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

Feedback from the onsite exhibitions

July 2026

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Executive summary

This report summarises onsite engagement undertaken as part of the pre-application community consultation on the outline plans for a new Airedale Hospital. The activity provided opportunities for patients, visitors, staff and residents to view the proposals, ask questions and share feedback in person at Airedale Hospital. It complemented the wider consultation by capturing practical, qualitative insight from people using, working in and visiting the hospital site.

An Olovus engagement team delivered eight onsite exhibition sessions during the consultation period. The first session took place on Thursday 4 June, followed by weekly Wednesday sessions up to and including Wednesday 22 July 2026. During this period, the team spoke to 167 people, handed 283 leaflets and postcards directly to individuals and distributed a further 117 around the hospital. The findings are indicative rather than statistically representative and reflect the views of those present on engagement days who chose to speak to the team.

The onsite engagement captured a wide range of comments on the outline plans and related issues. Feedback included positive comments about the prospect of a new hospital at Airedale, as well as questions, concerns and suggestions about how the plans would work in practice. People were not asked whether they supported or opposed the plans, so the findings should not be read as a measure of support.

The themes summarised in this report reflect open discussion with patients, visitors, staff and residents. They include positive comments, concerns, questions and suggestions about how the proposals may work in practice, rather than concerns alone.

The most prominent discussion themes were traffic, access and parking, and healthcare facilities and patient experience. People raised points about parking capacity, staff and consultant parking, disabled access, EV charging, public and patient transport, pedestrian routes, road safety and access during construction. Healthcare-related comments included single rooms, patient observation and interaction, service locations, staff input into design, wayfinding, lifts, catering, air conditioning, lighting and the movement of people, equipment and supplies.

Other discussion points related to building height, scale and appearance; potential effects on views and landscape fit; impacts on nearby residents; construction disruption; programme certainty, cost, funding and timescales; and how future building-material risks would be avoided. People also asked how the existing hospital would remain safe and operational during construction and how construction traffic and road infrastructure would be managed.

This feedback should be considered alongside the full range of wider consultation findings, including online and on-street survey responses, door-knock feedback, community roadshows, resident meetings and community panel input. Together, these findings will inform the planning application and Statement of Community Involvement. They also highlight the importance of clear communication, practical mitigation and continued engagement as the proposals move through planning and design development.

1 Introduction and methodology

This section summarises onsite engagement undertaken as part of the pre-planning application community consultation on the outline plans for a new Airedale Hospital. The activity gave patients, visitors, staff and residents regular opportunities to view the proposals, ask questions and share feedback at Airedale Hospital.

It supported the wider consultation by making information more accessible to people using or visiting the site.

An Olovus engagement team was based at Airedale Hospital each Wednesday during the consultation period, delivering eight onsite exhibition sessions between Wednesday 4 June and Wednesday 22 July 2026.

The team raised awareness of the consultation, answered questions, signposted people to further information and the online survey, handed out leaflets and postcards, and captured comments from face-to-face conversations.

Session notes and observations were reviewed thematically. Recurring issues were grouped into the themes in Section 3, with individual suggestions included where evidenced in the recorded comments.

Findings should be interpreted in context. The exhibitions captured views from people present at the hospital on the days the team was present, and who were willing and able to engage, so they are indicative rather than statistically representative. As informal qualitative feedback, they should not be read as a ranked or weighted assessment.

People with a stronger interest in the proposals may have been more likely to engage, and not all conversations were captured to the same level of detail.

Feedback from this activity will be considered alongside wider consultation findings to inform the planning application and Statement of Community Involvement.

Activity	Number
Number of leaflets and postcards handed out to individuals	283
Number of leaflets and postcards distributed throughout the hospital	117
Number of people spoken to	167

Table 1: Summary of activity

2 Key findings

Overall, the onsite engagement captured a wide range of comments on the outline plans and related issues. Feedback included positive comments about the prospect of a new hospital and about Airedale Hospital more widely, alongside questions, concerns and suggestions about practical issues. Because people were invited to comment rather than indicate support or opposition, these findings should be understood as qualitative feedback rather than a measure of support for the proposals.

Some comments were more cautious, negative or sceptical. These included questions about the new hospital and its impact, uncertainty about whether and when it would be completed, and requests for clearer information about the design, the reasons for key design choices, and how consultation feedback would be considered.

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

2.1 Traffic, access and parking

Traffic, access and parking was one of the most prominent discussion themes. People raised concerns, questions and suggestions about current parking pressures for staff, patients and visitors, and about how parking and access would work during construction and once the new arrangements are in place. Individuals also discussed staff and consultant parking, disabled parking across the site, Electric Vehicle (EV) charging, pedestrian routes, public and patient transport, the safety of turning out of the site, and whether new access roads would be available for public use.

Areas raised for consideration included:

- Parking and car park design
    - improving parking as soon as possible, including interim arrangements while the multi-storey car park is being delivered
    - ensuring there will be enough parking for staff, patients and visitors, including at shift change times and with clarity on consultant parking
    - designing the multi-storey car park so it is easy to navigate
    - providing disabled parking close to outpatient and main hospital entrances and around the wider site, not only within main car parks
    - providing sufficient, affordable EV charging spaces.
- Public and active travel
    - making pedestrian routes accessible for wheelchair users and people with prams, avoiding steps and steep gradients where possible restoring footpaths affected by the new access road after works are complete
    - considering whether a footbridge should be included within plans

    - considering how bus reliability, rural transport access and patient transport eligibility affect people travelling to appointments
    - considering a railway station or improved rail-related access.
- Road access and safety
    - clarifying how the new access road will work, whether it will be for public use and whether traffic-calming measures will be included
    - considering traffic lights or other measures at the entrance to improve safety when leaving the site, particularly for right turns
    - ensuring access to emergency care remains quick and direct
    - selecting planting near access roads that does not obstruct visibility for drivers or pedestrians Healthcare facilities and patient experience.

2.2 Healthcare facilities and patient experience

Healthcare facilities and patient experience was also one of the most prominent discussion themes. Comments, questions and suggestions focused on how the new hospital would support patient care, staff working practices and the day-to-day operation of services.

Positive feedback was provided about the move to single rooms, with individuals saying this would be better for patients, support recovery through improved privacy, and help avoid difficult experiences associated with shared bays. However, comments also raised practical considerations about how single rooms would work in practice, including staff observation, alarm or bleep arrangements, and maintaining opportunities for patient interaction.

Comments also covered wayfinding, service locations and department layouts, staff input into the design, catering, patient environments and new ways of working.

Areas raised for consideration included:

- Service planning and capacity
    - ensuring the new hospital has the right services, facilities, equipment, staffing and capacity for patients
    - clarifying the future location and operation of services and departments, including Pathology, Emergency Department (ED), endoscopy, maternity, bereavement support services, the mental health unit, nursery, doctors' accommodation and administrative functions
    - considering whether more services could be provided in community settings.
- Staff and departmental design input
    - involving staff and individual departments in layout and design decisions so spaces support clinical and operational workflows
- Single rooms and patient interaction
    - ensuring single rooms are supported by appropriate alarm, bleep and observation arrangements

    - maintaining communal spaces or opportunities for interaction alongside single rooms
    - considering how single bedrooms will be managed by nursing staff.
- Navigation, movement and logistics
    - improving wayfinding and navigation around the hospital
    - providing reception or help points at entrances so people can find support when they arrive
    - clarifying the number of lifts planned and whether there will be dedicated patient or staff-only lifts
    - making sure there are enough lifts for staff, patients, visitors and equipment in a tall building
    - ensuring lift maintenance contracts are robust so lifts are repaired quickly and wards are not disrupted by prolonged outages
    - considering how people, equipment, samples and supplies will move between buildings
    - clarifying how deliveries, supplies, blood and other clinical samples will be received, moved and distributed across the new hospital site
    - considering laundry and rubbish chutes, and a vacuum or pod system for samples, to support efficient movement within the hospital
    - providing covered walkways between buildings, including for patients, visitors and porters.
- Catering and day-to-day facilities
    - designing staff and public catering areas with adequate space, storage, visibility, light, fresh air and views
    - considering how inpatient food will be prepared and whether it can be cooked fresh on site.
- Staff facilities and wellbeing
    - considering staff wellbeing facilities, including whether a subsidised staff gym, appropriate equipment, showers and changing facilities could be provided as part of the new hospital offer.
- Patient environment and wellbeing
    - providing appropriate heating and cooling, good ventilation, opening windows where appropriate, dimmable lighting and softer bedroom lighting options making the most of views where possible to support recovery
    - including green space where patients can take part in growing plants or vegetables as part of therapy.

2.3 Building design and impact

Comments under this theme focused on the height, scale and appearance of the proposed building, including questions and concerns about its potential effect on views across the

valley and privacy and overlooking within the building layout. Some comments expressed concern that the new hospital would be significantly taller than other buildings in the area.

One individual also commented positively on the smaller footprint of the proposed building and felt that it would be an improvement.

Areas raised for consideration included:

- considering how the height of the hospital and multi-storey car park would affect the local landscape and views across the valley
- explaining why a taller building is needed and how this relates to the proposed smaller building footprint
- considering privacy between rooms and across the proposed building layout, including how window screening would work at night when lights are on.

2.4 Impact on residents

Comments under this theme focused on questions, concerns and suggestions about the potential impact of the proposals on nearby residents, including noise, traffic, air quality, residential views, access arrangements and possible disruption linked to construction activity.

While many resident-related comments focused on potential impacts, one participant also observed that the hospital had been established on the site before some of the surrounding housing was built. Areas raised for consideration included:

- managing noise during construction and from future traffic once the hospital is operational
- considering potential air quality impacts for residents living near congested routes
- managing potential health and environmental issues associated with construction activity, including pest control, considering effects on residential views and using appropriate tree planting and landscaping to reduce the visual impact of car parking areas clarifying whether the Haxton Road entry gate will remain locked or be used, including what would be classed as emergency use only
- considering whether occasional use of the Haxton Road gate could help alleviate traffic issues
- explaining how the risk of structural damage to nearby properties would be assessed and managed.

2.5 Project timescales and certainty of funding and delivery

Comments under this theme focused on questions and discussion about the expected timetable for building and opening the new hospital, whether the programme will go ahead (i.e. whether there is definite funding), and the need to plan for the long term. Several comments reflected frustration or scepticism because the project has been discussed for a long time, with some individuals saying they would only believe it when they saw it.

Positive feedback was also provided, including comments that the new hospital was needed urgently and that people were excited for it to happen.

Areas raised for consideration included:

- providing clarity on whether the new hospital will proceed (i.e. whether there is definite funding)
- providing clear information on the expected timeline for building and opening the new hospital
- explaining whether funding is confirmed
- explaining why investment is continuing in existing wards if they are expected to be replaced in future
- setting out the planned life of the new building
- explaining how the programme will manage future building material risks, including risks associated with materials such as reinforced autoclaved aerated concrete (RAAC)

2.6 Construction impact

Comments under this theme focused on questions, concerns and suggestions about temporary construction-phase effects on the day-to-day operation of the existing hospital site, particularly safe access, construction traffic management and continuity of services while building work is underway.

Areas raised for consideration included:

- how staff, patients, visitors and hospital transport services would move safely around the site during construction
- how construction traffic would be managed and kept separate from normal hospital access where possible
- whether new road infrastructure would be delivered early enough to support construction access and reduce disruption
- the construction timetable and phasing of the programme, including how long the build would take
- whether the existing hospital would remain open and operational throughout the works
- the safety and suitability of building at height on the site.

2.7 Local infrastructure and environment

Comments under this theme focused on questions, concerns and suggestions about how the new hospital would fit within the local landscape and surrounding environment, particularly in relation to colour, materials, tree planting, land use and flood-risk management.

Areas raised for consideration included:

- using materials and colours that are sensitive to the local setting, such as darker green tones to help the building blend more effectively with the surrounding environment
- using additional tree planting or landscaping to soften the visual impact of the new hospital
- explaining why all available fields at the rear of the site are not proposed for development
- considering whether the watercourse to the rear of the site could contribute to flood risk management

2.8 Communication and engagement

Comments under this theme focused on questions, concerns and suggestions about how information on the proposals is shared and whether people feel informed and able to understand the consultation process. Comments included uncertainty about whether feedback would make a difference, staff seeing information on Facebook rather than directly from the Trust, and staff needing clear information to answer questions from family, friends and members of the public.

Areas raised for consideration included:

- explaining clearly how consultation feedback will be considered, used and reported providing regular, direct staff briefings so staff do not have to rely on social media for updates
- providing staff with clear, accessible information and key messages so they can respond confidently to questions from patients, families, friends and members of the public

3 Conclusion

Overall, the onsite engagement provided useful qualitative insight from patients, visitors, staff and residents during the consultation period. It captured a wide range of comments on the outline plans and related issues, including positive comments about the prospect of a new hospital at Airedale, as well as questions, concerns and suggestions about how the proposals would work in practice. People were not asked whether they supported or opposed the plans, so this feedback should not be interpreted as a quantified assessment of support.

The findings also identified practical issues, questions and suggestions to consider as the proposals develop. The most prominent discussion themes were traffic, access and parking, and healthcare facilities and patient experience. Other themes included building height and appearance, construction impacts, effects on nearby residents, landscape fit, programme timescales, funding and communication with staff and the wider community.

This feedback will be considered alongside the wider consultation findings and will inform the planning application and Statement of Community Involvement. Clear information on timescales, funding, access, construction impacts and how feedback has informed the proposals will help maintain confidence and understanding as the plans develop.