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

Consultation feedback report

Final v1.0

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Executive summary

This report brings together findings from the pre-planning application community consultation on the outline plans for a new Airedale Hospital, which ran from 4 June to 24 July 2026. The consultation was designed to understand views on the emerging proposals, identify the benefits people hope a new hospital will deliver, and explore the priorities and potential impacts that should inform the planning application and further design development.

A broad programme of engagement was undertaken across the hospital catchment area. This included an online public survey, a population-representative face-to-face street survey, community roadshows, drop-in exhibitions for residents, door knock activity with households closest to the hospital and onsite exhibitions involving patients, visitors, staff and residents. The consultation included a written submission from Steeton with Eastburn Parish Council, which provided a formal local perspective drawing on resident feedback and the Parish Council's knowledge of the area.

Participation was monitored throughout the consultation, and the programme was adapted where lower participation was identified. This included additional engagement with Asian and British Asian communities. The different activities provided complementary evidence, combining a broad indication of views across the hospital catchment area with more detailed feedback from people with a direct interest in the hospital, the site and the surrounding area.

The consultation was shaped by the Securing the Future Community Panel, which is a group of 15–25 people recruited to reflect the demographic makeup of the Airedale catchment area. The panel act as a sounding board on the plans for the new hospital and assure how feedback from patients and the public is used to inform the design and ensure it reflects the needs, values, and priorities of the communities it will serve.

The consultation found widespread recognition of the need for modern replacement hospital facilities at Airedale. In the online public survey, 96% of respondents agreed that new facilities are needed. This view was shared by 89% of respondents to the population-representative street survey. Feedback gathered through the other engagement activities reinforced this finding, with participants frequently describing replacement facilities as needed, overdue and important to maintaining high-quality hospital care locally.

The population representative street survey also found a high level of support for the outline proposals. Overall, 94% supported the proposals, including 78% who strongly supported them and 16% who slightly supported them. Two per cent were opposed. The online public survey did not include an overall support question, so its findings relate to the need for new facilities and the benefits, concerns and priorities associated with the proposals.

People identified several important potential benefits. These included improved healthcare facilities, replacing outdated buildings affected by reinforced autoclaved aerated concrete, better patient experience, a modern and adaptable environment, improved working conditions for staff and better accessibility. Positive feedback was often linked to people's

personal connection with Airedale Hospital, their experiences of care and their desire to retain high-quality hospital services within the local area.

Alongside this support, people identified clear expectations about how the new hospital should be designed, accessed, constructed and operated. Traffic, access and parking were the most consistently raised practical issues. Participants also wanted the project team to manage construction disruption carefully, protect neighbouring communities, maintain safe access to hospital services throughout the build, and explain how the height, appearance and environmental impact of the proposed development will be addressed.

The emphasis varied between audiences. People living closest to the hospital were more likely to focus on the effects of construction, traffic, parking, building height and visual impact. Patients, staff and people from across the wider catchment placed greater emphasis on the quality of healthcare facilities, accessibility, capacity, navigation and how the new hospital would work in practice. These differences are important and provide the project team with a clearer understanding of where more detailed evidence, mitigation and engagement will be required.

Overall, the consultation provides a strong evidence base for progressing and refining the outline proposals. It demonstrates widespread recognition of the need for replacement hospital facilities and a high level of support within the representative street survey, while also identifying the practical issues that will need a clear and visible response. Maintaining confidence as the programme develops will depend on continuing engagement and transparent communication about access and parking, construction management, design and landscape fit, environmental performance, inclusive access, future capacity, safety and security, and how consultation feedback has influenced the proposals.

1 Introduction and methodology

This report brings together findings from six engagement activities, supplemented by the Parish Council submission, undertaken as part of the pre-planning application consultation on the outline plans for a new Airedale Hospital, which ran from 4 June to 24 July 2026. It identifies recurring themes across the feedback, highlights where views differ between audiences and engagement methods, and summarises the key considerations raised for the project team as the proposals develop.

1.1 Overview of engagement activities

The engagement programme used six complementary activities to reach different audiences and gather both broad and detailed feedback, and to ensure a range of perspectives were captured. The mix of methods was designed to capture catchment-wide views, while also enabling more focused conversations with nearby residents, hospital users, staff and other people with a direct interest in the proposals. A written submission from Steeton with Eastburn Parish Council was also received on 29 July 2026 (with prior agreement) and has been considered alongside the main consultation evidence as a local representative response.

The online public survey was open throughout the consultation period and was promoted through the consultation website, printed materials, social media, media coverage, onsite exhibitions and other engagement activity. It was designed to obtain detailed feedback from interested and potentially affected people on the need for new facilities, anticipated benefits, concerns, priorities, local impacts and possible mitigation.

The population representative face-to-face street survey used a subset of questions from the online public survey. Demographic quotas were used to ensure a population representative sample based on geography, age, gender and ethnicity. Its purpose was to test awareness, perceived need, priorities, concerns and overall support among a broader cross-section of the hospital catchment, including people who may not have responded to the online public survey. Where questions were sufficiently aligned, the two surveys are compared directly; their results are not pooled because their recruitment methods and analytical purposes differ.

The four qualitative activities added depth and context. Community roadshows gathered informal feedback in towns, villages and community venues, including additional activity arranged in response to monitoring of lower participation among Asian or British Asian communities. Residents' drop-ins and door knocking focused more closely on communities near the hospital and therefore provide particularly important evidence about local and residential impacts. Onsite exhibitions captured the perspectives of patients, visitors, staff and residents using the existing hospital. These activities captured the views of those present and willing to engage; they are indicative and are not statistically representative.

Running alongside the public engagement activities, the Airedale New Hospital Community Panel was established to provide a continuous, structured community perspective as the new hospital progresses. The panel comprises 15 to 25 local residents

recruited, as far as practical, to reflect the demographic diversity of the catchment. It focuses on areas that remain open to influence, including breadth of involvement, inclusivity and hospital design, helping community perspectives inform programme decision making.

Table 1 shows the recorded reach for each activity. These figures give an indication of the scale of engagement and the number of people spoken to but should be treated with caution. They include survey respondents, event attendees, people spoken to and households. They count engagement interactions rather than unique individuals, so some people may be included more than once if they took part in more than one activity.

Activity	Number of people or households engaged	Detail
Community roadshows	549 people spoken to	In-person engagement across 11 planned roadshows, a mosque session and one additional community event
Residents' drop-in exhibitions	90 attendees	Three drop-in sessions for residents in Eastburn, Steeton and Silsden
Street survey	602 respondents	Population-representative face-to-face survey across the catchment
Door knock activity	191 households spoken to (176 provided views)	Direct engagement with households closest to the hospital
Onsite exhibitions	167 people spoken to	Eight sessions with patients, visitors, staff and residents at the hospital
Online public survey	452 respondents	Self-selecting online public survey
Written response	1 written response	Formal response from Steeton with Eastburn Parish Council, drawing on resident feedback and local knowledge
Total interactions	**2,052**	**Combined recorded interactions**

Table 1 Summary of engagement activity

1.2 Analytical approach

Analysis was carried out in two stages. First, each activity was analysed within its own report using the method appropriate to the evidence collected.

For the online public survey and face-to-face street survey, closed questions were summarised using counts and percentages. Percentages were calculated using the relevant respondent base for each question. Open-text responses were reviewed and coded against question-specific coding frames; a response could receive more than one code, and related codes were grouped into broader themes.

For the qualitative activities, notes and observations were reviewed thematically to identify recurring concerns, questions, positive feedback and suggestions for improvement. Themes were identified by examining the issues recorded within and across the activities, including where similar points arose in different locations or engagement settings. They provide an indication of the content and recurrence of discussion, but do not quantify how many participants held a particular view.

Second, the findings from the six activities were brought together to identify the main themes. This involved identifying which issues arose repeatedly, where views differed between audiences, and whether themes related to planning, design, construction or wider hospital operations.

This approach strengthens the evidence for themes identified across several independent activities, without allowing a large sample or a high volume of comments from one method to dominate relevant minority or place-specific concerns.

1.3 Interpretation and limitations

The evidence provides a broad and detailed account of consultation feedback, but it should not be interpreted as a single representative poll of the hospital catchment. The following points should be considered when interpreting the findings:

Participation and representation

- Participation in the online public survey and in-person activities was voluntary. The findings reflect the views of people who chose, or were available, to engage and may therefore overrepresent those with stronger views, greater awareness of the proposals or a more direct connection to the hospital.
- The population-representative face-to-face street survey, which used independent recruitment and demographic quotas, provides the best indication of wider community views. The reported level of overall support is based on this survey only and should not be interpreted as representing the consultation as a whole.
- Some people may have participated in more than one engagement activity, for example, by completing the online survey and attending an exhibition or taking part in the door-knock activity. As a result, the engagement totals represent interactions across the activities rather than a count of unique individuals.

Analysis and reporting

- Percentages and counts remain attached to the activity, question and respondent base from which they were derived. Results have not been pooled across samples and should not be compared directly where the questions, response options or methods differed.
- Feedback from the qualitative activities was captured through discussion notes and observations rather than a structured questionnaire or participant-level coding framework. The number or proportion of participants raising individual issues cannot therefore be calculated reliably. Descriptions such as “recurring”, “prominent” or “commonly discussed” indicate recurring patterns within the recorded discussions,

rather than quantified prevalence among participants or the wider population. Differences in the format, duration and recording of activities may also have affected the level of detail captured.

- Cross-tabulations identify indicative differences between groups but were not tested for statistical significance. Findings relating to smaller subgroups should therefore be interpreted cautiously.

Interpreting the findings

- The frequency with which a theme was raised indicates its prominence within the feedback, but not necessarily its severity, planning significance or the scale of mitigation required. Less frequently raised concerns may still require careful consideration, particularly where they relate to safety, accessibility or concentrated effects on nearby residents.

Scope of the feedback

- Some feedback related to clinical services, staffing and day-to-day operations rather than matters directly related to the pre-planning application. It has been retained because these issues affect public confidence and should be referred to the relevant design, construction or service-planning workstream.

1.4 Next steps

The individual activity reports remain the detailed source record for each engagement activity. This integrated analysis brings together the recurring and contrasting findings across the consultation, complementing the activity-level reports. Together these reports will inform the Statement of Community Involvement, providing evidence of how community feedback has been considered as the programme develops.

2 Key findings

2.1 Need for new hospital facilities

There was clear and consistent agreement that replacement hospital facilities are needed. In the online survey, 96% (n=436) agreed that there is a clear need for new hospital facilities, including 85% (n=386) who strongly agreed. Similarly, in the street survey, 89% (n=536) agreed that new facilities are needed, while 2% (n=12) disagreed.

The community roadshows, residents' drop-ins, door-knock activity and onsite exhibitions gave context to these findings. Across these activities, participants described the new hospital as needed, long overdue or essential. The existing estate was widely seen as dated and increasingly unsuitable, while replacement of life-expired reinforced autoclaved aerated concrete (RAAC) buildings added a sense of urgency to the proposals. Participants also linked the case for investment to population growth, increasing future demand and the importance of retaining hospital services locally rather than requiring patients to travel to hospitals further afield.

Some respondents and participants also questioned whether refurbishment would be preferable to complete rebuild, or whether the proposed scale, location and design was the right solution. While these views did not alter the overall finding that replacement facilities are needed, they highlight the importance of explaining why this option and site have been chosen, and how alternative options have been considered.

2.2 Anticipated benefits of the proposal

2.2.1 Better and more resilient healthcare facilities

The most prominent anticipated benefit was the opportunity to improve the quality, safety and resilience of healthcare provision. In the online survey, 79% (n=357) selected a modern, state-of-the-art facility as a benefit, 77% (n=346) selected replacing life-expired reinforced autoclaved aerated concrete (RAAC) buildings as soon as possible, 73% (n=332) selected improved healthcare facilities and 71% (n=322) selected improved patient experience. The street survey showed a similar pattern with 81% (n=488) identifying improved healthcare facilities, 74% (n=445) the replacement of outdated buildings, 73% (n=439) better patient experience and 70% (n=421) selected modern facilities.

2.2.2 Patient experience, dignity and accessibility

Online survey comments and discussions at community roadshows, residents' drop-ins and onsite exhibitions indicated an expectation that the proposals would create a calmer, safer and easier-to-use hospital. Single rooms were welcomed for privacy, dignity, infection control, rest and space for carers, although reassurance was sought about patient observation, isolation and staff contact. Participants across several engagement

activities also identified better wayfinding, shorter and more intuitive routes, step free access, inclusive facilities and improved waiting environments as key potential benefits.

2.2.3 Staff environment and operational effectiveness

Improved working environments, modern technology and better departmental relationships were seen as benefits for staff and service delivery. Staff and healthcare professionals responding to the online survey placed relatively greater emphasis on the working environment and operational delivery. Onsite discussions also highlighted practical questions about staff parking, lifts, the movement of equipment and supplies, catering, lighting, air conditioning and staff involvement in detailed design.

2.2.4 Wider benefits

Environmental improvements, local jobs, skills and investment were recognised in the two surveys and across the in-person engagement, although these were less prominent than the anticipated healthcare benefits. Online survey respondents and participants at the engagement events identified opportunities for energy-efficient design, renewable energy, biodiversity enhancement, attractive landscaping and green spaces that support recovery and wellbeing. Some also wanted local businesses, employment and training to benefit from the development.

2.3 Concerns and potential impacts

2.3.1 Traffic and access

Traffic and access emerged as a prominent cross-cutting concern. It was discussed at community roadshows, residents' drop-ins, onsite exhibitions and in door-knock activity and was the joint-highest quantified concern in both surveys. In the online survey, 68% (n=310) were concerned about traffic and access; in the street survey, the figure was 50% (n=301).

The difference in the level of concern is consistent with the samples' different purposes: people who actively responded online were more likely to be engaged with the proposals or affected by them, while the street survey captured a broader, population-representative cross-section of the hospital catchment. Despite the different levels of concern, both surveys identify traffic and access as an important practical issue.

Specific matters raised included additional traffic through Steeton and on narrow local roads; existing congestion and capacity at junctions; ambulance and emergency access; links to the bypass; rural public transport and bus and rail connections; safe walking and cycling routes; drop-off arrangements; and safe, accessible routes between transport stops, car parks and hospital entrances. Participants also wanted construction and operational traffic to avoid unsuitable residential routes. The Parish Council submission added that transport assumptions should be tested against real-time conditions at key points in the hospital working day, including the effect of Skipton Road congestion, the

Crosshills level crossing, wider roadworks and both right-turn and left-turn movements from the proposed Eastburn access point.

2.3.2 Parking

Parking was also a prominent concern. In the online survey, 69% (n=311) were concerned about parking pressure on nearby streets; in the street survey, the figure was 50% (n=301). Parking was raised across community roadshows, residents' drop-ins, onsite exhibitions and door-knock activity. Existing parking was described as stressful, expensive or inadequate, shaping expectations of the new facilities.

Issues included the overall capacity and affordability of parking; provision for patients, visitors, staff, consultants, blue badge holders and parents with children; demand at staff shift changes; overspill into residential streets; and parking availability during construction.

Onsite exhibition and online public survey feedback also raised practical questions about how the car park would work for users, including CCTV and personal security, EV charging, wider accessible bays, accessible payment machines, short-stay parking and sufficient drop-off or waiting time for people attending A&E.

Participants at residents' drop-ins and in the door knock activity, together with the Parish Council wanted effective controls to prevent parking displacement onto nearby streets, with the Parish Council also asking for future patient and visitor parking to be future-proofed in light of local residential growth, the proposed reduction in the size of the multi-storey car park and uncertainty about whether offsite working arrangements or proposed patient hubs would permanently reduce demand.

2.3.3 Construction disruption and continuity of services

Construction disruption was a substantial concern, particularly in the online survey, where 60% (n=273) were concerned. In the street survey, 27% (n=163) of respondents were concerned. Across the qualitative activities and the Parish Council submission, people asked how construction traffic, noise, dust, working hours, road safety, temporary parking, site constraints, HGV routing, contractor parking, communication about roadworks and resident contact routes would be managed. Nearby residents were particularly concerned about the cumulative effect of these impacts on local roads and living conditions, including the potential wellbeing effects of prolonged construction disruption.

For some door-knock participants, disruption was already being experienced, rather than being seen only as a future risk. Residents reported construction vehicles already using Green Lane, Lyon Road, bridleways and other routes they considered unsuitable, as well as Sunday working and road closures without adequate notice.

Feedback from the door knock activity, residents' drop-ins and onsite exhibitions also highlighted concern about vibration and possible structural damage, dust and air quality, pests displaced by works, and the continued safety of bridleways and routes used by children walking to school. These experiences reinforce the need for clear routing, effective enforcement and ongoing monitoring.

Participants at the onsite exhibitions, including patients, visitors and staff, also wanted assurance that the existing hospital would remain safe and operational throughout construction. Participants asked about temporary service moves, closures, phasing, access to emergency care and parking while the multi-storey car park is built.

2.3.4 Impact on nearby residents

Concern about impacts on nearby residents was most evident among people living closest to the hospital, rather than being evenly distributed across the wider catchment. Online survey respondents living within five miles of the site were more likely than those living further away to identify potential local effects, including increased traffic, parking displacement onto nearby streets, construction noise and disturbance, and effects on neighbouring homes.

The residents' drop-ins and door-knock activity added more local detail. Door knocking found that 55% (n=97) of participating households were broadly positive about the development, while 24% (n=42) were opposed or expressed concern. Concern was more pronounced in the South and West than the East, although residents attending the Eastburn drop-in, closest to the proposed building, expressed the greatest level of concern.

Across these local activities, nearby residents raised concerns about the cumulative effect of construction, traffic, parking and the proposed building on day-to-day living conditions. Traffic and access were the most frequently recorded concern in the door-knock activity (13%; n=23), followed by building height and design (10%; n=17), parking (7%; n=13), and environmental impacts (7%; n=13).

Some participants in the door-knock activity and residents' drop-ins raised more specific property-related issues. These included concerns about possible loss of value and structural damage during construction. The same activities also raised questions about the proposed substation and transformer locations and the potential for persistent humming or other noise to affect neighbouring homes. These were specific concerns rather than themes identified across all activities but were important to those raising them and should be addressed proportionately through technical evidence and clear information about mitigation.

2.3.5 Building height, design and landscape fit

Views on the proposed building design varied. Some participants welcomed the prospect of a modern, compact facility that would be easier to navigate. However, concern about the building's height, scale, design and relationship with its surroundings was a recurring theme, particularly among nearby residents.

In the online survey, 40% (n=181) raised concerns about impacts on neighbouring homes. The most frequently cited design-related issues were height and scale (34%; n=154), visual impact (33%; n=149), privacy (33%; n=149), and effects on daylight or sunlight (31%; n=139). These findings suggest that concerns about the building's form were closely

linked to how the development would be seen and experienced from nearby homes, roads and public viewpoints.

Feedback from the residents' drop-ins, written online survey comments and the Parish Council called for realistic visualisations from nearby homes, roads and other key viewpoints, alongside a clearer explanation of the proposed height, massing, footprint, materials and landscape treatment. The Parish Council specifically identified Haxton Boulevard, Ellison Grove, Airedale Lea, the Thornhill Road estate, Skipton Road and properties close to the proposed new access road as locations where visual material would help residents understand the building's likely appearance. This suggests that the design response will need not only to assess technical impacts but also to explain clearly how the building will sit within its residential and landscape setting, including screening, tree planting, external materials, window positioning, overlooking and daylight.

2.3.6 Environment, drainage and site conditions

Environmental issues were raised across the consultation, although the emphasis varied between engagement activities. In the online survey, sustainable drainage and flood resilience was the highest-rated environmental priority (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). Open text comments particularly addressed the loss of green space and biodiversity, flooding, drainage and water management, and sustainability, carbon and long-term environmental performance.

In the street survey, 30% (n=181) were concerned about effects on trees, green space or local routes and 26% (n=157) about environmental impacts, while environmental impacts were recorded as a concern in 7% (n=13) of door-knock engagements.

More specific questions about site conditions were raised at the community roadshows. These included whether land described by some participants as boggy, sandy or prone to flooding could support a large hospital building; whether the ground conditions could result in settlement or structural movement; and whether drainage, sewage, surface-water and wider water infrastructure would have sufficient capacity.

Participants wanted the project team to provide clear technical evidence on ground conditions, site suitability and flood risk, and to explain how drainage and water infrastructure would be managed, particularly during heavy rainfall.

Across the consultation, people also sought clear and measurable proposals for landscaping, green space, biodiversity, pollution prevention, renewable energy, energy efficiency and carbon reduction. The Parish Council submission added that green space released through removal of existing RAAC buildings should be protected for potential future health, wellbeing and community use, such as accessible green space, family-friendly outdoor areas, walking routes and outdoor exercise or rehabilitation space.

2.3.7 Healthcare delivery, staffing and capacity

Although some feedback related to matters beyond the scope of the planning application, it has been included because these issues are important to public confidence. People taking part in community roadshows, onsite exhibitions and the online survey asked whether there would be sufficient beds and staff, which services would be retained or expanded, how A&E waits and patient flow would improve, how single rooms would be staffed and monitored, and how the hospital would adapt to future demand and technology. Some also wanted stronger connections with community services and local hubs, especially for rural communities.

Participants at the onsite exhibitions raised detailed operational considerations about the number, capacity and reliability of lifts; separation of staff, patient and service movements; lift failure and fire evacuation from a taller building; and the movement of patients, equipment, supplies, blood samples, waste and laundry. The need for safe and convenient connections between buildings and departments, including covered walkways, was also raised in the online survey, while community roadshow participants asked about emergency access and connections across the wider hospital site. Questions were also raised about the proposed location of the helipad and how patients would move safely and quickly between it, A&E and other parts of the hospital. Together, these points concern how the hospital will function safely and effectively, as well as its physical design.

Onsite exhibition feedback also identified detailed environmental and staff requirements, including ventilation and cooling, opening windows, controllable lighting, views and access to fresh air, catering, changing and shower facilities, and spaces supporting staff wellbeing. Frontline teams wanted departments to be involved directly in developing layouts and testing clinical workflows. Some operational suggestions - including weekend clinics, particular clinical services, care-home provision and a staff gym - sit outside the planning application but remain valid consultation findings for referral to the relevant service-planning teams.

2.3.8 Safety, security and emergency arrangements

Safety and security concerns were raised through onsite exhibitions, residents' drop-ins, door-knock and online feedback. Participants asked about fire evacuation from upper floors, resilience if lifts fail, safe emergency access, car-park lighting and CCTV, antisocial behaviour and personal safety when moving around the site. These issues were raised less consistently across the consultation than concerns about traffic or construction but should still be considered as part of wider accessibility and safety planning.

2.3.9 Programme certainty, alternatives, cost and trust

Questions about funding, affordability, timescales, delivery responsibility and political change appeared in the online survey and at community roadshows, residents' drop-ins and onsite exhibitions. Participants wanted assurance that the hospital would be delivered, built to last and not compromised by short-term cost savings. Some participants expressed

concern that decisions had already been made or that consultation would not influence the scheme.

Participants at residents' drop-ins, in the door knock activity and in the online survey also wanted clearer evidence about the alternatives considered and value for money. Suggestions included other sites, a lower-rise design, phased construction, temporary buildings and moving some services offsite. These suggestions do not indicate a single preferred alternative, but they show the need to explain the options appraisal, why the current-site and building-form proposals are preferred, and how cost, disruption and clinical requirements have been balanced.

2.4 Community priorities

The clearest priority was that the hospital should meet future healthcare needs. This was rated important by 98% (n=590) of street survey respondents and 96% (n=433) of online respondents. Ease of navigation was also a consistent priority, rated as important by 86% (n=518) of street survey respondents and 93% (n=417) of online survey respondents. This reflects the desire for a hospital that works well for patients, visitors and staff rather than simply providing a new building.

Across the consultation, participants consistently identified the following priorities. These recur in the online and street surveys and in feedback recorded through the community roadshows, residents' drop-ins, door-knock activity and onsite exhibitions:

- a future-proof hospital with sufficient capacity, adaptable space, modern technology and a safe, effective clinical layout;
- a coordinated traffic and access strategy covering road and junction capacity, emergency access, public transport, walking, cycling, drop-off arrangements and accessible routes;
- sufficient, affordable and accessible parking for patients, visitors and staff, with effective day-to-day management and protection against overspill into nearby streets;
- an inclusive patient and visitor experience, with clear wayfinding and facilities designed for disability, sensory, age, cultural, faith and carer needs;
- protection for nearby homes and communities through sensitive design, realistic impact assessment and enforceable mitigation;
- a construction plan that maintains hospital services and manages traffic, parking, noise, dust, working hours and residential disruption;
- safe, secure and resilient buildings and external spaces, including emergency evacuation, reliable lifts, helipad and ambulance movements, car-park security and safe routes around the site;
- high-quality landscape and environmental measures, including drainage, flood resilience, biodiversity, mature trees, green space, energy efficiency and carbon reduction; and

- clear, continuing communication about design development, funding, timescales, technical evidence and how consultation feedback has influenced decisions.

2.5 Overall support and wider sentiment

The population-representative street survey provides the most robust direct measure of overall support for the outline proposals. It found that 94% (n=566) supported the proposals, including 78% (n=470) who strongly supported them and 16% (n=96) who slightly supported them. A further 2% (n=12) were opposed, 3% (n=18) were neutral and 1% (n=6) were unsure or did not answer. These findings demonstrate strong support among the representative street survey sample but should be considered alongside the concerns and expectations respondents identified about how the scheme should be delivered, noting that the online survey did not include a question on overall support.

The qualitative findings were broadly consistent with this overall picture. Roadshows and onsite exhibitions recorded positive comments and a strong attachment to Airedale Hospital, while residents' drop-ins and door-knock activity showed that support was more conditional among people living closest to the site. Nearby residents were not necessarily opposed to the principle of a new hospital, but wanted greater reassurance about traffic, parking, construction, building height, views and environmental effects.

2.6 Considerations for the project team

The considerations below draw on the main consultation findings to identify practical actions for the project team to address, explain or demonstrate through the planning application, design development, construction planning and ongoing engagement. They draw together recurring requests, questions and suggestions recorded across the consultation evidence.

Across the evidence, traffic and access, parking, construction management and the impact on nearby communities are the issues requiring the clearest and most visible response. Project delivery will progress in phased stages, meaning feedback and suggestions will be reviewed and addressed at the appropriate points throughout the build and further community engagement undertaken as specific plans develop.

2.6.1 Traffic and access

- Publish a coherent operational access strategy showing expected traffic, junction performance, ambulance routes and measures to avoid inappropriate routing through residential streets.
- Explain how bus, rail, shuttle, walking and cycling connections will work for local and rural communities, with safe, accessible routes to hospital entrances.
- Test transport assumptions against real-time conditions at key points in the day, including the effects of the Crosshills level crossing, wider roadworks and both right-turn and left-turn movements from the proposed Eastburn access point.

2.6.2 Parking

- Set out parking numbers, phasing and how people plan to come to the hospital and park, including staff shift changes, staff and visitor demand, Blue Badge and parent-and-child provision, short-stay and A&E drop-off arrangements, EV charging, how people pay (who might be exempt and the ways that people pay), cost and protection against parking overspill.
- Clarify whether offsite working arrangements and any proposed community hubs are sufficiently certain to affect parking and outpatient demand assumptions and ensure future patient and visitor parking reflects planned local growth.

2.6.3 Construction and hospital continuity

- Provide a clear construction management and phasing plan covering temporary construction traffic routes, route controls and enforcement, noise, vibration, dust and air quality, pests, hours, deliveries, temporary parking, bridleways and school walking routes, road safety, advance notice and resident communication.
- Respond transparently to disruption already reported by door-knock participants, with accessible monitoring, reporting and complaints arrangements and clear information about what residents can expect through the constriction timescale.
- Explain how clinical services, emergency access and safe patient movement will be maintained throughout the build.
- Assess and communicate how prolonged construction effects, including noise from piling, traffic disruption and construction parking, could impact residents closest to the site and the wider parish. Design and neighbouring communities
- Use accessible, realistic visualisations to show the proposed height, massing, materials, external lighting, screening, site-edge landscaping and views from sensitive locations.
- Include visualisations from specific local viewpoints identified by residents and the Parish Council, including Airedale Lea, Haxton Boulevard, Ellison Grove, Thornhill Road, Skipton Road and locations close to the proposed access road.
- Demonstrate how privacy, daylight, noise, light spill, views, property effects and living conditions for nearby residents have been assessed and mitigated, including the location and noise effects of the substation and transformers.
- Explain further why the proposed height, footprint and current-site option has been chosen, responding to suggestions for lower-rise, phased, temporary, or offsite options. Patient, visitor and staff experience
- Further communication about how the layout supports future healthcare needs, efficient clinical relationships, navigation, accessibility and operational resilience. Continue detailed engagement with frontline departments, staff, disabled people, carers, older people and people with sensory or neurodivergent needs, including testing departmental layouts and clinical workflows.

- Explain how single rooms, waiting areas, staff facilities, faith space, food and drink, toilets, ventilation, temperature, lighting, fresh-air space, digital systems and wayfinding will work in practice as plans for these progress.
- Show how lifts, covered links and internal logistics will support the safe and efficient movement of patients, staff, equipment, supplies, samples, waste and laundry.

2.6.4 Safety, security and emergency movement

- Demonstrate safe evacuation from all levels, resilience to lift failure and appropriate arrangements for patients with reduced mobility.
- Set out car park and site security measures, including lighting, CCTV and the management of antisocial behaviour.
- Explain the proposed helipad location and safe, rapid connections between the helipad, A&E, ambulance routes and the wider hospital.

2.6.5 Environment and infrastructure

- Present clear evidence on ground conditions, drainage, flood risk, sewage and wider infrastructure capacity.
- Set out measurable proposals for biodiversity, trees, green space, drainage resilience, pollution prevention, energy efficiency and carbon reduction.
- Identify whether land released by the removal of existing RAAC buildings can be protected or planned for future community, health and wellbeing uses, including accessible green space, walking routes and outdoor rehabilitation or exercise facilities.

2.6.6 Communication and influence

- Continue accessible engagement across the catchment, with enhanced dialogue with communities closest to the site.
- Be explicit about what is fixed, what can still change, when further detail will be available and how feedback has influenced the proposals.
- Continue structured dialogue with Steeton with Eastburn Parish Council as plans develop, recognising its offer to support local engagement, provide parish-level insight and explore future community partnership opportunities.
- Maintain regular updates on funding, programme milestones, risks and delivery governance.
- Consider how to improve reach of staff communications so that staff get information directly from the Trust and can respond accurately to questions from patients and visitors.
- Record operational suggestions that fall outside planning and refer them to the appropriate service-planning teams.

3 Conclusion

The consultation evidence shows strong support for modern replacement hospital facilities at Airedale Hospital. Respondents identified clear expected benefits for healthcare provision, patient experience, staff working environments and the long-term resilience of local services. The population-representative face-to-face street survey also recorded very high support for the outline proposals, while the online public survey provided more detailed evidence about the issues, priorities and expectations for delivery raised by engaged respondents.

The findings also show that support was accompanied by clear expectations about how the programme should be developed and delivered. Traffic and access, alongside parking, were the most prominent recurring practical concerns and will require separate but coordinated responses. Construction planning will need to protect hospital continuity and manage effects on nearby communities, while the design must respond convincingly to its landscape and residential setting. The Parish Council submission reinforces these priorities from a local representative perspective and highlights the importance of continued dialogue with communities closest to the site. Environmental performance, inclusive access, future capacity, safety and security, programme certainty and transparent communication will also be important in maintaining public confidence as the proposals progress.

This integrated report does not replace the detailed outputs from each engagement activity. Instead, it brings together the evidence, identifies the themes that recur across engagement methods and audiences, and highlights where views differ by location or participant group. Together with the individual activity reports, it will inform the Statement of Community Involvement submitted with the planning application, providing evidence of the engagement undertaken, the feedback received and how the project team has considered the issues, priorities and suggested mitigation raised through consultation.

The Trust will publish a Statement of Community Involvement as part of the outline planning application that will be submitted this Autumn. The consultation findings are published at https://www.airedale-trust.nhs.uk/about-us/securing-the-future-of-airedale/get-involved/feedback-about-the-design-of-our-new-hospital/