pedestrian environment including the provision of high quality crossings points where needed, seating, signage and landscaping; and
- c) support high quality public realm improvement works (refer to Policy DH1) and ensure that footways are sufficiently wide to accommodate the level of use.

Cycling:

In order to promote cycling in the city and ensure an accessible environment for cyclists, the Council will seek to ensure that development:

- d) provides for connected, high quality, convenient and safe (segregated where possible) cycle routes within developments and the wider networks that are permeable and can accommodate the anticipated growth in cycling;
- e) provides for accessible, conveniently located, secure cycle parking facilities in both private and publicly-accessible locations; and
- f) makes provision for high quality on-site facilities that promote cycle usage, including changing rooms, showers, dryers and lockers.

New pedestrian and cycle routes:

New (or improved) pedestrian and cycle routes are shown on the proposals map. Proposals will be expected to facilitate and deliver these links to serve needs arising from development and where opportunities arise to secure improvements. Planning permission will not be granted for development that would jeopardise future delivery of these links.

Public transport:

In order to safeguard and promote the provision of public transport in Oxford development that will add to demands on public transport should contribute towards improvements to bus network infrastructure including pedestrian and cycle routes to bus stops, shelters, passenger seating, waiting areas, signage, timetable information and infrastructure relating to zero emissions.

Financial contributions fairly and reasonably related to the development will be sought towards the cost of new or improved bus services where the direct impact of development would make such measures necessary.

The City Council will work with its partners to improve the ease and quality of access into and around Oxford by public transport, by:

- i. ensuring that road space is managed efficiently to support public transport – including rapid transit - through initiatives such as bus priority measures, infrastructure and demand management;
- ii. supporting the County Council in their management of both scheduled and tourist coaches entering and leaving the city;
- iii. improving the capacity and attractiveness of Park and Ride, particularly the development of remote sites closer to county towns;
- iv. promoting bus/rapid transit access to and between major employers, hospitals, schools and colleges in the Eastern Arc (including the Headington and Marston area), Wolvercote/Cotteslowe and Cowley and Littlemore; and
- v. ensuring sufficient space is provided particularly within the city centre and district centres.

Proposals for new development will be expected to incorporate the measures set out above to meet the needs of the development and where the opportunity arises, to secure improvements. Developments should be designed to accommodate bus movements, where appropriate.

Rail network:

Proposals to enhance the City's rail network will be supported, in particular the re-development of Oxford Station and additional rail capacity to accommodate more services, including opening of the Cowley Branch Line for passengers. Land for the provision of new

Policy M2: Assessing and managing development

A Transport Assessment must be submitted for development that is likely to generate significant amounts of movement, in accordance with the requirements as defined in Appendix 7.1.

Transport Assessments must assess the multi-modal impacts of development proposals and demonstrate the transport measures which would be used to mitigate the development impact to ensure:

- a) there is no unacceptable impact on highway safety;
- b) there is no severe residual cumulative impact on the road network;
- c) pedestrian and cycle movements are prioritised, both within the scheme and with neighbouring areas;
- d) access to high quality public transport is facilitated, with layouts that maximise the catchment area for bus or other public transport services, and appropriate facilities that encourage public transport use;
- e) the needs of people with disabilities and reduced mobility in relation to all modes of transport are addressed;
- f) the development helps to create places that are safe, secure and attractive – which minimise the scope for conflicts between pedestrians, cyclists and vehicles, avoid unnecessary street clutter, and respond to local character and design standards;
- g) the efficient delivery of goods, and access by service and emergency vehicles is allowed for; and
- h) charging of plug-in and other ultra-low emission vehicles is enabled in safe, accessible and convenient locations.

A Travel Plan, which has clear objectives, targets and a monitoring and review procedure, must be submitted for development that is likely to generate significant amounts of movement in accordance with the requirements in Appendix 7.2. Travel Plans must help to support outcomes (a) to (h) set out above.

Where a Travel Plan is required under this policy and a substantial amount of the movement is likely to be in the form of delivery, service and dispatch vehicles, a Delivery and Service Management Plan will be required.

Where a Delivery and Service Management Plan is provided this should set out how deliveries will be managed and demonstrate how impacts

will be minimised including congestion, safety noise and how zero or ultra-low emission and last mile opportunities will be considered.

A Construction Management Plan must be provided for developments of:

- 20 dwellings or more;
- 500m² or more of non-residential floorspace; or
- any size in a location where construction activities are likely to have a significant impact on the adjacent or surrounding road network.

A Construction Management Plan should set out how the construction phase of the development will be managed and in particular:

- Time of operations
- Noise Operations
- Abatement Noise Techniques
- Monitoring Noise Levels
- Vibration Levels
- Dust Levels
- Wheel washing arrangements
- Rodent Controls
- Community Liaison
- Traffic management incl. deliveries and contractors vehicles
- Waste Materials

Planning permission will only be granted if the City Council is satisfied that adequate and appropriate transport-related measures will be put in place.

The SEC build planning conditions reference these two policies.

Pages 104-108 of the Oxford Local Plan 2036.

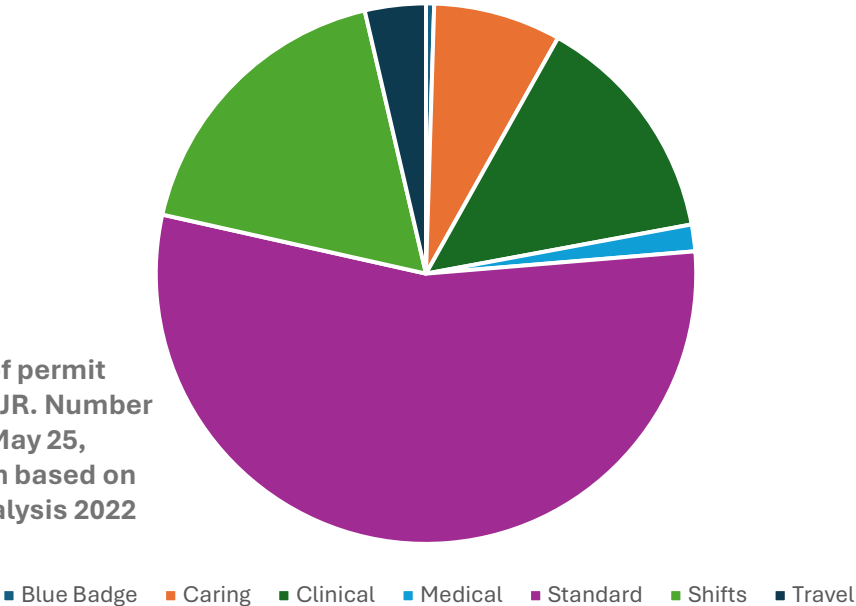
Parking at the JR: a more detailed overview

- The current policy was written in June 2016
- 64% of spaces at the JR are for staff
- The cost of a permit ranges from 27p to £1.36 a day, depending on salary
- There are 4083 permits issued in total for the JR as of May 2025
- The type of permits and the criteria is
 1. Blue badge: registered disabled
 2. Caring: children under travel or a registered carer
 3. Clinical/priority: need to be at different site frequently
 4. Medical: has a medical condition, often short term
 5. Standard: live more than 45 mins away by public transport
 6. Shift: staff member works shifts
 7. Travel: need to travel for work

| Salary range | Monthly charge | Per working day |
|--------------|----------------|-----------------|
| £14,999 | £5.75 | 27p |
| £15-29.9k | £11.50 | 54p |
| £30-59.9k | £17.25 | 82p |
| £60-89.9k | £23 | £1.09 |
| £90k + | £28.75 | £1.36 |

| P&V (accessible) | Staff Spaces (accessible) | Total | % staff spaces |
|------------------|---------------------------|------------|----------------|
| 648 (121) | 1,364 (24) | 2157 (134) | 64% |

Breakdown of permit types for the JR. Number of permits - May 25, % breakdown based on Goldman analysis 2022



How the JR compares to other sites: Numbers May 2025. % breakdown based on Goldman analysis 2022

| 100 Permit types by % of staff numbers | | | | | | | |
|--|------------|--------|----------|---------|----------|--------|--------|
| | Blue Badge | Caring | Clinical | Medical | Standard | Shifts | Travel |
| Horton | 0.05 | 0.09 | 3.08 | 0.09 | 22.86 | 0.43 | 0.05 |
| Churchill | 1.11 | 12.38 | 20.5 | 3.22 | 74.50 | 13.86 | 5.20 |
| JR | 0.13 | 2.06 | 3.8 | 0.4 | 14.78 | 4.81 | 0.98 |
| Nuffield | 0.11 | 6.44 | 5.70 | 1.5 | 25.98 | 5.07 | 0.74 |