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Pre-planning application community consultation on the outline plans for a new Airedale Hospital

Feedback from the community roadshows

July 2026

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Executive summary

The community roadshows formed part of the pre-planning application consultation for the Airedale New Hospital Programme 2026. They were designed to take information about the proposals into towns, villages and community venues across the hospital's catchment area, enabling people to ask questions, share feedback and find out how to take part in the wider consultation.

In total, the roadshow activity included 11 planned community roadshows, one event at a Mosque and one additional engagement event to target under-represented communities. Across the activity, 1,405 leaflets and postcards were distributed, and 549 people were recorded as having been spoken to.

The findings should be interpreted as indicative qualitative feedback rather than statistically representative evidence. They reflect the views of people who were present at the locations visited and who were willing and able to engage. The themes summarise recurring discussion points raised during the roadshows, including concerns, questions, comments and suggestions, and should not be read as a list of concerns only.

Overall, public sentiment showed strong support for the new hospital. Many people welcomed the prospect of a new hospital at Airedale and described it as needed, long overdue and important for retaining high-quality hospital services locally. Positive comments were often linked to people's personal experiences of care at Airedale Hospital and recognition that the existing estate is dated and requires modernisation.

The most frequently discussed theme was traffic, access and parking. Comments and questions focused on current parking pressures, the proposed multi-storey car park, disabled parking, parking cost, step-free routes, public transport, rural access, road congestion, ambulance routes and how people would move safely and easily between parking, public transport stops and hospital entrances.

Other prominent discussion points related to building design and impact, healthcare experience and facilities, project timescales and funding, construction impacts, local infrastructure and environment, communication and engagement, and the impact on nearby residents. People raised questions about the proposed building height, landscape impact, single rooms, staffing, capacity, service locations, waiting environments, technology, amenities, community-based care, construction phasing, site suitability, drainage, green space and ongoing communication.

The feedback will be considered alongside wider consultation findings, including online survey responses, onsite exhibition feedback and community panel input, and will inform the planning application and Statement of Community Involvement.

1 Introduction and methodology

1.1 Purpose of the roadshows

The community roadshows formed part of the pre-planning application consultation for the Airedale New Hospital Programme 2026. They took information about the proposals into towns, villages and community venues across the hospital's catchment area, helping to reach people who may not visit the hospital site or engage online, and enabling the team to gather informal qualitative feedback in familiar local settings.

1.2 Engagement approach

An Olovus engagement team delivered the roadshows during the consultation period, attending markets, community events, local venues and places of worship, sharing information, encouraging participation in the survey and gathering feedback through face-to-face conversations.

Monitoring of consultation responses identified a lower response rate from Asian or British Asian respondents relative to their representation in the Bradford district population. To address this, the team worked with local Voluntary, Community and Social Enterprise (VCSE) partners to expand outreach. Alongside the previously planned session at Ghoshiya Mosque in Keighley, two additional engagement opportunities were arranged: a South Asian Heritage Month Mela at East Riddlesden Hall and a wellbeing support group at a community centre. These extra sessions were organised at short notice and were not advertised as standard community roadshows. The sessions at the Mosque and the Mela went ahead as planned. The wellbeing support group was rearranged by the host organisation, so the team could not attend the revised time; consultation information, including a spoken presentation, was instead shared with the organiser to promote to attendees.

Table 1 sets out the roadshow schedule and additional engagement event. Table 2 summarises recorded activity during the roadshows.

Roadshow schedule
Tuesday 16 June, 9am - 1pm, Settle Market, Market Place, Settle, BD24 9EJ
Sunday 21 June, 12 - 4:30pm, Sutton Fun Day, Sutton-in-Craven Park, BD20 7JS
Friday 26 June, 10am - 2pm, Grassington Hub and Community Library, BD23 5AT
Saturday 27 June, 10am - 2pm, Colne Market Hall, Hartley Square, BB8 0HS
Friday 3 July, 9am - 4pm, Bingley Market, Main Street, Bingley, BD16 2HT
Saturday 4 July, 11am - 4pm, Barnoldswick Fun Day, Victory Park, BB18 5EN
Friday 10 July, 10am - 2pm, Keighley Market, 36 Low Street, Keighley, BD21 3PT
Saturday 11 July, 10am - 5pm, Addingham Gala, Stockinger Lane, LS29 0NZ

Monday 13 July, 10am - 2pm, Co-Op Bridge Street, Silsden, Keighley, BD20 9NX
Friday 17 July, 10am - 2pm, Ilkley Town Market, The Grove, Ilkley, LS29 9EE
Monday 20 July, 9am - 3pm, Skipton Morrisons, Broughton Road, Skipton, BD23
Additional engagement events
Friday 19 June, 12.30-2.30pm, Ghoshiya Mosque, Skipton Road, Keighley, BD21 2TA
Sunday 19 July, East Riddlesden Hall - South Asian Heritage Event BD20 5EL
Tuesday 21 July Keighley Association for Women and Children's Centre - cancelled

Table 1 Roadshow schedule

Metric	No.
Number of leaflets and postcards distributed	1,405
Number of people spoken to	549

Table 2 Roadshow activity

1.3 Limitations and interpretation

Feedback was captured through engagement notes and observations. This was then reviewed thematically. The themes in Section 2 summarise recurring discussion points raised during the roadshows, including concerns, questions, comments and suggestions.

These findings provide qualitative context and detailed conversational insights from local residents, complementing the quantitative metrics captured through the broader street surveys. While the street surveys measure overall statistical sentiment, the roadshow feedback highlights the specific questions, logistical interests, and practical operational suggestions raised by local communities.

Some conversations also focused on current experiences of care rather than solely on the proposed hospital design. The findings therefore provide feedback on the proposals as well as wider insight into current service pressures and expectations for the new hospital.

Some feedback relates to detailed design, service planning and operational matters rather than specifically to the outline planning application. These points have been included because they provide relevant insight for the wider hospital programme and can be shared with the appropriate design and operational workstreams.

2 Key findings

Overall, public sentiment showed strong support for the new hospital. Although people raised concerns about the development, many people welcomed the investment in Airedale and described the new hospital as much needed, long overdue and important for the local area. Several comments favoured keeping high-quality hospital services locally, rather than travelling to other hospitals such as Bradford or Blackburn. For many, the proposals were seen as an opportunity to provide a modern building that better reflects the quality of care already associated with Airedale Hospital.

Positive views were often linked to people's personal experiences of care at the hospital. Several people described a strong personal attachment to Airedale, citing milestone moments such as being born there, having children or grandchildren there, or relying on the hospital at important moments in family life. Patients, former patients, staff and residents frequently described the existing care as excellent, while also recognising that the current estate is dated and requires modernisation.

The themes below summarise recurring discussion points raised during the activity. They include concerns, questions, comments and suggestions, and should be read as broad areas of discussion rather than as a list of concerns only.

2.1 Traffic, access and parking

The theme of traffic, access and parking was one of the most frequently discussed. Comments reflected existing frustrations with accessing Airedale Hospital, questions about how the proposed new hospital, multi-storey car park and wider site layout would improve the experience for patients, visitors, staff and local communities, and suggestions for how access could be made easier and more inclusive.

Parking was a recurring point of discussion. Many individuals commented on the proposed multi-storey car park and the intention to build parking improvements early, with some saying this would make a significant difference to the current experience. People also questioned whether there would be enough spaces, how disabled parking would be provided, whether spaces would be wide enough for people needing assistance, and whether lifts and accessible routes would be available within the car park. Parking cost was also raised repeatedly, including concerns that charges could increase and views that parking should be free or more affordable for patients, visitors and staff.

Access to and around the hospital site was another strong theme. People described current routes as difficult to navigate, particularly for those with mobility needs, visual impairments, prams, wheelchairs or mobility scooters. The steepness of the site, long walking distances, steps, ramps and limited availability of help or wheelchairs were all mentioned.

Public transport and wider connections were also highlighted, especially by people travelling from rural areas and towns further from the hospital. Respondents from places including Settle, Grassington, Colne, Ilkley and Skipton described journeys by bus or

public transport as difficult, lengthy or unreliable, and some said they relied on taxis, volunteers or cars to attend appointments.

Traffic and road access were raised in relation to both everyday travel and emergency access. Some people were concerned about congestion through Steeton and asked whether a direct access route from the bypass or a rear access road could reduce pressure on local roads. Others asked whether ambulance access, access to A&E and links between the hospital, car park, bus stops, train station and wider site would be straightforward and safe.

Suggestions and considerations raised by individuals:

- Clarify proposed parking numbers and how the multi-storey car park will address current pressures
- Set out provision for disabled parking, parent and child spaces, wider bays, lifts, accessible payment machines and step-free routes
- Test access routes with disabled people, carers, older people, people with visual impairments, wheelchair and mobility scooter users, and people using prams
- Explore improved bus links, public transport information, shuttle options, park and ride, and railway station connections
- Explain how road access, congestion, ambulance routes and possible bypass or bridge links are being considered
- Provide simple, accessible routes and wayfinding between car parks, public transport stops and main site entrances.

2.2 Building design and impact

Feedback on building design and impact was mixed. Positive comments focused on the prospect of a modern, easier-to-navigate hospital, while other discussion points focused on the proposed height, visual appearance, landscape impact, safety, futureproofing and how the building would work in practice for patients, visitors and staff.

Some individuals responded positively to the idea of a smaller footprint and more efficient layout, particularly where this could make routes between departments clearer and reduce the need to travel long distances within the hospital. There was also interest in how the new building would make better use of space, support clinical adjacencies and provide a calmer, more practical environment than the existing site.

Questions and concerns were raised about the proposed height and massing (overall size and scale) of the building, including how it would sit within the surrounding landscape and how visible it would be from nearby homes and viewpoints.

There were also questions about whether the building would be flexible enough for future healthcare needs. Individuals asked how the design would allow for future expansion, changing models of care, new technology and ongoing maintenance, and commented that the hospital should be built to last rather than designed only around current requirements.

Suggestions and considerations raised by individuals:

- Explain the rationale for the proposed height, footprint and layout
- Show how the building will sit within the landscape, including materials, colour, landscaping and key views
- Provide reassurance on safety, accessibility, internal movement and navigation within the building
- Explain how the design supports adaptation, expansion, maintenance and new technology over time.

2.3 Healthcare experience and facilities

Feedback under this theme focused on how the new hospital would support patient care, clinical services, staff and day-to-day experiences. There was strong support for single rooms, particularly in relation to privacy, dignity, rest, space for visitors and carers, and recovery. Some people also welcomed the proposed layout of departments, including links between emergency care, theatres and diagnostics.

While there was support for modern single rooms, individuals asked practical questions about day-to-day implementation, such as patient observation, managing isolation during longer stays, and maintaining staffing levels. Staff and former staff also asked how patients would be monitored safely, and how digital systems would support, rather than replace, human contact.

Staffing and capacity were recurring discussion points. Individuals asked whether there would be enough staff to run the new hospital, whether staffing numbers would increase, how emergency demand would be managed, and whether there would be sufficient funding to staff, clean and maintain single rooms. Questions were also raised about future bed numbers, catchment area and overall capacity.

Several comments focused on clinical services, technology and facilities. Individuals asked where maternity and paediatrics would be located, whether current specialisms would be retained, whether additional services such as dermatology, eye care, stroke-related facilities, minor injury or urgent treatment provision would be available, and whether some care would still require travel to other hospitals. Questions were also raised about diagnostic equipment, electronic patient records, bedside technology and staff training.

A&E and admission waits were prominent issues. Many people described current long and uncomfortable waits in A&E or Ambulatory Care. While comments were often positive about the quality of care once received, respondents hoped the new hospital would improve patient flow, reduce delays between assessment and admission, and provide a more comfortable and dignified waiting environment.

There was strong interest in the relationship between the new hospital and local community services. Participants expressed broad support for community-based care and local hubs closer to home, emphasising the importance of convenient local access for routine services. Alongside this, specific concerns were raised about maintaining and improving local access to day-to-day services such as blood tests, minor procedures,

urgent care, and catheter care in outlying locations including Skipton, Grassington, Giggleswick, and Ilkley.

Separately, some individuals shared feedback regarding existing travel required for regional specialist care at tertiary hospitals (such as Leeds, Bradford, Preston, Accrington, or Blackburn). While regional specialist commissioning sits outside the scope of the hospital development programme, these comments highlight wider public interest in receiving care locally wherever clinically feasible.

Suggestions and considerations raised by individuals:

- Explain how single rooms will work in practice, including safety, observation, falls risk, dementia care, isolation and social interaction
- Set out staffing requirements for single rooms, emergency demand, cleaning and maintenance
- Clarify planned bed numbers, overall capacity and expected catchment area
- Clarify which services will be retained, expanded or accessed elsewhere
- Explain planned technology, diagnostic equipment and electronic patient records, including staff training and support
- Consider amenities for patients, visitors and carers, including Wi-Fi, entertainment, food and drink, carer facilities, changing facilities, toilets, lighting, clear signage and department-level wayfinding
- Provide accessible faith and reflection spaces with sufficient capacity and provision for different faith needs.
- Explain how community-based care, local hubs and hospital services will work together, especially for rural communities.

2.4 Project certainty, timescales, funding and oversight

Individuals raised questions and comments about whether the new hospital programme would happen, how certain the funding was, construction start dates and delivery timescales. Several comments reflected uncertainty or scepticism about potential delays, scope changes or cancellation because of changes in national politics or government priorities. Questions were also raised about programme oversight and who was responsible for making sure the project runs well.

Some feedback also focused on long-term value and futureproofing. Individuals commented that the new hospital should be built to last, avoid cutting corners to save money, and be clear about its expected lifespan, including how it could accommodate future expansion and lessons learned from previous site constraints.

Suggestions and considerations raised by individuals:

- Provide regular updates on the programme timeline
- Explain the funding position and any known risks
- Set out programme oversight arrangements and how delivery will be managed

- Communicate the expected lifespan of the building and how cost, quality and long-term value are being balanced.

2.5 Construction impact

Individuals questioned how construction would be managed on the existing hospital site while services continue to operate. Several comments focused on whether the current hospital would remain open during the build, whether it would need to close at any point, and whether the new hospital would open in phases or only once complete. There were also questions about whether there is enough space to build on the current site.

Parking during construction was also discussed, with people asking where they would park while the new car park is being built and noting the potential for short-term parking disruption.

Suggestions and considerations raised by individuals:

- Explain how the existing hospital will continue operating during construction, including temporary closures, service moves or phased opening
- Set out how construction will be delivered on the current site and how space constraints will be managed
- Explain how parking will be managed during construction, particularly while the new car park is being built.

2.6 Local infrastructure and environment

Some individuals questioned the suitability of the site and the potential impact of the development on local infrastructure and the surrounding environment. Several comments focused on whether the land could support a large hospital building, with references to the site being boggy, sandy or prone to flooding. Some individuals raised concerns about whether the ground conditions could result in settlement or structural movement.

Water and drainage infrastructure were also discussed, including sewage, surface water, reservoir capacity and water use in the area. Alongside these comments, individuals highlighted the value of green space, garden areas and landscaped environments for patients and staff.

Suggestions and considerations raised by individuals:

- Continue explaining technical work on ground conditions, flood risk and site suitability
- Clarify drainage, sewage and surface water management, particularly for heavy rainfall and the nearby flood plain
- Explain how wider water infrastructure and water use will be considered
- Use green spaces, gardens and landscaped areas to support patient, visitor and staff wellbeing
- Review how outdoor spaces, gardens and landscaped routes connect so they feel cohesive, accessible and easy to navigate.

2.7 Communication, engagement and trust

Comments under this theme focused on awareness of the new hospital plans, the accessibility of consultation information and confidence in how different audiences were being kept informed. Several individuals said they had not previously heard about the new hospital or felt awareness appeared low in some communities.

There was positive feedback about the Trust and engagement team going out into local communities to speak to people directly, including comments that this approach was appreciated by village communities and the Muslim community.

Suggestions and considerations raised by individuals:

- Continue community-based engagement across villages, towns and community venues
- Raise awareness among people who may not have heard about the new hospital plans
- Keep consultation information accessible, clear and easy to understand.

2.8 Impact on residents

A small number of comments were recorded under this theme. These focused on the potential impact of the proposed development on people living close to the hospital, alongside recognition of the wider importance of retaining and improving local hospital services.

One nearby resident commented positively on the Trust's transparency and the way they had been kept informed, while also seeking reassurance about how any future use of undeveloped or 'white space' areas might affect neighbouring properties. Another comment acknowledged that residents living close to the hospital may have concerns about views or local impact but felt these should be balanced against the importance of maintaining a local hospital.

Suggestions and considerations raised by individuals:

- Continue keeping nearby residents informed as the proposals develop
- Provide reassurance on how any future use of undeveloped areas would be considered
- Explain how residential impacts are being balanced with the need for improved local hospital facilities.

3 Conclusion

The community roadshows provided useful indicative qualitative insight into the views of people who engaged with the proposals during the consultation period, including patients, visitors, staff, residents and local community members. The community roadshows demonstrated widespread public backing for the Airedale New Hospital Programme, with many people describing it as needed, long overdue and important for retaining high-quality hospital services locally.

Rather than expressing opposition to the development, local residents primarily used the sessions to seek information on key operational topics - most notably parking (capacity and cost), site access (step free routes), building design (height, footprint design rationale, future flexibility and service continuity during construction.

Other prominent discussion points related to healthcare experience and facilities, including single rooms, patient safety, staffing, capacity, service locations, waiting environments, technology, amenities and the relationship between hospital and community-based care.

Local residents also asked about drainage, green space, nearby residents and ongoing engagement.

These insights highlight a community eager to support the new hospital, providing clear directions for ongoing engagement and detailed design refinements as the planning application progresses.

The findings will be considered alongside wider consultation evidence and used to inform the planning application and Statement of Community Involvement.