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

Feedback from the online public survey

July 2026

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Executive summary

This report summarises feedback from the online survey undertaken as part of the pre-planning application community consultation for the Airedale New Hospital Programme 2026. The survey gathered views on the outline proposals, including the need for new facilities, potential benefits and concerns, environmental and other considerations.

A total of 452 survey responses were received. Respondents included local residents, patients and service users, staff, healthcare professionals, carers, community representatives and others with an interest in the proposed development. The findings are indicative of the views of those who chose to respond and should be considered alongside wider consultation feedback.

Overall, the survey indicates very strong agreement that new hospital facilities are needed at Airedale and broad support for the principle and anticipated benefits of the proposed development. Almost all respondents agreed that there is a clear need for new hospital facilities (96%, n=436), with most strongly agreeing (85%, n=386). Agreement about the need for a new hospital remained high across all geographical areas, although those living closest to the site were more likely to raise concerns about particular aspects of the proposals and their local impacts.

Respondents identified substantial potential benefits from the proposals. The most frequently selected benefits were providing a modern, state-of-the-art healthcare facility for the hospital's catchment area (79%, n=357), replacing the buildings containing life expired reinforced autoclaved aerated concrete, (RAAC), as soon as possible (77%, n=346), improving healthcare facilities (73%, n=332) and improving patient experience (71%, n=322). Many respondents also recognised the potential for modern and efficient buildings, improved staff working environments, better accessibility and safer, more efficient care. These benefits were broadly recognised across respondent groups. Differences between groups appeared to reflect respondents' relationship with the hospital: patients and carers tended to focus more on future healthcare needs and quality of services, while staff and professionals placed greater emphasis on the hospital environment, staff working conditions and operational delivery.

When asked what was important in the proposals, respondents placed strongest emphasis on meeting future healthcare needs (96%, n=433) and making the hospital easy to navigate (93%, n=417), while also valuing design quality, local impact mitigation and environmental considerations.

Alongside this strong support, respondents identified clear priorities for how the proposals should be developed and managed.

Access, traffic and parking emerged as the main priorities for respondents. Around two-thirds were concerned about traffic and access (69%, n=310) and parking pressure on nearby streets (69%, n=311). Respondents commonly asked for clearer information on site access, parking provision, public transport, walking and cycling links, and asked whether measures such as local road changes or dedicated access from the bypass have been

considered. While these issues were especially important to local residents and those living near the site, parking pressure was also recognised across respondent groups as an important issue for the successful delivery of the proposed development. Construction disruption was also a major concern, with 60% (n=273) concerned, particularly in relation to traffic, parking, noise and access during the build period.

Respondents also wanted the design to respond sensitively to its surroundings. Around one-third were concerned about building height and scale (34%, n=154), visual impact and views (33%, n=149), privacy for nearby homes (33%, n=149), and light or sunlight for nearby homes (31%, n=139), while 40% (n=181) were concerned about wider impacts on neighbouring homes. These concerns were more pronounced among local residents and those living closest to the hospital, particularly within five miles of the site, suggesting that proximity to the site was an important factor in shaping concerns about visual impact, effects on nearby homes and the relationship between the new hospital and its surrounding area.

Environmental considerations were important to respondents. Sustainable drainage and flood resilience was rated important by 93% (n=420), followed by minimising pollution and environmental impacts (88%, n=399), energy efficiency and carbon reduction (82%, n=370), green space and outdoor areas (79%, n=356), protection of trees and landscape features (74%, n=334), and biodiversity and habitat enhancement (71%, n=321). Comments reinforced the importance of protecting green space, mature trees, habitats and wildlife, while supporting sustainable design, renewable energy, flood mitigation, landscaping and biodiversity enhancement.

In the dedicated access and inclusion question, respondents again emphasised traffic, site access, parking, disabled parking, drop-off arrangements, public transport, and walking and cycling links. They also highlighted inclusive facilities, sensory support and faith or prayer space. This highlights the importance respondents placed on ensuring the new hospital is accessible, inclusive and easy to navigate for patients, visitors, staff and the wider community.

The survey identified areas where further information would help respondents understand the proposals as they develop. While the need for a new hospital and the rationale for the current site were generally clear, respondents were less clear about access arrangements, what will be developed in more detail at later stages, and some technical aspects of the proposals. Familiarity appeared to influence how clear respondents found the information: staff and professionals, frequent hospital users and those living nearer the site were generally more familiar with the proposals, while disabled respondents were less likely to report familiarity. Future communication could therefore be tailored to different audiences, including clear, practical information for patients and carers about services, access and patient experience; information for staff and professionals about operational delivery, construction phasing and the working environment; and detailed information for local residents about traffic, parking, design development, visual impact, construction management, environmental measures and how nearby homes will be protected.

Overall, the findings indicate broad support for creating modern, future proof healthcare facilities, alongside clear expectations that local impacts should be carefully assessed, explained and managed. Agreement about the need for new hospital facilities remained high across respondent groups and geographical areas, but views about particular aspects of the proposals varied according to respondents' relationship with the hospital and proximity to the site.

The feedback should be considered alongside clear expectations that local impacts should be carefully assessed, explained and managed. Support remained high across respondent groups and geographical areas, but the issues emphasised varied according to respondents' relationship with the hospital and proximity to the site. The feedback should be considered alongside wider consultation activity and used to inform the planning application and Statement of Community Involvement, with particular attention to the differing priorities of patients and carers, staff and professionals, local residents and those living closest to the hospital, and to the communication and access needs of disabled respondents.

1 Introduction and methodology

An online public survey was undertaken as part of the pre-application community consultation for the Airedale New Hospital Programme 2026. The survey gave patients, staff, local residents, community organisations and other stakeholders an opportunity to review the outline proposals and share their views before the planning application is submitted.

The survey provided a structured way to gather feedback on the principle of the development, the information available at this outline planning stage, potential benefits and concerns, environmental considerations, access and inclusion issues, and any further matters respondents felt should be considered.

The survey was available online during the consultation period (4 June - 24 July 2026) and was promoted through consultation materials, the consultation website, social media, media coverage, onsite exhibitions and other engagement activities.

A total of 452 responses were included in the final analysis following checks for test and duplicate submissions. No weighting was applied to the survey results.

Survey feedback will be considered alongside other consultation activity and will inform the planning application and Statement of Community Involvement.

1.1 Notes on analysis and data limitations

The survey included closed, multiple-choice and open free-text questions.

For demographic and closed questions, percentages are calculated as a proportion of the total sample. Due to rounding, percentages may not add up to 100%.

Open-text responses were reviewed and coded thematically to identify recurring issues, suggestions and perspectives. Coding frames were developed for each open-text question, with responses assigned to one or more codes where relevant and related codes grouped into broader themes. As a single response could be assigned to more than one theme, percentages for open-text questions may not sum to 100%. Open-text percentages show the proportion of all respondents whose comments were coded to each theme and should not be read as equivalent to closed-question levels of concern.

The survey findings should be interpreted in context. Participation was self-selecting, so the results reflect the views of those who chose to respond and should not be treated as statistically representative of the wider catchment population.

Demographic comparisons and cross-tabulations were used to explore possible differences between respondent groups; these findings are indicative only and have not been tested for statistical significance. Further analysis is provided in the Additional analysis section.

2 Key findings

This section presents the main findings from the online survey, covering who responded, how far respondents understood the proposals, levels of support for the principle of development, perceived benefits and concerns, environmental considerations, access and inclusion issues, and additional analysis by respondent group.

2.1 Respondent sample

A total of 452 people responded to the online survey. A summary of the demographic information provided is shown below with the full data tables available within the Appendix. Percentages are calculated as a proportion of the total sample.

- Most respondents were aged 40 or over. The largest groups were aged 60–69 (18%; n=81), 50–59 (17%; n=77), 40–49 (17%; n=76) and 70–79 (17%; n=76).
- Just over half were female (52%; n=233), while 35% (n=158) were male. 1% (n=3) said their gender did not match their sex registered at birth.
- 3% (n=14) were currently pregnant or had been pregnant in the last year.
- Over half were married (57%; n=257), followed by single respondents (13%; n=57).
- Around one-third identified as disabled (33%; n=147), while 49% (n=221) said they were not disabled. The most common disability types were long-term illness (16%; n=73) and physical impairment, including mobility issues (12%; n=53).
- Just over half had no caring responsibilities (53%; n=239). One in five cared for a young person under 18 (20%; n=89).
- Most respondents identified as White (79%; n=359), while 7% (n=33) identified as Asian, Black, Mixed or another ethnic group.
- Almost three-quarters identified as heterosexual (74%; n=333), with smaller proportions identifying as bisexual, gay or lesbian.
- Christianity was the most reported religion or belief (44%; n=199), followed by no religion (27%; n=124).

The proportion of respondents who did not answer individual demographic questions ranged from 8% to 13%, and this should be considered when interpreting the profile of respondents.

The largest group were local residents (43%, n=194), followed by patients or service users (30%, n=137) and members of staff (20%, n=90). Smaller proportions identified as healthcare professionals, local council or public service representatives (3%, n=14), family members or carers (2%, n=10), selected 'other' (1%, n=5), or responded on behalf of a community or voluntary organisation (<1%, n=2).

Responses were received from across a broad geographical area, ranging from communities immediately surrounding Airedale Hospital to towns more than 20 miles away. The largest proportion lived in Steeton and Eastburn, where the hospital is located (26%; n=118), followed by Silsden, approximately 3 miles away (15%; n=67), Keighley, around 5 miles away (13%; n=61), and Skipton, around 8 miles away (11%; n=48). Smaller proportions lived in Ilkley and Addingham, approximately 8–11 miles from the hospital (5%; n=23 and 5%; n=21 respectively), and Settle, around 25 miles away (5%; n=21). Colne and Barnoldswick, both approximately 14–16 miles from the hospital, accounted for 3% (n=13) and 1% (n=5) respectively.

In addition, 15% (n=66) of respondents identified another location outside the areas listed, demonstrating that the consultation also attracted responses from a wider geographical area.

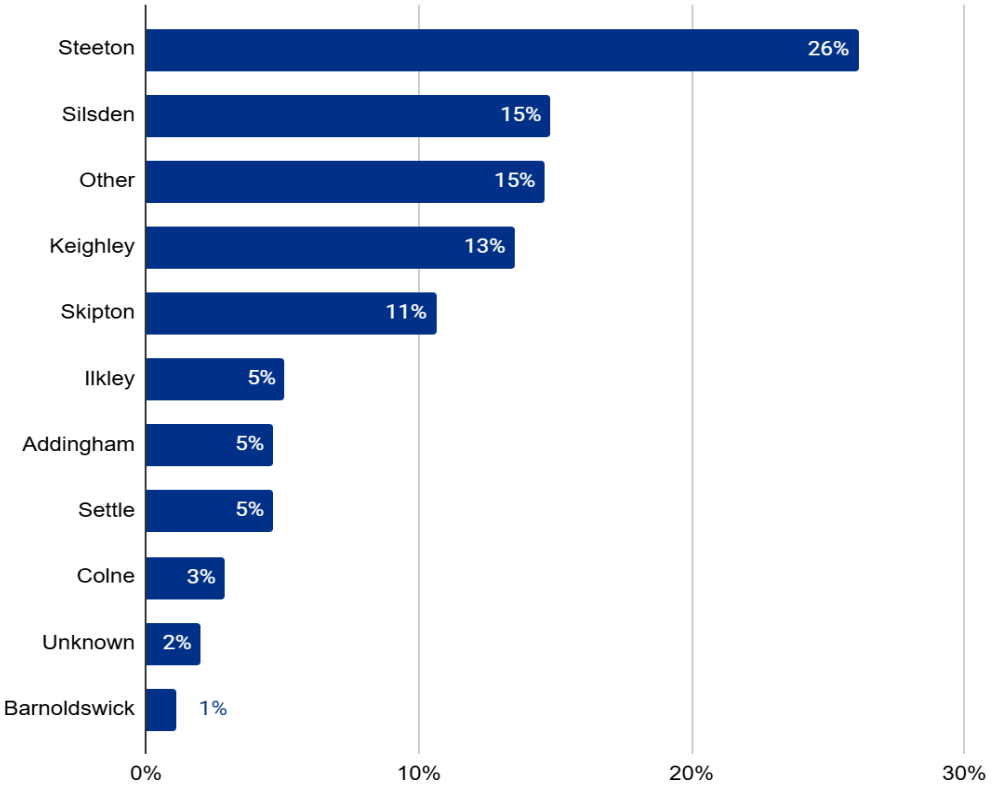

Figure 1 Question – Please provide your postcode (n=452)

Most respondents had experience of visiting the hospital site, although the frequency of visits varied. Nearly half reported visiting rarely, for example once every few months or once a year (46%, n=206). A quarter visited very often, such as daily or on most days (25%, n=111), while one in five visited occasionally, for example once or twice a month (20%, n=92). Smaller proportions visited often, around once a week (8%, n=34), and only 2% (n=9) reported never visiting the hospital.

The online survey respondent profile should be interpreted in the context of the wider Airedale catchment. Airedale NHS Foundation Trust serves a broad population of over 200,000 people across approximately 700 square miles, including communities in West Yorkshire, North Yorkshire and eastern Lancashire. The catchment includes a higher proportion of older residents, predominantly White British communities, South Asian communities particularly in parts of Bradford and Keighley, and areas with differing levels of deprivation. Engagement planning also identified groups who may experience barriers to involvement or be disproportionately affected by changes to hospital access and experience, including older people, disabled people, ethnic minority communities, people living in deprived areas, carers, families using maternity or paediatric services, frequent hospital users and people with communication barriers.

Although the online survey was self-selecting and should not be treated as representative of the wider Airedale catchment population, the respondent profile has several important strengths. It generated a substantial number of responses and captured views from people with a direct interest in the proposals, including local residents, patients and service users, staff, carers and healthcare professionals. Older adults and disabled respondents were well represented, which is valuable given the importance of hospital access, inclusive design, wayfinding, parking and patient experience for these groups. The survey also captured a strong response from communities closest to the hospital, particularly Steeton, Eastburn and Silsden, where construction, traffic, parking and visual impacts are likely to be most directly experienced, while also receiving responses from a wider geography across the hospital catchment. These strengths mean the online survey provides rich insight into the views and priorities of engaged stakeholders and people likely to be affected by the proposals. However, because participation was voluntary and online, the findings should be considered alongside other engagement activity, including the street survey, which was designed to reach a more population-representative profile.

2.2 Understanding the proposals

Question: Before today, how familiar were you with the outline proposals for the new hospital? What information about the new hospital have you looked at?

Respondents had mixed familiarity with the outline proposals for the new hospital. Around half were somewhat familiar (49%, n=222), while almost three in ten were not very familiar (29%, n=129). A further 12% (n=52) were very familiar, and 11% (n=49) were not at all familiar.

Respondents accessed information about the proposed new hospital through a range of communication channels. The consultation leaflet was the most used source (46%, n=208), followed by social media (43%, n=193), the consultation website (42%, n=188), media coverage (34%, n=152) and exhibition information (28%, n=128). Only 6% (n=29) reported that they had not accessed any of the information sources listed.

Responses provided under 'other' (n=28) indicate that people also obtained information through a variety of additional routes, including staff briefings, work meetings, emails,

webinars, online and community presentations, roadshows, discussions with staff, professional networks, and local events.

Question: Thinking about the information you reviewed, how clear is the information about the areas we are seeking feedback on at this outline planning stage? Was there anything you felt was unclear or missing from the information provided at this stage?

In terms of the information provided, respondents found the need for the new hospital clearest, with 84% (n=379) rating information on replacing the RAAC buildings as very or fairly clear. The rationale for using the current site was also clear to most respondents (79%, n=355), as was how keeping the existing hospital running during construction had shaped the proposals (71%, n=319).

Clarity was lower for the proposed layout (65%, n=292), scale and height (66%, n=297), Hospital 2.0 requirements (55%, n=249), access arrangements (46%, n=208), and what would be developed in more detail at later stages (41%, n=188).

Table 1 gives the full breakdown of open-text responses to the question about whether anything was unclear or missing at this stage. The main gaps identified were traffic, access and parking (12%, n=52), and the location of services, departments and facilities (10%, n=44). Smaller numbers wanted more detail (5%, n=24), specific information relating to patient experience and facilities (5%, n=23), building design (4%, n=19), impacts on residents (3%, n=12), construction management (2%, n=11), and timescales and next steps (1%, n=5). Overall, respondents understood the broad proposals but wanted more practical detail on how the new hospital would work in practice.

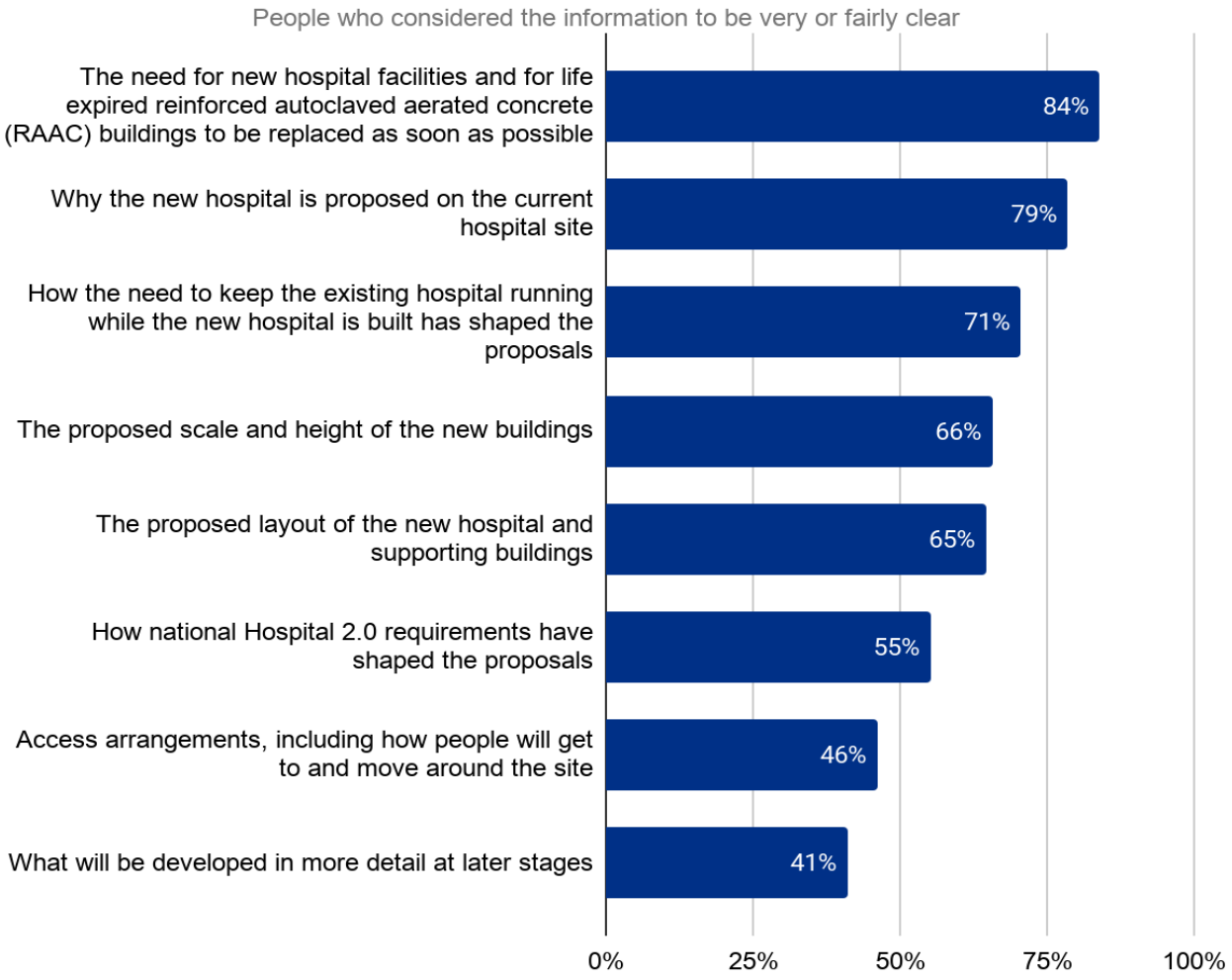

Figure 2 Question – Thinking about the information you reviewed, how clear is the information about the areas we are seeking feedback on at this outline planning stage? Proportion who considered the information very or fairly clear (n=452).

Information	No.	%
Traffic, access and parking, including traffic management and access to the site / main hospital, public transport plans and options, pedestrian access routes and parking plans including capacity, charges and who is operating	52	12%
Inclusion and location of services, departments/wards and facilities, including plans for connections between buildings (i.e. covered walkways), details of services that will be moved away from the hospital, distance of services away from the main building and plans for the land the old hospital is built upon	44	10%
General and other comments	24	5%
Patient experience and facilities, including proposed staffing, bed capacity, facilities such as multi-faith/prayer room, ablution facilities, disabled and accessible features, social and communal	23	5%

spaces, green areas and building-specific issues such as acoustic qualities of the building		
Building design, including explanation for building design and height, exact dimensions, visual appearance and clearer images (including interior layout)	19	4%
Impact on residents, including expected impact including noise / humming from the substation, light pollution and impact during and after build	12	3%
Construction impact and management, including interim parking arrangements, access to services during build and construction management (minimising noise, mess and general disruption)	11	2%
Programme details, including clearer timescales and details on next steps	5	1%

Table 1 Question – 'Was there anything you felt was unclear or missing from the information provided at this stage?'. 180 individuals provided a response that was coded. Percentages are based on all survey respondents (n=452). Respondents could raise more than one issue, so percentages do not sum to 100%.

2.3 Principle of development

Question: To what extent do you agree or disagree with the following statement *'There is a clear need for new hospital facilities at Airedale'* - please explain your answer

There was very strong support for the statement that there is a clear need for new hospital facilities at Airedale (96%, n=436); most respondents strongly agreed (85%, n=386), while a further 11% (n=50) slightly agreed.

Very few respondents expressed uncertainty or disagreement. Around 2% (n=10) neither agreed nor disagreed, 1% (n=4) were not sure, and fewer than 1% (n=2) slightly disagreed. No respondents strongly disagreed with the statement.

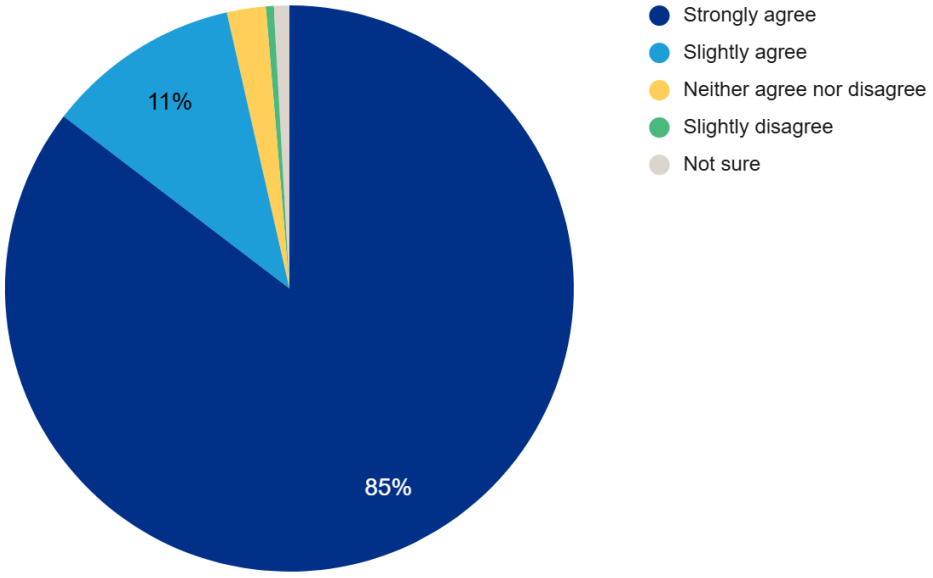

Figure 3 Question – To what extent do you agree or disagree with the following statement 'There is a clear need for new hospital facilities at Airedale' (n=452)

The main reason given for supporting the new hospital was that the existing site is no longer fit for purpose, identified by 58% (n=264). This was followed by the need for modernisation (14%, n=64) and the need to increase capacity in response to population growth (11%, n=49). Smaller proportions supported the proposal because they felt the current layout is inefficient and confusing (7%, n=32), because existing parking is inadequate (6%, n=25), or for other reasons (6%, n=29). A small number also stated that a new hospital was essential or that the need for a new hospital had been clearly explained (2%, n=8).

	No.	%
Reasons for support		
Existing site not fit for purpose	264	58%
Need for modernisation	64	14%
Increasing capacity and population growth	49	11%
Inefficient and confusing layout	32	7%
Other	29	6%
Inadequate parking	25	6%
New hospital is essential / well explained	8	2%
Concerns and qualifications		
Building size, height and visual impact	12	3%
Infrastructure and access concerns	8	2%

Project management and design execution	3	1%
Consultation process	2	<1%
Staffing and operational concerns	2	<1%

Table 2 Question – To what extent do you agree or disagree with the following statement – please explain your answer. 346 individuals provided a response that was coded. Percentages are based on all survey respondents (n=452). Respondents could raise more than one issue, so percentages do not sum to 100%.

Question: What do you think are the main potential benefits of the proposals?

The most frequently selected benefit was providing a modern, state-of-the-art healthcare facility for the hospital's catchment area (79%, n=357), followed by replacing the life-expired RAAC buildings as soon as possible (77%, n=346). Around three-quarters also identified improved healthcare facilities (73%, n=332) and an improved patient experience (71%, n=322) as key benefits.

Many respondents also recognised the potential benefits for staff and the overall quality of the hospital environment. Around two-thirds identified modern and efficient buildings (63%, n=283) and an improved staff working environment (61%, n=275) as important benefits. Just over half highlighted better accessibility (52%, n=234), while around half selected supporting safer and more efficient care (49%, n=220).

Broader economic and environmental benefits were selected less frequently. Around one-third identified securing significant investment in the local economy and infrastructure (33%, n=150), environmental improvements (33%, n=149), and employment, skills and wider economic benefits (32%, n=146).

A small number of respondents also identified other benefits, including improved parking and access, greater capacity, more local services, improved views, a cleaner environment, wider community benefits and job creation.

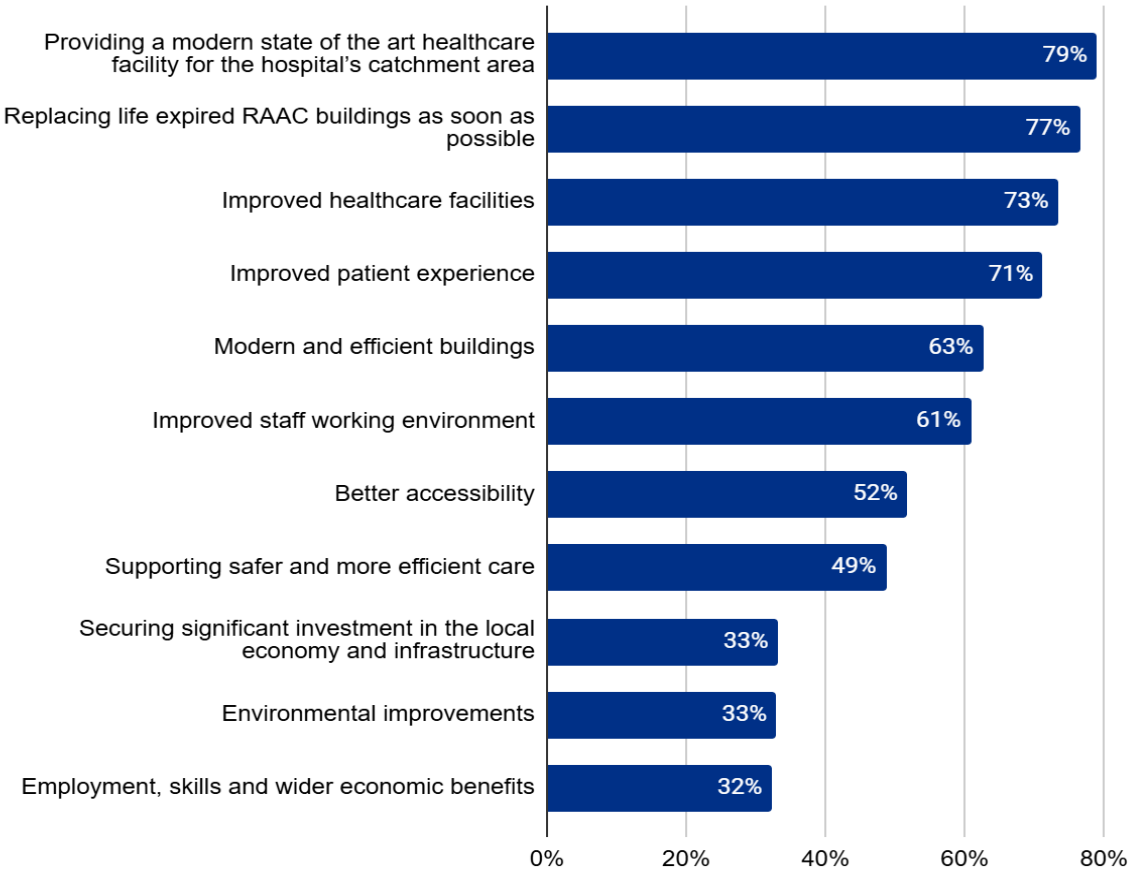

Figure 4 Question – What do you think are the main potential benefits of the proposals? (n=452)

Question: To what extent are you concerned about any of the following issues in relation to the proposed development?

Traffic and parking generated the highest concern, with around two-thirds concerned or very concerned about traffic and access (69%, n=310) and parking pressure on nearby streets (69%, n=311). Construction disruption was also a major concern (60%, n=273), while environmental impacts, trees, green space, local routes and noise attracted concern from 44% to 49%.

Design-related concerns were lower. Around one-third were concerned or very concerned about building height and scale (34%, n=154), visual impact and views (33%, n=149), privacy (33%, n=149), and light or sunlight for nearby homes (31%, n=139). Around a third selected neither concerned nor not concerned, suggesting that views on these issues were more mixed.

The lowest levels of concern related to wider impacts on neighbouring communities. One-third of respondents (33%, n=150) were concerned or very concerned, while 42% (n=191) selected neither concerned nor not concerned and one-quarter (25%, n=114) were not concerned.

Concern about neighbouring homes was slightly higher at 40% (n=181), with 37% (n=143) neutral and 23% (n=105) were not concerned.

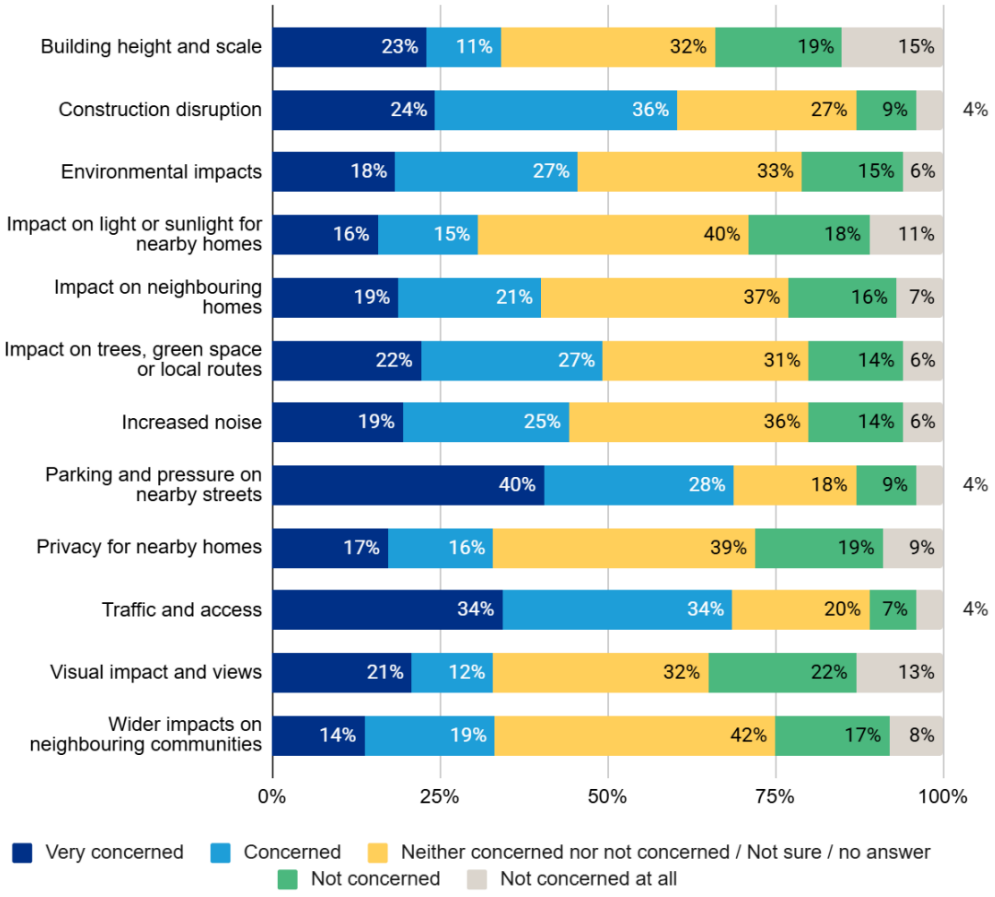

Figure 5 Question – To what extent are you concerned about any of the following issues in relation to the proposed development? (n=452)

Question: Please tell us more about any concerns you have, including where they are and what you think should be considered.

Respondents provided further detail about their concerns. Traffic, access and parking was the most frequently mentioned theme (23%, n=104). Comments focused on existing congestion, parking capacity, staff and visitor parking, site access, public transport, walking and cycling routes, and the need to improve traffic management around the hospital.

Building design and scale was the second most frequently raised theme (18%, n=78), primarily reflecting concerns about the proposed building height, its relationship with the surrounding area and its potential visual impact on the landscape.

Concerns about impacts on nearby residents were raised by 17% (n=77), including issues such as views, natural light, privacy, proximity to homes, noise, light pollution and the cumulative effect on those living closest to the site.

Construction impacts were also notable (11%, n=51), with comments focusing on parking and traffic disruption, noise, dust, general disturbance, access to existing services and the need for careful construction management.

A smaller proportion raised concerns about local infrastructure and the environment (5%, n=22), including green space, wildlife, flooding and drainage, air quality, lighting and wider disruption to the local community.

Other themes, each raised by smaller numbers of respondents, included healthcare facilities and patient experience (5%, n=21), timescales, cost and alternative proposals (5%, n=20), communication and engagement (2%, n=8), and other suggestions or comments (2%, n=11).

In the table below, the figure in **bold** represents the total number of comments made for each theme, while the figures in *italics* provide a more detailed breakdown of comments within each theme.

Concerns	No.	%
Traffic, access and parking, including:	**104**	**23%**
Existing volume of traffic (likely to increase)	*24*	*5%*
Parking capacity and staff parking	*23*	*5%*
Better access to the site needed	*22*	*5%*
Public transport access	*14*	*3%*
Pedestrian/cycle routes and wayfinding	*9*	*2%*
Other concerns including disabled access, drop-off areas, entry/exit points to the car park, parking charges and traffic management systems on existing junctions	*12*	*3%*
Building design and scale, including:	**78**	**18%**
Building too tall / impact on landscape	*71*	*16%*
Other concerns including flat roof design, lift use and emergency access and links between buildings	*7*	*2%*
Impact on residents, including:	**77**	**17%**
Blocking views and light	*13*	*3%*
Privacy and quality of life	*13*	*3%*
Property value	*11*	*2%*
Proximity to houses	*10*	*2%*
Frustration and anxiety	*9*	*2%*
Other concerns related to impact on residents including resident parking, light and noise pollution and general negative impact	*21*	*5%*
Construction impact, including:	**51**	**11%**

Parking and traffic disruption	*19*	*4%*
Noise, dust and general disruption	*18*	*4%*
Impact on staff and patients during build	*9*	*2%*
Other construction related impact including subsidence concerns and bridleway traffic	*5*	*1%*
Local infrastructure and environment, including:	**22**	**5%**
Loss of green spaces and wildlife	*12*	*3%*
Other concerns including flooding and drainage concerns, lighting and night-time impact, disruption to local community and air quality	*10*	*2%*
Healthcare facilities and patient experience, including:	**21**	**5%**
Single rooms; benefits vs concerns	*5*	*1%*
Bed capacity and future demand	*5*	*1%*
Staffing levels	*3*	*1%*
Other concerns including access to outdoor and communal areas and other patient facilities and amenities (including multi faith prayer room)	*8*	*2%*
Project timescales, cost and alternative proposals, including:	**20**	**5%**
Query over alternative options / phasing and timescales	*9*	*2%*
Query over design site / position	*8*	*2%*
Query over funding and long-term viability	*3*	*1%*
Communication and engagement, including:	**8**	**2%**
Frustration from individuals feeling uninformed	*4*	*1%*
Importance of keeping communities and residents informed	*4*	*1%*
Other suggestions and comments	**11**	**2%**

Table 3 Question – 'Please tell us more about any concerns you have, including where they are and what you think should be considered'. 196 individuals provided a response that was coded Percentages are based on all survey respondents (n=452). Respondents could

Question: Thinking about the proposals you have seen, how important are the following to you?

Overall, respondents rated all aspects of the proposals as important, with the strongest emphasis on meeting future healthcare needs and making the hospital easy to navigate.

Meeting future healthcare needs was the highest priority (96%, n=433), followed by making the site easy to navigate (93%, n=417). Around three-quarters also rated a positive

first impression (77%, n=345), attractive buildings and public spaces (76%, n=343), and minimising impacts on nearby homes and communities (74%, n=334) as important or very important.

Environmental aspects were also important: welcoming green spaces (74%, n=332), biodiversity and nature (71%, n=320), and protecting views and the local landscape (69%, n=310). These priorities attracted slightly lower support than healthcare and accessibility, but few respondents considered them unimportant.

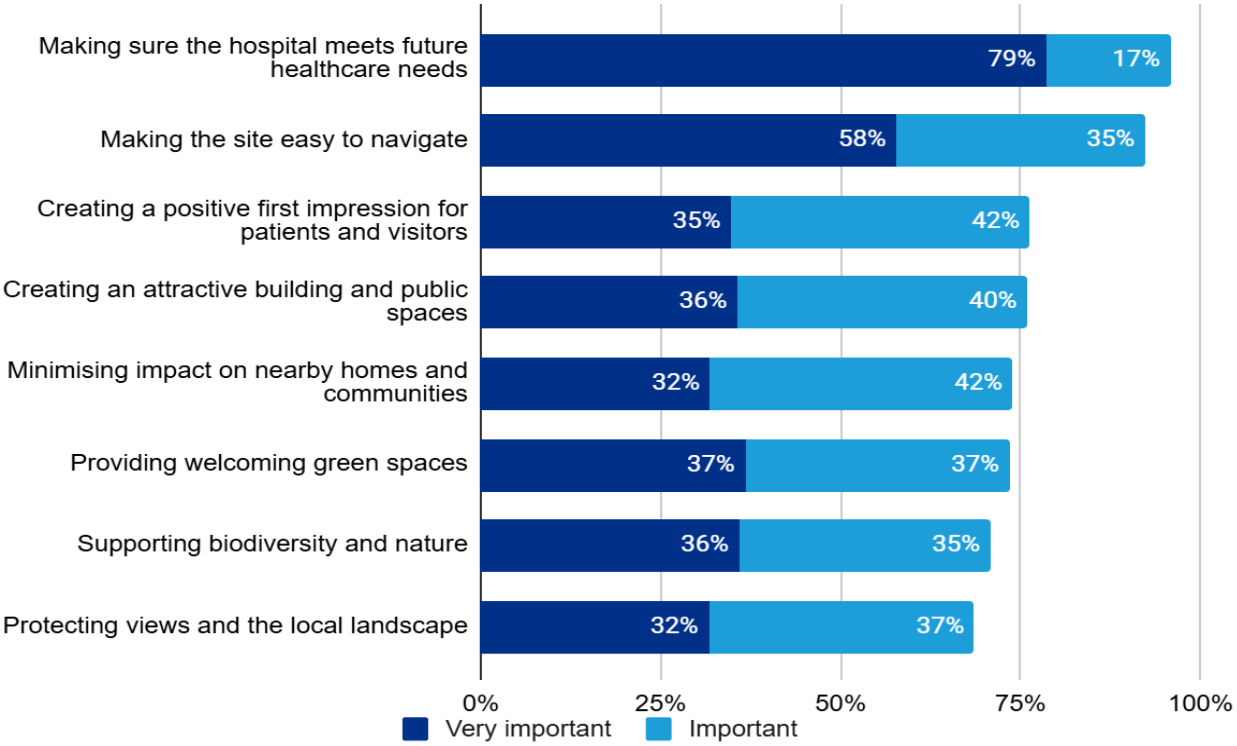

Figure 6 Question - Thinking about the proposals you have seen, how important are the following to you? (n=452) Figure showing the proportion who felt each factor was very important or important

Question: Are there any changes, improvements or additional measures you would like us to consider to help reduce any local impacts?

The most frequently raised suggestion to help reduce local impacts related to traffic, access and parking (21%, n=96), particularly vehicle access including junction improvements, parking provision and management, public transport connections and walking and cycling routes.

The second most frequently raised theme was building design and scale (9%; n=39). Thirty respondents (7%) specifically mentioned reducing the building's height or scale, often saying a lower, wider hospital would better suit the setting and reduce visual intrusion for nearby homes. A smaller number of respondents (2%; n=9) suggested repositioning the new hospital, including moving it further away from residential properties,

placing it more centrally within the site, or making greater use of the existing hospital footprint to reduce the need to build upwards.

Local infrastructure and the environment were raised by 4% (n=20), suggestions included protecting and enhancing green space and biodiversity, helping the hospital blend into the landscape, drainage and sustainable water management, and renewable energy solutions.

Other suggestions related to healthcare facilities and patient experience (4%, n=16), communication and engagement (2%, n=10), construction impacts (2%, n=9), impacts on nearby residents (1%, n=4), and other comments (6%, n=26). These are set out in more detail in the table below.

Within this table, the figure in bold represents the number of respondents whose answer was coded to each theme, while the figures in italics provide a more detailed breakdown of the suggestions identified within that theme.

Changes, improvements or additional measures to be considered	No.	%
Traffic, access and parking, including:	**96**	**21%**
Improve vehicle access to the hospital site, including junction improvement	*42*	*9%*
Improve parking provision and parking management	*25*	*6%*
Improve public transport connections	*19*	*4%*
Improve pedestrian and active travel access	*9*	*2%*
Undertake further traffic assessment and modelling	*1*	*<1%*
Building design and scale, including:	**39**	**9%**
Reduce the height or scale of the building	*30*	*7%*
Reposition the new hospital	*9*	*2%*
Other suggestions and comments	**26**	**6%**
Local infrastructure and environment, including:	**20**	**4%**
Protect and enhance green space and biodiversity	*10*	*2%*
Improve how the hospital blends into the surrounding landscape	*6*	*1%*
Improve drainage and sustainable water management	*2*	*<1%*
Increase the use of renewable energy	*2*	*<1%*
Healthcare facilities and patient experience	**16**	**4%**
Improve patient facilities and inclusive amenities	*12*	*3%*
Improve hospital layout and wayfinding	*4*	*1%*
Communication and engagement	**10**	**2%**
Ongoing engagement and liaison with residents	*6*	*1%*

Improve communication and public information about the proposals	*4*	*1%*
Construction impact, including minimising construction disruption and improve construction management	**9**	**2%**
Impact on residents, including improving privacy and screening	**4**	**1%**

Table 4 Question – 'Are there any changes, improvements or additional measures you would like us to consider to help reduce any local impacts?'. 162 individuals provided a response that was coded. Percentages are based on all survey respondents (n=452).

Question: Are there any features of the proposals or potential benefits that you particularly support?

The most frequently identified themes related to improving accessibility, parking, the layout of the hospital and movement around the site (6%; n=29), followed closely by general expressions of support for the development without reference to a specific feature (6%; n=28). Many respondents welcomed the investment in a new hospital, recognising the need to replace the existing facilities. They also supported proposals to improve parking, wayfinding, patient flow and the overall accessibility of the site for patients, visitors and staff.

Respondents also highlighted the anticipated benefits for improved patient care and healthcare services (5%; n=24), improved patient and staff environment, facilities and wellbeing (5%; n=23), and modern, future-proof facilities and technology (5%; n=22). Feedback welcomed improved clinical facilities, single patient rooms, enhanced privacy, modern technology, better staff facilities, and environments that support patient recovery, staff wellbeing and the delivery of high-quality healthcare into the future.

Green space and landscaping were identified by 4% (n=20), with many welcoming accessible outdoor spaces, landscaped gardens and views of the surrounding countryside to support wellbeing, recovery and biodiversity. Some respondents also supported proposals that would make better use of the NHS estate through estate efficiency, co-location and better use of NHS buildings (2%; n=7), while others recognised the importance of improving or replacing ageing facilities (2%; n=7) to address long-standing issues with the existing hospital estate.

A smaller proportion expressed support for the principle of development but preferred an alternative design, layout or location (3%; n=12), most commonly suggesting changes to the height or layout of the proposed building. A further 3% (n=13) did not identify any particular feature they supported, instead using their response to raise concerns or request further information. 1% (n=4) explicitly supported development on the existing hospital site, recognising the benefits of retaining healthcare services in their current location while replacing the ageing estate.

Proposals or potential benefits that particularly supported	No.	%
Improved accessibility, parking, layout and movement around the hospital	29	6%
Overall support for the redevelopment	28	6%
Improved patient care and healthcare services	24	5%
Improved patient and staff environment, facilities and wellbeing	23	5%
Modern, future-proof facilities and technology	22	5%
Green space and landscaping	20	4%
No feature identified / response contains concerns rather than support	13	3%
Preference for an alternative design, layout or location	12	3%
Improvement/replacement of ageing facilities	7	2%
Estate efficiency, co-location and better use of NHS buildings	7	2%
Support for redevelopment on the existing hospital site	4	1%

Table 5 Question – 'Are there any features of the proposals or potential benefits that you particularly support?'. 117 individuals provided a response that was coded. Percentages are based on all survey respondents (n=452). Respondents could raise more than one issue, so percentages do not sum to 100%.

2.4 Landscape, environment and sustainability

Question: How important are the following to you in relation to the proposed development?

Respondents placed high importance on environmental considerations, with at least seven in ten rating each of the six themes as important or very important. The strongest priorities were sustainable drainage and flood resilience, minimising pollution and environmental impacts, and energy efficiency and carbon reduction.

Sustainable drainage and flood resilience was the highest priority (93%, n=420), followed by minimising pollution and environmental impacts (88%, n=399) and energy efficiency and carbon reduction (82%, n=370).

Green space and outdoor areas were considered important by 79% (n=356), followed by protection of trees and landscape features (74%, n=334) and biodiversity and habitat enhancement (71%, n=321). Relatively few respondents considered any of these issues unimportant.

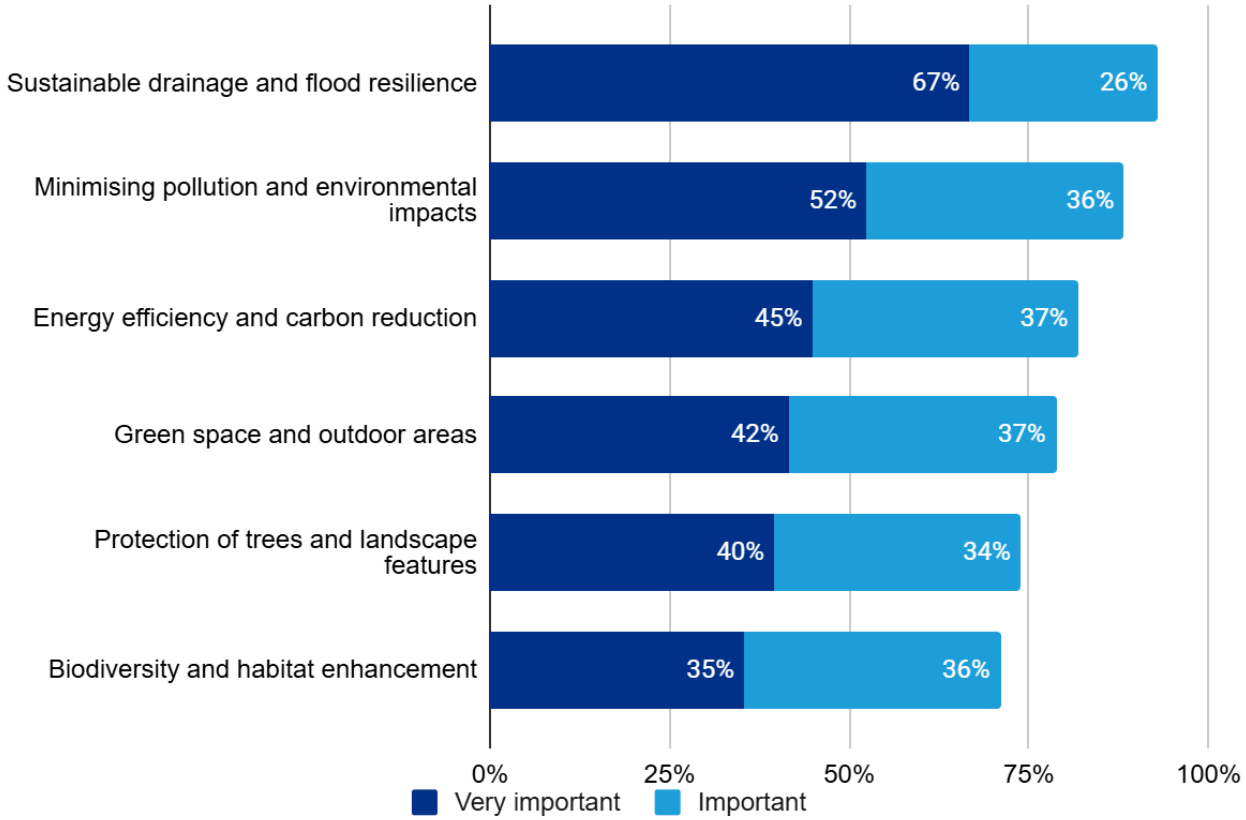

Figure 7 Question – How important are the following to you in relation to the proposed development? Figure showing proportion who selected very important or important (n=452)

Question: Do you have any comments or concerns relating to landscape, green space, sustainability or environmental impacts?

The most frequently mentioned themes were loss of green space and biodiversity (5%, n=23) and access to green space and wellbeing benefits (5%, n=21), reflecting the importance placed on protecting mature trees, habitats, wildlife and accessible outdoor spaces.

Sustainability, carbon and long-term environmental performance (4%, n=20) and flooding, drainage and water management (4%, n=20) were also common themes, with respondents encouraging renewable energy, energy-efficient design, sustainable construction, flood mitigation and careful water management.

Other environmental comments related to building height, scale and visual impact, landscaping and screening, design quality, habitat creation, sustainable transport, pollution, climate resilience, construction sustainability and privacy or light pollution. The detailed breakdown is shown in the table below.

Landscape	No.	%
Loss of green space and biodiversity	23	5%
Access to green space and wellbeing benefits	21	5%
Flooding, drainage and water management	20	4%
Sustainability, carbon and long-term environmental performance	20	4%
Building height, scale and visual impact on landscape	18	4%
Landscaping, screening and green buffers	17	4%
Design quality and integration with the landscape and surroundings	16	4%
Habitat creation and biodiversity enhancement	14	3%
Sustainable transport and reducing car use	9	2%
Environmental pollution, climate resilience and environmental harm	8	2%
Other	8	2%
Construction/engineering sustainability concerns	6	1%
Privacy, overlooking and light pollution	2	<1%

Table 6 Question – 'Do you have any comments or concerns relating to landscape, green space, sustainability or environmental impacts?'. 112 individuals provided a response that was coded. Percentages are based on all survey respondents (n=452). Respondents could raise more than one issue, so percentages do not sum to 100%.

2.5 Final comments

Question: Before we finalise the planning application, are there any other local issues or concerns related to the new hospital you think we should consider further?

Healthcare facilities and patient experience, and traffic, access and parking were the most frequently raised themes, each mentioned by 19%. Comments focused on bed capacity, specialist services, operational logistics, future-proofing, inclusion needs, congestion, emergency access, public transport, parking capacity and overspill parking on residential streets.

Building design and scale was also a prominent theme (14%, n=64), with comments about hospital layout, links between departments, wayfinding, digital infrastructure, building height, visual impact and the overall appearance of the proposed development.

Other issues included local infrastructure and the environment (8%, n=34), communication and engagement (5%, n=21), construction impacts (2%, n=11), impacts on neighbouring residents (2%, n=10), and programme timescales, urgency and delivery (1%, n=5).

In the table below, the figure in bold represents the number of respondents whose answer was coded to each theme, while the figures in italics provide a more detailed breakdown of the issues identified within that theme.

Local issues or concerns	No.	%
Healthcare facilities and patient experience, including:	**87**	**19%**
Clinical services and patient care provision;	*26*	*6%*
Hospital operations, logistics and operational infrastructure;	*26*	*6%*
Workforce recruitment and economic benefits	*13*	*3%*
Faith, culture and inclusion needs;	*11*	*2%*
Future capacity and future proofing	*11*	*2%*
Traffic, access and parking, including:	**85**	**19%**
Traffic, roads and site access	*61*	*13%*
Parking and impact on residential streets	*24*	*5%*
Building design and scale, including:	**64**	**14%**
Hospital design, layout and functionality	*34*	8%
Building height, scale and visual impact	*24*	5%
Aesthetics and appearance	*6*	1%
Local infrastructure and environment, including:	**34**	**8%**
Community facilities and wider healthcare infrastructure	*14*	*3%*
Environmental concerns (pollution, emissions, sustainability),	*14*	*3%*
Site location and suitability	*6*	*1%*
Communication and engagement, including:	**21**	**5%**
Trust, communication and consultation process		
Construction impact	**11**	**2%**
Construction impacts and disruption		
Impacts on residents, including	**10**	**2%**
Privacy, light and impact on neighbouring properties		
Project timescales, cost and alternative proposals, including:	**5**	**1%**
Project timescales, urgency and delivery		

Table 7 Question – 'Before we finalise the planning application, are there any other local issues or concerns related to the new hospital you think we should consider further?'. 170 individuals provided a response that w

as coded. Percentages are based on all survey respondents (n=452). Respondents could raise more than one issue, so percentages do not sum to 100%

2.6 Access and inclusion

Question: Are there any access or inclusion issues you think should be considered further as the proposals develop?

Traffic, access and parking was the most frequently mentioned theme (27%, n=121), with comments focusing on site access, traffic flow, sustainable and public transport, pedestrian and cycle routes, parking capacity, disabled parking, drop-off arrangements and affordability.

Healthcare facilities and patient experience was the second most frequently raised theme (19%, n=84). Comments focused on physical accessibility, sensory inclusion, inclusive design, emergency access, patient safety, clinical services and faith or prayer facilities.

Building design and scale was raised by 8% (n=34), with comments about non-clinical facilities, links between buildings and departments, internal navigation and wayfinding.

Other themes included communication and engagement (2%, n=8) and construction disruption and phasing (2%, n=7). The detailed coded breakdown is shown in the table below.

In the table below, the figure in bold represents the number of respondents whose answer was coded to each theme, while the figures in italics provide a more detailed breakdown of the issues identified within that theme.

Access or inclusion issues to be considered	No.	%
Traffic, access and parking, including:	**121**	**27%**
Site access and traffic flow	44	10%
Sustainable transport, public transport and pedestrian/cycle access	36	8%
Parking capacity	*18*	*4%*
Disabled parking and mobility access	*16*	*4%*
Drop-off and pick-up access	*4*	*1%*
Cost and affordability	*3*	*1%*
Healthcare facilities and patient experience, including:	**84**	**19%**
Physical accessibility, sensory inclusion and inclusive design	*42*	*9%*
Safety, emergency access and patient protection	*21*	*5%*
Clinical services and facilities	*13*	*3%*
Faith, spiritual and prayer facilities	*8*	*2%*

Building design and scale, including:	**34**	**8%**
Building design, amenities and non-clinical facilities	*13*	3%
Connections between buildings and departments	*11*	3%
Internal navigation and wayfinding	*10*	3%
Communication and engagement	**8**	**2%**
Construction impact *Construction disruption and phasing*	**7**	**2%**

Table 8 Question – 'Are there any access or inclusion issues you think should be considered further as the proposals develop?'. 153 individuals provided a response that was coded. Percentages are based on all survey respondents (n=452). Respondents could raise more than one issue so percentages do not sum to 100%.

2.7 Additional analysis

Cross-tabulation analysis was undertaken to explore whether responses differed by respondent type, proximity to the hospital, frequency of hospital use, familiarity with the proposals and selected demographic characteristics, including age, gender, ethnicity, caring responsibilities and religion. Where notable differences were observed, these are discussed below (Appendix includes a breakdown of how the comparison groups were constructed).

The main areas of variation related to familiarity with the proposals, perceptions of the consultation information, concerns about local impacts and the aspects of the proposals respondents considered most important.

2.7.1 Familiarity with the proposals

Familiarity with the proposals was highest among staff and professionals and lowest among patients and carers, with a higher proportion of those working within health and public services reporting that they were familiar with the outline proposals.

Familiarity also increased with frequency of hospital use. Frequent users were more likely to report being familiar with the proposals than occasional or infrequent users, which may reflect greater opportunities to access information through regular contact with the hospital.

Respondents living within five miles of the hospital were more familiar with the proposals than those living further away, which may indicate that proximity to the site was associated with greater awareness.

Disabled respondents were less likely to report familiarity with the proposals than respondents who did not identify as disabled. Given the prominence of physical accessibility, sensory inclusion, transport, parking and wayfinding in the access and inclusion feedback, this finding should inform the accessibility of future communication and

engagement. Further comparisons by protected characteristic should be interpreted cautiously where the number of respondents in individual groups is small.

2.7.2 Hospital use

Hospital use varied considerably by respondent type. Staff and professionals were the most frequent users of the hospital, with 94% visiting weekly or more often. In contrast, local residents and patients and carers were more likely to be infrequent users, although patients and carers were more likely than local residents to visit occasionally.

Patterns of hospital use also differed by disability. Respondents who identified as disabled were more likely to be occasional users of the hospital (34% compared with 11% of respondents who did not identify as disabled). Conversely, respondents who did not identify as disabled were more likely to be frequent users (37% compared with 20% of disabled respondents).

These patterns may help explain why staff and professionals were generally more familiar with the proposals and why respondents who used the hospital more frequently tended to report greater awareness of the consultation.

2.7.3 Clarity of information

Respondents who were familiar with the proposals consistently rated the consultation information as clearer than those who were not familiar across all eight information topics.

The greatest differences related to the proposed layout of the new hospital, the scale and height of the buildings, access arrangements, Hospital 2.0 requirements, and information about what would be developed in more detail at later stages. Respondents who were less familiar with the proposals were consistently more likely to report that they had not seen information on these topics.

There were also some differences by respondent type. Local residents were more likely than patients and carers or staff and professionals to report that information about the proposed scale and height of the new buildings was very clear, while patients and carers were more likely to say they had not seen this information.

These findings suggest that previous awareness of the proposals influenced how respondents interpreted the consultation material, with those already familiar with the proposals reporting greater clarity across all aspects of the pre-planning application consultation.

2.7.4 Agreement with the need for a new hospital

Agreement that new hospital facilities are needed was consistently high across all respondent groups. Patients and carers expressed the strongest agreement, with 95% strongly agreeing that a new hospital is needed, followed by staff and professionals (90%) and local residents (76%). Local residents were more likely than the other respondent groups to slightly agree or express uncertainty. Even so, only a small minority of local

residents (fewer than 10%) either disagreed that a new hospital was needed or said they were unsure.

Agreement also remained consistently high regardless of proximity to the hospital. Respondents living within five miles of the hospital were slightly less likely to strongly agree that a new hospital was needed than those living further away. However, overall levels of agreement remained very high across all geographical areas. Alongside respondents' identification of the anticipated benefits, this indicates broad support for replacing and redeveloping the existing hospital facilities.

2.7.5 Perceived benefits of the proposals

There were relatively consistent views across respondent groups regarding the perceived benefits of the proposals. Patients and carers and staff and professionals were more likely than local residents to identify replacing the life-expired reinforced autoclaved aerated concrete (RAAC) buildings, providing improved healthcare facilities, improving the staff working environment and providing modern, efficient buildings as key benefits of the proposals. In contrast, local residents were slightly more likely than the other respondent groups to identify improvements to the patient experience as a potential benefit.

The findings suggest that the principal anticipated benefits were recognised across respondent groups, with the differences appearing to reflect respondents' perspectives rather than fundamentally different views about the purpose of the development.

2.7.6 Concerns about the proposals

The clearest differences between respondent groups related to the potential local impacts of the proposed development. Respondents who lived closest to the hospital consistently reported higher levels of concern than other groups across many of the issues explored.

The most pronounced differences related to the building's physical presence within the surrounding area. Local residents, particularly those living within five miles of the hospital, were considerably more likely than patients and carers or staff and professionals to be very concerned about the height and scale of the proposed buildings (38% compared with 7% and 18% respectively), the visual impact of the development (38% compared with 4% and 14%), impacts on light and sunlight (30% compared with 3% and 9%), privacy (32% compared with 5% and 9%), and impacts on neighbouring homes (32% compared with 6% and 13%). This pattern is consistent with proximity to the site being an important factor in concerns about the appearance of the development and its effects on neighbouring properties.

A similar pattern emerged for wider community impacts. Respondents living within five miles of the hospital were more likely than those living further away to report concerns about traffic and access, parking pressures, environmental impacts, construction disruption and wider impacts on neighbouring communities. In contrast, respondents living further from the hospital were more likely to select neutral responses, indicating that these issues were perceived as less directly relevant to them.

While many concerns varied according to respondents' relationship to the hospital or where they lived, some issues attracted consistently high levels of concern across all groups. Parking and pressure on nearby streets was one of the most widely shared concerns, with around two-thirds or more of respondents in each respondent group reporting that they were concerned or very concerned. Construction disruption was also a commonly identified concern across all groups and was particularly prominent among staff and professionals, which may reflect the potential impact on day-to-day hospital operations during the construction period.

The findings suggest that respondents distinguished between concerns affecting the immediate neighbourhood and those with wider implications. Nearby residents were particularly concerned about the development's impact on the surrounding environment and residential area, whereas issues such as traffic, parking and construction disruption were recognised more broadly as important considerations for the successful delivery of the proposed development.

2.7.7 Priorities for the proposals

Respondents' priorities reflected their relationship with the proposed development. While ensuring the hospital meets future healthcare needs was considered important by all respondent groups, patients and carers were the most likely to rate this as very important (92%), which is consistent with a strong focus on the long term quality and sustainability of healthcare services. Staff and professionals also placed a strong emphasis on this priority (77%), while local residents were comparatively less likely to rate it as very important (69%).

In contrast, local residents placed greater emphasis on the potential impact of the development on the surrounding area. They were substantially more likely than patients and carers or staff and professionals to rate protecting views and the local landscape, and minimising impacts on nearby homes and communities, as very important. This may reflect the greater importance placed by nearby residents on protecting their local environment.

Staff and professionals were more likely than the other respondent groups to identify creating a positive first impression for patients and visitors as very important, which may indicate a greater emphasis on the overall quality of the hospital environment and patient experience. However, this was considered important across all respondent groups, with around three-quarters or more respondents rating it as either important or very important.

Energy efficiency and carbon reduction were also widely regarded as important across all respondent groups. Patients and carers were the most likely to rate this as very important (52%), while staff and professionals were more likely to select important than very important. Overall, the findings indicate wide recognition of the importance of incorporating sustainability into the design of the new hospital although it was generally viewed as a secondary priority compared with meeting future healthcare needs and addressing local impacts.

Overall, respondents consistently prioritised delivering a hospital that meets future healthcare needs while reflecting their own relationship with the proposed development. Patients and carers focused primarily on healthcare outcomes, local residents on protecting the surrounding environment, and staff and professionals on creating a high-quality healthcare setting for patients and visitors.

3 Conclusion

Overall, the online public survey indicates very strong agreement that new hospital facilities are needed at Airedale and broad support for the principle and anticipated benefits of redevelopment. This was accompanied by practical concerns and expectations that should be considered as the proposals develop. Respondents strongly recognised the need to replace the life-expired RAAC buildings and modernise the hospital estate, with many identifying benefits for patient care, staff working environments, accessibility and the long-term sustainability of healthcare services.

The findings also highlight the issues respondents most want to see addressed before the planning application is finalised. Traffic, access and parking were the most consistent concerns, together with the height, scale and visual impact of the proposed building, construction disruption, impacts on neighbouring residents, environmental protection, accessibility and inclusion. Respondents also emphasised the importance of clear information about access arrangements, construction phasing, future design development, service layout and how consultation feedback has shaped the proposals.

Further analysis indicates that priorities varied by respondents' relationship with the hospital and proximity to the site, with nearby residents placing greater emphasis on local impacts and patients, carers, staff and professionals placing greater emphasis on healthcare, access and operational issues.

The survey findings should be considered alongside the wider consultation feedback and used to inform the planning application and Statement of Community Involvement. Continuing to engage with patients, staff, local residents and community stakeholders will be important in maintaining confidence, responding to local concerns and demonstrating how feedback has been taken into account.

4 Appendices

4.1 Survey

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

Fields marked as required must be completed. Failure to do so may result in your answers not being counted as part of the survey.

About this consultation

Securing the Future is our once-in-a-lifetime opportunity to build a state-of-the-art new Airedale General Hospital.

Airedale NHS Foundation Trust is developing outline proposals for a new hospital at Airedale.

Most of the current hospital is made from reinforced autoclaved aerated concrete, known as RAAC, which has reached the end of its life and must be replaced as soon as possible.

Before submitting a formal planning application to Bradford Council, we want to hear views from patients, staff, local residents, businesses and community organisations.

At this stage, we are seeking outline planning permission. This means we are asking for feedback on the principle of the development and the design parameters, including the overall approach, proposed layout, scale and height, and access arrangements. We are not asking for views on detailed design features such as materials, interior layouts or landscaping details, which will be developed at a later stage.

Please review the consultation information on the website, exhibition materials or leaflet before completing this survey.

This survey should take approximately 8 to 10 minutes to complete.

If you need an alternative version of the survey (for example in large print or another language) please get in touch:

- Call 01535 536563 - leave your name and number and we will call you back,
- Email: AiredaleNewHospital@olovus.co.uk
- Write to us at:

  Communications Department
  Trust HQ,
  Airedale General Hospital
  Skipton Road
  Steeton
  Keighley, West Yorkshire
  BD20 6TD

Your information and this form

Airedale NHS Foundation Trust is working with an independent team called Olovus to run this consultation. In this form, we'll ask for your views about the new hospital. You do not have to provide this information.

How your information will be used

Airedale NHS Foundation Trust will keep your personal information safe. They will only use it for this consultation. Under data protection law, Airedale NHS Foundation Trust is responsible for your information. This means they are the data controller. Olovus collects, stores, and uses your information for the consultation. This makes them the data processor. Airedale NHS Foundation Trust may share the information you give them with Olovus to help with this work.

Your rights

To learn more about how Olovus uses your information, your rights, and how to make a complaint, you can visit: Olovus.co.uk/mydata. This information is available in English, British Sign Language and Easy Read.

To learn more about how Airedale NHS Foundation Trust uses your information, your rights, and how to make a complaint, you can visit: https://www.airedale-trust.nhs.uk/about-us/corporate-information-and-publications/using-your-information-and-privacy-notices/

Section 1. About you.

These questions help us understand who we have heard from.

1. Please tell us if you are responding as:

(Please select only 1 option)

- Local resident [Skip to Q3]
- Patient or service user [Skip to Q3]
- Family member or carer [Skip to Q3]
- Member of staff [Skip to Q3]
- Local business
- Community or voluntary organisation
- Healthcare professional, local council or public service representative [Skip to Q3]
- Other, please tell us

Your organisation

2. Please tell us which organisation you're responding on behalf of:

About you

Your postcode: This is important so that we can see how people living in different areas feel about the proposed changes. We do not need your house number or full address.

3. Please give us:

the first part of your postcode (e.g. BD20)

4. Please give us:

the number from the second part of your postcode (e.g. ... 6xx)

5. How often do you visit the hospital site?

(Please select only 1 option)

- Very often, for example daily or most days
- Fairly often, for example once a week
- Occasionally, for example once or twice a month
- Rarely, for example once every few months or once a year
- Never

Understanding the proposals

6. Before today, how familiar were you with the outline proposals for the new hospital?

(Please select only 1 option)

- Very familiar
- Somewhat familiar
- Not very familiar
- Not at all familiar

7. What information about the new hospital have you looked at? Select all that apply.

- Exhibition information
- Consultation leaflet
- Consultation website
- Social media information
- Media coverage
- None of the above
- Other, please tell us

8. Thinking about the information you reviewed, how clear is the information about the areas we are seeking feedback on at this outline planning stage?

(Please select only 1 option)

	Very clear	Fairly clear	Neither clear nor unclear	Fairly unclear	Very unclear	I have not seen any information
The need for new hospital facilities and for life expired reinforced autoclaved aerated concrete (RAAC) buildings to be replaced as soon as possible						
Why the new hospital is proposed on the current hospital site						
The proposed layout of the new hospital and supporting buildings						
The proposed scale and height of the new buildings						
Access arrangements, including how people will get to and move around the site						
How the need to keep the existing hospital running while the new						

	Very clear	Fairly clear	Neither clear nor unclear	Fairly unclear	Very unclear	I have not seen any information
hospital is built has shaped the proposals						
How national Hospital 2.0 requirements have shaped the proposals						
What will be developed in more detail at later stages						

9. Was there anything you felt was unclear or missing from the information provided at this stage?

Principle of development

The new hospital must meet the needs of future patients, staff and communities while fitting as well as possible within its surroundings.

We would like to understand any local issues we should consider before submitting the planning application.

10. To what extent do you agree or disagree with the following statement:

“There is a clear need for new hospital facilities at Airedale.”

(Please select only 1 option)

- Strongly agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Strongly disagree
- Not sure

11. Please explain your answer.

12. What do you think are the main potential benefits of the proposals?

- ☐ Replacing life expired RAAC buildings as soon as possible
- ☐ Providing a modern, state-of-the-art healthcare facility for the hospital's catchment area
- ☐ Improved healthcare facilities
- ☐ Improved patient experience
- ☐ Improved staff working environment
- ☐ Modern and efficient buildings
- ☐ Better accessibility
- ☐ Supporting safer and more efficient care
- ☐ Securing significant investment in the local economy and infrastructure
- ☐ Employment, skills and wider economic benefits
- ☐ Environmental improvements

13. If you think there will be other benefits, please tell us.

14. To what extent are you concerned about any of the following issues in relation to the proposed development?

	Very concerned	Concerned	Neither concerned nor not concerned	Not concerned	Not concerned at all	Not sure
Traffic and access						
Parking and pressure on nearby streets						
Building height and scale						
Visual impact and views						
Impact on light or sunlight for nearby homes						
Privacy for nearby homes						
Construction disruption						
Increased noise						
Environmental impacts						
Impact on trees, green space or local routes						
Impact on neighbouring homes						
Wider impacts on neighbouring communities						

15. Please tell us more about any concerns you have, including where they are and what you think should be considered.

16. Thinking about the proposals you have seen, how important are the following to you?

	Very important	Important	Neither important nor not important	Not important	Not at all important	Not sure
Making sure the hospital meets future healthcare needs Protecting views and the local landscape						
Minimising impact on nearby homes and communities						
Providing welcoming green spaces						
Creating an attractive building and public spaces						
Supporting biodiversity and nature						
Making the site easy to navigate						
Creating a positive first impression for patients and visitors						

17. Are there any changes, improvements or additional measures you would like us to consider to help reduce any local impacts?

18. Are there any features of the proposals or potential benefits that you particularly support?

Landscape, environment and sustainability

These questions will help us understand how the new hospital can support the local environment and be a good neighbour.

19. How important are the following to you in relation to the proposed development?

	Very important	Important	Neither important nor not important	Not important	Not at all important	Not sure
Protection of trees and landscape features						
Biodiversity and habitat enhancement						
Energy efficiency and carbon reduction						
Sustainable drainage and flood resilience						
Minimising pollution and environmental impacts						

20. Do you have any comments or concerns relating to landscape, green space, sustainability or environmental impacts?

Final comments

21. Before we finalise the planning application, are there any other local issues or concerns related to the new hospital you think we should consider further?

22. Are there any access or inclusion issues you think should be considered further as the proposals develop?

Thank you for completing the survey questions. In the next section you have the opportunity to provide your contact details if you would like to be kept informed of the project to build our new Airedale Hospital. Your contact information will not be in the analysis of the consultation.

If you do not wish to provide your contact details, please tick the box next to 'Submit answers anonymously?' on the next page.

There are also some questions about you on the next page. These questions are optional and help us understand whether we have heard from a broad range of people and communities. Please answer the questions or scroll to the end of the page to submit your responses

Your details

First name

Last name

Email address

4.2 Demographic breakdown

Category	No.	%
Age		
18-29	23	5%
30-39	49	11%
40-49	76	17%
50-59	77	17%
60-69	81	18%
70-79	76	17%
80+	21	5%
Prefer not to say	12	3%
No answer	37	8%
Gender		
Male	158	35%
Female	233	52%
Non-binary	1	<1%
Prefer to self describe	1	<1%
Prefer not to say	17	4%
No answer	42	9%
Gender identity match sex as registered at birth		
Yes	387	86%
No	3	1%
Prefer not to say	16	4%
No answer	46	10%
Currently pregnant or have been in the last year		
Yes	14	3%
No	376	83%
Prefer not to say	16	4%
No answer	46	10%
Marital status		
Civil partnership	12	3%
Dissolved civil partnership		
Divorced	21	5%
Married	257	57%
Single	57	13%
Widowed or a surviving partner from a civil partnership	16	4%
Prefer not to say	39	9%

No answer	50	11%
Disabled		
Yes	147	33%
No	221	49%
Prefer not to say	33	7%
No answer	51	11%
Disability type		
I do not consider myself to have a disability	22	5%
Learning disability or difficulty	13	3%
Long term illness	73	16%
Mental health need	17	4%
Physical impairment such as mobility issues	53	12%
Sensory impairment	15	3%
Prefer not to say	9	12%
No answer	3	1%
Caring responsibilities		
No	239	53%
Yes - young person(s) aged under 18	89	20%
Yes - adults aged 18 - 24	9	2%
Yes - adults aged 25 - 49	8	2%
Yes - adults aged over 50 years	67	15%
Prefer not to say	25	6%
No answer	40	9%
Ethnic group		
Asian or Asian British - Bangladeshi	1	<1%
Asian or Asian British - Indian	1	<1%
Asian or Asian British - Other Asian	1	<1%
Asian or Asian British - Pakistani	15	3%
Black or Black British - African	3	1%
British Kashmiri	1	<1%
Mixed - Other Mixed	2	<1%
Mixed - White and Black African	1	<1%
Other	8	2%
Prefer not to say	13	3%
White - English, Welsh, Scottish, Northern Irish, British Irish	348	77%
White: Other	11	2%
Sexual orientation		

Bisexual (people of either sex)	8	2%
Gay (both men)	3	1%
Heterosexual (people of the opposite sex)	333	74%
Lesbian (both female)	3	1%
Prefer not to say	47	10%
No answer	58	13%
Religion		
Buddhism	1	<1%
Christianity	199	44%
I have a religion or strongly held belief but prefer not to specify what this is	12	3%
Islam	20	4%
No religion	124	27%
Prefer not to say	36	8%
Sikhism	1	<1%
Spiritual	8	2%
No response	51	11%

4.3 Additional analysis categories

Question	(n)	Categories included	(n)
Respondent type			
Local residents	194	Local resident	194
Patients and carers	147	Patient or service user; Family member or carer	137 10
Staff and professionals	104	Member of staff; Healthcare professional; Local council or public service representative	90 14
Excluded	7	Community or voluntary organisation *(due to low number)* Other	2 5
Hospital proximity			
Within 5 miles	185	Steeton; Silsden	118 67
5–15 miles	130	Keighley; Skipton; Addingham	61 48 21
More than 15 miles	128	Ilkley; Settle; Colne; Barnoldswick; Other locations	23 21 13 5 66
Excluded	9	Unknown	9
Hospital use			
Frequent users	145	Very often (daily or most days); Fairly often (once a week)	111 34
Occasional users	92	Occasionally (once or twice a month)	92
Infrequent/non-users	215	Rarely (once every few months or once a year); Never	206 9
Excluded	0	No exclusions	
Familiarity with the proposals			
Familiar	274	Very familiar	52

		Somewhat familiar	222
Not familiar	178	Not very familiar Not at all familiar	129 49
Excluded	0	No exclusions	

Table note

Comparison groups were created by combining related response categories to provide sufficiently large groups for analysis. Respondent type comparisons excluded seven respondents who selected "Community or voluntary organisation" (n=2) or "Other" (n=5), as these could not be meaningfully allocated to one of the three comparison groups.

Hospital proximity comparisons excluded nine respondents whose location was unknown.

No respondents were excluded from the hospital use or familiarity comparisons.

For all other analyses, respondents with missing responses to the relevant question were excluded from that analysis only.