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

Feedback from the door knock activity

July 2026

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Executive summary

The door knock activity formed part of the Airedale New Hospital Programme 2026 pre-planning consultation and was designed to engage residents living closest to the proposed development site. The activity provided an opportunity to raise awareness of the consultation, understand local sentiment, and capture residents' questions, areas of interest and concerns through direct doorstep engagement.

The engagement team held conversations with 191 of the 581 households visited (33%). Of these, 176 households were able to spare a few minutes to give their views, representing 92% of households where conversations took place and 30% of all households visited. Households were grouped geographically in relation to Airedale Hospital, with the largest proportion of conversations taking place in the East (40%; n=76), followed by the West (34%; n=65) and South (24%; n=46). Four households (2%) were recorded as unknown.

The findings below are based on the information collected in the data capture form, completed by 176 households.

Awareness of the pre-planning consultation was high. Prior to speaking with the engagement team, 94% (n=165) said they were aware that the consultation was taking place. One fifth had already completed the public online survey (19%; n=34).

Positive sentiment about the development was more common than opposition or concern: 55% (n=96) were broadly positive, compared with 24% (n=42) who were opposed or concerned and 14% (n=25) who were neutral or had no strong view. Views varied by geography, with residents in the East most likely to be broadly positive (66%), followed by the West (54%) and South (39%); concerns were more concentrated among residents in the South (32%) and West (31%) than in the East (14%).

The most common concern theme was traffic and access (13%; n=23), with residents citing existing congestion, pressure on residential streets and unsuitable local routes. Other recurring concerns related to building height and design (10%; n=17), particularly the proposed ten-storey scale and its fit with the residential setting; parking (7%; n=13), including on-site provision and the risk of displacement onto surrounding streets; and environmental impacts (7%; n=13), including light pollution, loss of green space and disturbance to wildlife. Positive or supportive comments were also recorded from 11% (n=20).

14% (n=25) asked for their concerns or questions to be escalated to the Airedale project team. Residents requesting escalation were advised that their comments would be shared with the project team for consideration and response where appropriate.

Overall, the feedback suggests that residents were more likely to be broadly positive about the principle of a new hospital but expressed some concern about how the development will be designed and delivered, particularly in relation to traffic and access, parking, building height and design, environmental impacts, and substation/infrastructure works.

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

1 Introduction and methodology

The door knock activity was a core component of the Airedale New Hospital Programme 2026 pre-planning consultation, conducted between 29 June and 9 July. The primary objective was to engage immediate neighbours of the proposed development site. By facilitating direct, doorstep interaction, the activity aimed to raise awareness about the hospital design and understand local awareness, views and concerns. This approach ensured residents were informed and provided with accessible avenues to share their feedback, questions, and concerns.

The door knock activity targeted 581 households surrounding the Airedale site, organised into a structured 10-day fieldwork plan to support consistent coverage (see Figure 1). The methodology included standard procedures to support consistent data collection and resident safety. Engagement teams were required to follow strict conduct guidelines, including neutral recording of comments and the immediate escalation of grievances or complex queries. Data was captured using a standardised digital form, tracking resident awareness, sentiment, and specific areas of interest such as traffic, privacy, and visual impact.

To ensure accountability, the engagement team maintained a precise, auditable log of every interaction, including the number of contacts made, the timing of attempts, and any required follow-ups.

As with all targeted engagement activity, these findings should be interpreted in context. The door knock activity captured the views of residents who were at home, willing to speak with the engagement team and, in most cases, able to spare a few minutes to complete the data capture questions. The findings are therefore not intended to be statistically representative of all households in the area, but provide a useful indication of the views, questions and concerns raised by those immediate neighbours who engaged with the process. The findings from this activity will be considered alongside wider consultation findings to inform the Statement of Community Involvement.

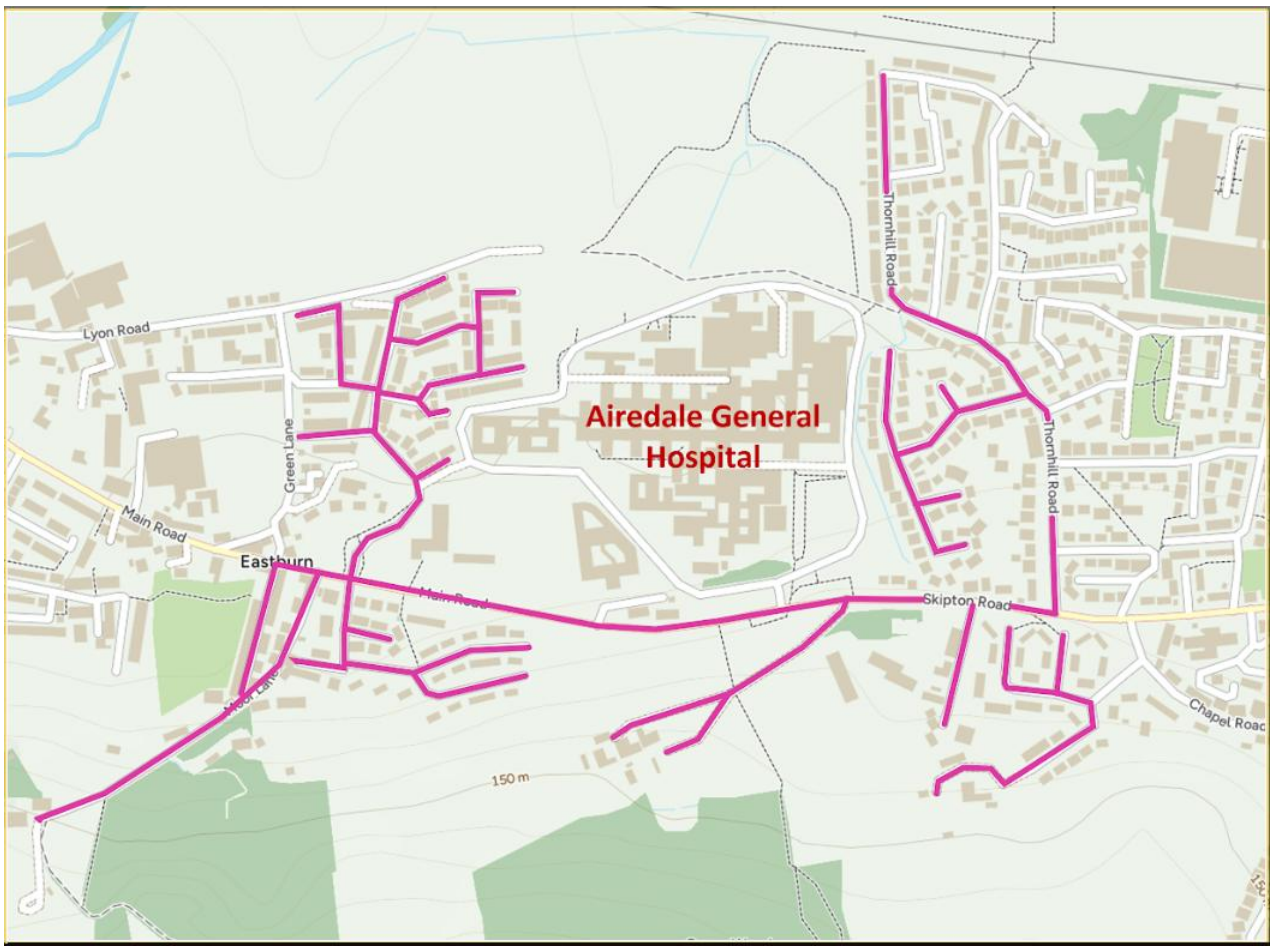

Figure 1 Areas covered in the door knock activity

2 Key findings

2.1 Resident sample

The engagement team held conversations with 191 of the 581 households visited during the activity (33%).

Of the 191 households where conversations took place, 92% (n=176) were able to spare a few minutes to give their views (this equates to 30% of all households visited).

	No. (%)
Households visited	581 (100%)
Number of households where conversations took place	191 (33%)
Number of households who completed the data capture form	176 (30%)

Table 1 Summary of door knock activity

Table 2 summarises the households where conversations were undertaken, grouped into three fieldwork zones according to the broad position of each street in relation to Airedale Hospital: East, South and West (as shown in Figure 1). These labels are used throughout the report to describe geographic patterns in the findings. Roads shown in **bold** indicate those where more than 10 households were engaged with.

	No. (%)
East ***Williams Road*** */* ***Elm View*** */* ***Styveton Way*** */* ***Thornhill Road*** */* *Harefield Cottages*	76 (40%)
West *Moorside Avenue, Swallow Barns,* ***Sun Street****, Bracken Road, Green Lane, Grange View, St James Avenue, Vincent Avenue, Lyon Road, Harewood Avenue, Green Close, Grange Road, Grange Terrace, Moor Lane, Grimston Street*	65 (34%)
South *Skipton Road, Baldwin Road, Ellison Grove, Copy Road,* ***Haxton Boulevard****, Hargreaves Way, Heywood Way, Heywood Drive, North View, Townson Fold, Topham Close*	46 (24%)
Unknown	4 (2%)
Total	**191 (100%)**

Table 2 First line of residents' address (All households n=191)

The 15 households who did not have time to share their views included five from the East (Williams Road and Thornhill Road), six from the West (Bracken Road, Sun Street, Green Close, St James Avenue) and two from the South (Haxton Boulevard and Heywood Drive). The addresses for the remaining two were unknown.

2.2 Findings from the data capture

The findings reported below are based on the 176 households who responded to the questions asked by the engagement team. Due to rounding, percentages may not add up to 100%.

Prior to speaking with the engagement team, 94% (n=165) said they were aware that the pre-planning consultation about the new hospital was taking place. A further 4% (n=7) were not aware and 2% (n=4) were not sure. One fifth of respondents had completed the public online survey (19%; n=34).

Based on what they knew so far, 55% (n=96) were broadly positive about the development, while 14% (n=25) were neutral or had no strong view and 24% (n=42) were opposed or expressed concern. Smaller proportions said it was too early to say (5%; n=9), that they had not yet seen the proposals (2%; n=3) or did not answer (1%; n=1).

The geographical split indicates some variation in views by area.

- Residents in the East were the most positive about the proposed development, with almost two thirds (66%; n=46) saying they were broadly positive and a comparatively smaller proportion opposed or concerned (14%; n=10).
- Residents in the West were also more positive than negative overall, although concern was higher than in the East, with 31% (n=18) opposed or concerned.
- Residents in the South were the least positive, with 39% (n=17) broadly positive and 32% (n=14) opposed or concerned, alongside the highest proportion who were neutral or had no strong view (23%; n=10).

This suggests that while support was evident across all three areas, concerns were slightly more concentrated among residents in the South and West than in the East.

	No.	%
Broadly positive	96	55%
Neutral or no strong view	25	14%
Opposed or concerned	42	24%
Too early to say	9	5%
I haven't seen the proposals yet	3	2%
No answer	1	1%
Total	**176**	**100%**

Table 3 Q 'Based on what you know so far, how do you feel about the proposed new hospital development?' (n=176)

	East (n=70)	South (n=44)	West (n=59)
Broadly positive	66%	39%	54%
Neutral or no strong view	11%	23%	12%
Opposed or concerned	14%	32%	31%
Too early to say	4%	7%	3%
I haven't seen the proposals yet	4%	0%	0%
Total	**100%**	**100%**	**100%**

Table 4 Q 'Based on what you know so far, how do you feel about the proposed new hospital development?' by geographical area (Base: respondents with known geography and a valid response to the question)

The engagement team recorded specific comments made by residents. Notably, 25 individuals (14%) asked for their concerns or queries to be raised to the Airedale project team.

Comments were reviewed and grouped through thematic analysis to identify the main issues, questions and points of support raised. Percentages are calculated as a proportion of households who completed the data capture (n=176). The themes below show the proportion of respondents who raised each issue or point of support. Where there was a difference in the findings by geography, this has been reported.

Traffic and access

This was the most frequently raised concern raised by 13% (n=23). Residents expressed concern about the impact of increased traffic on already congested local roads, particularly during peak times and evenings, and questioned whether the planned road infrastructure and access arrangements would be sufficient to cope with additional demand from patients, visitors, staff and deliveries. A recurring concern was that hospital-related traffic could be routed through residential streets, narrow lanes or Steeton village rather than being kept to main roads, including through sat-nav directions. Residents were also worried that increased congestion could affect their ability to enter and leave their own streets.

West and South residents raised these concerns slightly more frequently than residents in the East.

Suggestions made by residents:

- Provide direct access to/from the bypass to reduce residential traffic
- Consider alternative access routes
- Better traffic management and routing to keep hospital traffic on main roads.

"Concerned about the impact of traffic in the locality because of the placement of the main entrance" (Resident – West of the hospital)

"Why can't they make a bypass straight to the hospital" (Resident – South of the Hospital)

Neutral comments

A notable proportion said they had no strong opinions or specific concerns about the development (13%; n=22). These responses often came from residents who felt the development would not directly impact them, or who were content to let the process proceed without intervention. East residents were slightly more likely to give a neutral response.

"It won't impede my view or make traffic worse" (Resident – East of the hospital)

Positive comments

Some residents expressed support for the hospital development (11%; n=20). These comments acknowledged the need for improved healthcare facilities in the area and welcomed the investment. Many residents recognised that population growth necessitates expanded services and were eager for the project to proceed. East residents were slightly more likely to give a positive comment.

Building height and design

The proposed height and scale of the hospital building was a concern for 10% (n=17), particularly among West residents. Many questioned the need for a ten-storey building in a residential area, with some feeling the design appeared more suited to an urban or city centre location than to the local neighbourhood. Residents also felt the proposed building and car park height may not be in keeping with surrounding homes and existing buildings. Several comments referenced the original hospital being built at a lower height, reportedly due to ground conditions, and asked why a much taller building is now considered appropriate on the same site.

Some residents also raised concerns about inconsistent information on building height, and uncertainty about emergency exit procedures and fire evacuation from a taller building.

Suggestions from residents:

- Expand footprint instead of building up
- Design should be more sympathetic to the residential setting and existing buildings
- Reduce the height to be more in keeping with the surrounding area.

"Really it's concern in relation to the visual impact primarily the height" (Resident – East of the hospital)

"I am not opposed to the hospital at all however there doesn't seem to have been consideration for the location with the design. The height is for an inner city hospital not a residential location" (Resident – West of the hospital)

"Have you looked at the giving a bigger ground space rather than height" (Resident – South of the Hospital)

"I presume the risk factor for fire evacuation has been considered and will people know how to exit if needed." (Resident – East of the hospital)

Parking

Parking concerns were raised by 7% (n=13). Comments focused on the availability of parking at the hospital itself and the potential for staff and visitor parking to be displaced onto residential streets. Residents described existing frustrations with parking pressures around the hospital, including paying for residents' permits while non-residents are perceived to park for free on nearby streets. Concerns were also raised about the closure of existing car parks, uncertainty about where additional vehicles would park, and inconsistent enforcement, with some residents feeling they are more likely to be fined than non-residents.

Suggestions from residents:

- Additional permits needed for residents to accommodate their own guests
- Ensure adequate on-site hospital parking to prevent overflow onto residential streets
- Review existing car park closures and their impact on surrounding areas.

"The hospital is why I have to pay 35 pounds a year to park outside my own house." (Resident – East of the hospital)

"Object to paying for parking as we are pensioners" (Resident – South of the hospital)

"You've closed two car parks already and we have to pay to park outside our house but people park here for free." (Resident – East of the hospital)

Environmental impacts

Environmental concerns were raised by 7% (n=13) and were more commonly raised among residents living in the East. Comments highlighted worries about light pollution from the hospital building and car park affecting homes and gardens, with some residents noting that existing lighting already causes problems and could worsen as the development progresses. Residents also raised concerns about oversized trees at the rear of properties blocking natural light, audible substation noise, the potential loss of green space and biodiversity, and disturbance to wildlife habitats, including hedgehogs and nesting birds.

Suggestions from residents:

- Check shrubbery for nesting birds before work begins
- Protect wildlife habitats, particularly hedgehogs and nesting birds in green spaces
- Ensure existing trees near properties are properly managed
- Consider light pollution mitigation measures for nearby homes
- Navigate 'village and countryside aesthetics and impacts wisely'.

"Car park lighting shines all night long into our garden" (Resident – East of the hospital)

"Happy with development but would like to ensure village and countryside aesthetics and impacts are navigated wisely" (Resident – East of the hospital)

Construction traffic and disruption

Ten residents (6%) made a comment in relation to construction traffic and disruption. This theme captured immediate, ongoing concerns about construction activity and disruption, rather than only future impacts once the hospital is operational. West residents in particular reported that construction vehicles were already using unsuitable routes through residential areas, including narrow lanes, bridle paths and Green Lane, creating safety concerns for pedestrians and children walking to school.

Residents also raised concerns about property damage from vehicles, noise and dust during works, road closures taking place without prior notification, and uncertainty about how long disruption would continue. These concerns were often expressed with urgency, particularly where residents felt there was a discrepancy between promised construction arrangements and what was happening in practice.

Suggestions from residents:

- Construction vehicles should not use Green Lane, Lyon Road, or local bridle paths
- Better enforcement of agreed construction traffic routes
- Bridle paths should remain safe spaces for local residents during construction
- Clearer communication about which routes will actually be used.

"Ten story building does not fit in here. Sunday working is not good. Noise going on from construction." (Resident – East of the hospital)

"Biggest thing is construction traffic already coming down Green Lane. Sat navs bring traffic down here." (Resident – West of the Hospital)

Consultation process

Some residents expressed frustration with the consultation process itself (3%; n=6), expressing concern that decisions had already been made. These concerns were particularly prevalent among South residents, some of whom reported attending multiple meetings over an extended period and still feeling that they had not been properly consulted.

Suggestions from residents:

- Provide more open and honest communication about plans and scale from the outset
- Conduct consultation earlier in the process, before key decisions are made
- Better coordination between what is communicated and what happens.

"The feeling locally is that it's a done deal" (Resident – West of the hospital)

"Don't understand why surveys are happening now, should have been done before. We have been ambushed, time money and effort then asked us after the effect, it's all money and it's a done deal, it's a tick box exercise. Substation noise is very

close to people's houses makes a loud hum. We would have preferred an evening call." (Resident – South of the hospital)

Substation and infrastructure

A smaller cluster of concerns related to the substation (3%; n=5), particularly where residents felt these could directly affect nearby homes. Residents raised concerns about the substation being located too close to residential properties, the audible hum affecting quality of life, and the placement of transformers. Although the overall volume of comments was low, the concerns were strongly felt by those affected, including one resident who noted that an existing petition had been organised regarding the substation.

Suggestions from residents:

- Review the substation location - currently perceived as too close to residential properties
- Address the noise issue - the audible hum is affecting nearby homes
- Clarify which infrastructure works are related to the hospital development

"Already in discussion and have petition for the substation also concerns on access road." (Resident – West of the hospital)

Hospital capacity, staffing and facilities

A small number (3%; n=5) raised concerns about whether the new hospital would be large enough to meet future demand, and whether there would be sufficient staff to operate the new facility effectively.

"Hospital isn't going to be big enough." (Resident – East of the hospital)

"Staff concern part of the new development is perhaps replacing staff with AI" (Resident – West of the hospital)

Ground conditions

A small number (2%; n=3) questioned whether the ground conditions at the site are suitable for a tall building, referencing the original hospital being built low specifically because of the ground conditions.

Housing prices

A few residents (1%; n=2) expressed concern about the impact of the development on housing prices.

3 Conclusion

Overall, the feedback from conversations with residents provides a useful evidence base for the project team. Residents were more likely to be broadly positive than negative about the proposal of a new hospital, but the activity also identified practical issues that should be considered as the proposals develop.

The findings underline the importance of continuing to provide clear, timely information to residents and showing how their feedback has been considered. In particular, residents are likely to need reassurance on how hospital and construction traffic will be managed, how parking displacement will be avoided, why the proposed building height and design are appropriate for the local setting, how environmental impacts such as lighting, trees and wildlife will be mitigated, and how substation and infrastructure concerns will be addressed. Continuing to demonstrate how feedback has informed the evolving proposals, and maintaining visible engagement with immediate neighbours, will be important as the programme progresses towards submission of the planning application.