

Celebrating a proud history

# The Royal Hospital for Sick Children

1882 – 2015







Wood street  
Port Dundas 1910

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# The need for a children's hospital

**When the first recorded meeting to discuss the building of a children's hospital in Glasgow was held in 1861 it was against a background of vile living conditions, overcrowding and an infant death rate amongst the highest in Europe.**

The most vociferous and determined of those present at the meeting of doctors, clergy and eminent citizens were Dr John Cowan and Dr George MacLeod, each of whom would go on to make significant contributions to the future success of the Hospital for Sick Children.

Their early efforts for the creation of a hospital solely for the treatment of children would, however, be hampered by more than 20 years of opposition by rival medical institutions, funding and location difficulties.

By the mid 19th century many European cities had realised the need for separate children's hospitals, including Copenhagen, St Petersburg, Istanbul, Liverpool, Edinburgh and London.

Glasgow in 1861 was one of the few still without – and nowhere could the need have been greater.

Thousands lived in overcrowded single-ends where living conditions were vile by modern day standards.

Many were windowless cellars, with dirt floors, often housing seven people to a room. Festering rubbish heaps, faulty drains and polluted water made the city prey to recurrent epidemics.

The annual deaths totalled 30,000 to 40,000 per year, almost three percent of the population, and half of those deaths were of children under the age of five.

Bow legged from rickets, the children of the slums were also prey to nervous diseases, convulsions, hydrocephalus, tuberculosis, scarlet fever, mumps and smallpox. Many died without ever having seen a doctor.





# Overcoming the opposition

Life on the ward in the early days.



In his address to the inaugural meeting, Dr Cowan noted that many of the children of the poor received no medical attention except when “it was too late to be of any avail”.

From the first meeting there were strong hints of opposition, most strongly from the directors of Glasgow Royal Infirmary who claimed that their current provision of treatment was adequate.

There followed many years of bickering and obfuscation that does little credit to certain sections of the city’s medical world.

In the end it was Glasgow merchant James Whitelaw who eventually identified a site that would be most suitable for a new children’s hospital. The building on the north slope of Garnethill, at the corner of Scott Street and Buccleugh Street, was purchased in 1880 for £2000 and following a further expenditure of £10,000 on its conversion into a hospital, it opened as

the Hospital for Sick Children in December 1882.

A board of directors was elected and the hospital set forth its objects: “To provide treatment for the children of the poor and to set up a dispensary for advice and medicine; to promote the advancement of medical science with reference to the diseases of children; to train women in special duties of children’s nurses and to instruct lady pupils in the care of sick children.”

The first patients, aged two – 12, clad in day and night dresses made by the ladies of Hyndland Church occupied three wards, one on each floor, decorated by paintings of popular nursery rhymes.

In addition to the latest methods of heating, lighting and ventilation, the hospital received free water from Glasgow Corporation and boasted an impressive Victorian intercom system.





## Staff in the early years



Scotland had been slow to accept the idea that nursing could be a serious profession and not regarded as “the last refuge of female adversity”.

The nursing staff were responsible for maintaining a high moral and religious tone in the hospital, including the taking of evening prayers and the singing of grace before meals.

The first Lady Superintendent (in effect matron) was Mrs Louisa Harbin who had worked previously at Great Ormond Street in London and at Leicester Infirmary.

On one occasion she was sternly reminded of her duties as unofficial security officer when the cook was

arrested and jailed for stealing from the hospital kitchens. She later turned the tables when she presented the board with her own memorandum of “things that have lapsed”, including the failure to give advance notice to surgeons of patients being prepared for operation.

The medical staff at Garnethill, as was common elsewhere, consisted of visiting surgeons and physicians on a part-time basis. These included the distinguished surgeons William Macewen and Hector Cameron and honorary physicians James Finlayson and William Leishman.

Macewen and Cameron had contrasting personalities and different approaches to surgery. Procedure in

the operating theatre would vary depending on which one was in charge.

Cameron, who had been pioneer James Lister’s house surgeon when carbolic acid was introduced at the Royal Infirmary, would carry out his operations in strict accordance with the antiseptic principles of surgery.

Macewen, although he had held a similar position with Lister, had by now moved to the more recent method of aseptic surgery which would involved much preliminary washing of hands and boiling of gauze for swabs and dressings. He was also one of the first to wear a white coat. (Lister had worn an old rubber apron smeared with carbolic).

An early 20th century photograph of the nurses in uniform.  
The nurses’ stiff collars were phased out in 1930.





## Growing demand for services

In 1889 the hospital received permission to add 'Royal' to its title and received visits from royal visitors Princess Louise, daughter of Queen Victoria and later from her elder sister Princess Christian of Schleswig-Holsten.

The number of admissions steadily rose and the proportion of surgical patients increased. By the late 19th century there were more patients admitted by surgeons than by physicians, and more seen at the dispensary by surgeons than physicians – a pattern which has continued. The mortality in surgical patients was significantly lower than that in the medical wards, no doubt related to the diseases present at the time.

The demand for the services was much greater than the established situation could sustain. An extension providing a further 12 cots was provided in 1887 when Chairman Thomas Carlile personally funded the purchase of the next-door house in Buccleuch Street.

The following year, the Board opened a dispensary in West Graham Street, which functioned until 1954. In its first year it dealt with just over 16,000 patients. By the end of the 19th century – it was almost 25,000 and by 1933 it was more than 100,000.

The out-patient facilities from this dispensary became known internationally, thanks in the main to the work between 1894 and 1914 of visiting surgeon James Nicoll, one of the country's greatest. He pioneered work in many fields, notably brain and abdominal surgery and it was at West Graham Street that many of his radical ideas were put into practice.

He was also Professor of Surgery at the Anderson College, had an extensive private practice, and he presented many papers at meetings. His lasting contribution has been emphasised by the increasing drive to, and popularity of, day surgery, and this has been highlighted many times over the last few decades.

An indication of the extent of his surgical contribution is recorded in the period 1899 to 1901, when he performed 460 operations on hare-lip and cleft-palate; over a 10 year period at that time, he operated upon more than 7000 patients in the West Graham Street Dispensary.

After the establishment of the dispensary in 1888, the next major development was the opening of a country branch in 1903, with 96 beds. This was in addition to the 76 beds at Garnethill. This new Drumchapel facility was to provide a 'healthier' environment for the children who had reached the convalescent stage and did not require the acute services provided at Garnethill.

The new facility also boasted a rooftop sun lounge where children would benefit from fresh air and sunshine.



The Drumchapel 'Country branch' opened in 1903.

## Surgical greats

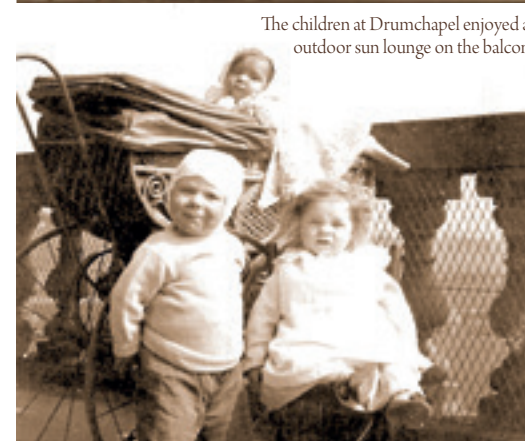
The early 20th century was indeed an era of brilliant Scottish surgeons and Sir William Macewen was perhaps the finest of them all. He served the hospital for over a decade before moving to become Professor of Surgery at the Western Infirmary.

He developed many aspects of surgery in the post-Lister era, and ultimately became known as the father of neurosurgery. His international standing was such that he was invited to become Head of Surgery in Baltimore, USA, but declined the invitation.

He was followed in his position in 1894 by Thomas Kennedy Dalziel, who, through his work at the Royal Infirmary, recognised and reported on chronic interstitial enteritis. Some 30 years later Crohn was to describe this same entity again and the disease is generally known as Crohn's Disease.



The Drumchapel facility in the 1930's.



The children at Drumchapel enjoyed an outdoor sun lounge on the balcony.



Fun on the lawn at Drumchapel.



## The move to treat infants

Surgeon Thomas Kennedy Dalziel was to clash with the board over the admission of children under the age of two. In 1901 the board instructed medical chiefs to keep the numbers as low as possible but Dalziel opposed them with the response: “I think it would be better to admit fewer aged between six and twelve and take in more under two years – that is, if the hospital is to fulfil a real want”.

The board relented and by 1914 a third of all patients were under two.

Infant mortality at the beginning of the 20th century had not yet begun to mirror the general reduction in death rates, for despite improvements in sanitation, housing conditions had not improved much, if at all in the preceding 50 years.

Neither had the conduct of some mothers, who neglected to feed or care properly for their infants, often due to alcoholism.

These conditions were vividly and perceptively described by one of the hospital’s directors – Dr James B. Russell – who as Glasgow’s second medical officer of health had successfully guided the late-Victorian sanitary reforms. He was no desk-bound administrator; his work took him out to the slums and in 1886 he wrote an account of life in Glasgow’s single-ends. It contained the poignant description of one visit: “On your last visit you saw a child very ill and this time you see the mother huddled up on top of her bed sleeping in a drunken sleep, and you know the child is dead. They baptise with whisky and they bury with whisky”.

If alcohol was the source of infant mortality then so was milk. Many mothers did not breastfeed and resorted to the use of adulterated milk, often containing high levels of boracic acid. Poor milk caused

tuberculosis and infantile diarrhoea – so prevalent it was known as the summer plague.

In 1904 the establishment of a Glasgow Infant Milk Depot with advisory services went some way to addressing the problem.

Infant mortality under three months continued to be a problem and education of mothers became an important element of the hospital’s objectives.

In 1910 physician Barclay Ness noted that by far the most common cause of illness was the ignorance of the mother. It was only by teaching her to care for, feed and bring up her children properly that any real and lasting benefit could be conferred on the children.







A group of probationer nurses in 1917.



An early ambulance outside the new hospital at Yorkhill.

## On the move to Yorkhill

The drive towards better public health was, strangely, partly prompted by the number of volunteers for the Boer War who were turned down on the grounds of being unfit through ill health. The first annual inspection of school children in Glasgow took place in 1904 and it was found that more than half of those deemed unfit had never seen a doctor.

The remedy for such a problem was social rather than medical but as plans for a new hospital at Yorkhill took shape, the day was coming when Glasgow would play a pioneering role in the treatment of children's diseases. By the early 20th century it had become clear that the hospital had

outgrown its Garnethill building. Just over 70 cots could not cope with a population of almost two million in Glasgow and the west of Scotland. By 1907 there were always between 100 and 200 patients on the two-month waiting list.

An appeal for £100,000 was launched and after inspecting a number of potential sites the board purchased a 19 acre site containing "the best and highest parts of the lands of Yorkhill" for £16,000.

Among many city architect firms bidding to design the new building was Charles Rennie Mackintosh's, but he was to be rejected in favour of the

father and son firm of John James Burnet. Between them they designed a number of great buildings in the city including the Clydesdale Bank on St Vincent Street, Cleveden Terrace, the Academy of Music and the Western Infirmary.

Burnet and his team toured Europe, particularly Germany, in search of the most modern ideas in hospital design and settled on the pavilion system, with widely spaced ward blocks linked by broad corridors, maximising light and air. There were 12 wards with 312 cots and two operating theatres.

The cost £140,000 – was more than ten times its predecessor at Garnethill.

## The day the soldiers marched to the dispensary

The new Royal Hospital for Sick Children (RHSC) was opened in July 1914, weeks before the outbreak of war, by King George V and Queen Mary. A crowd of 10,000 attended the opening including the usual dignitaries, Boy Scouts, Guides, and even the builders were afforded a grandstand of their own.

Just four weeks after the opening ceremony World War One began and it was to be four years before the RHSC would be fully functional as a children's hospital.

Instead, the military authorities commandeered four wards for the treatment of army and naval officers. Bearing in mind the hospital had been designed for children this necessitated the purchase of bigger beds, mattresses and blankets and also alterations to the size of the toilets!

On one occasion in 1916 advance news of a Zeppelin raid prompted staff to hurriedly evacuate the children to the basement but in their rush they forgot to label them. When the all clear sounded and they returned to the wards many of them had to be re-diagnosed. The military occupation of the Dispensary was much shorter. One day soldiers from Maryhill barracks were marched

down to West Graham Street and after a short interval marched back minus their tonsils.

Peace was declared in late 1918 but it was several years before the military occupation ended and the hospital could revert to its intended use for the sole treatment of children.

Passing the time on one of the old wards.



Crowds at RHSC wait to greet the King and Queen on their visit to Glasgow in 1927.







One of the operating theatres in the 1920s.

# The fathers of paediatrics

With its up-to-date design and equipment the hospital now forged links with Glasgow University, paving the way for medical students to receive lectures and eventually become paediatric specialists.

By the 1920s Yorkhill could boast one of the UK's leading teams of scientific workers, working on a number of innovations in paediatric medicine. The array of eminent surgeons and physicians now plying their trade at Yorkhill ensured that the hospital's reputation continued to grow.

Chief amongst them was the fiery Leonard Findlay, distinguished in both appearance and reputation, he and John

Thomson of Edinburgh are regarded as the founders of paediatrics in Scotland.

He realised the importance of combining laboratory work with clinical work and he gathered a team of assistants from across the globe and encouraged them to make full use of pathological and biochemical methods in the clinical study of their young patients.

ROYAL HOSPITAL FOR SICK CHILDREN, GLASGOW.									
TIME TABLE.									
WARD SISTERS.									
6.30 A.M.		Room.							
7.0		Prayers, Incident.	5.0-5.30 A.M.						
7.35		Wards.	7.0-9.0			Alternate days.			
9.30		Lunch.	2.30-3.0			Weekly.			
1.0 P.M.		Dinner.							
4.30		Evening Meal.	1.30			SUNDAY.			
9.0		Wards.	3.0-9.0			On Duty alternately with			
10.0		Retire.				Off Duty			
						Off Duty every 4th Sunday.			
DISPENSARY SISTERS.									
7.30 A.M.		Room.							
8.0		Prayers.							
9.0		On Duty.							
2.0 P.M.		Dinner.				Alternate Mornings.			
5.30		Tea.				Sunday.			
7.0		Off Duty.				Alternate Sundays on duty at Hospital, to relieve Ward Sisters.			
8.30		Supper.							
10.30		Retire.							
By Order of Directors.									
T. CARLILE, Chairman.									



Princess Mary visits in 1930.

# Generous Glasgow

Inflation and much needed new developments placed pressure on the hospital's finances after the war and in 1924 an appeal was launched to raise £75,000, including a radio broadcast from the newly opened BBC studio in Bath Street. The money was raised within four months, allowing work to go ahead on two new wings and an

extension to the Drumchapel facility. At every step of the way from its inception at Garnethill in 1882, Yorkhill in 1914 right up to the creation of the NHS in 1948 the Royal Hospital for Sick Children relied on voluntary subscriptions and donations to fund buildings, equipment and staff. The affection for the RHSC in

the hearts of Glaswegians and people from the West of Scotland has not dimmed since that time. For more than 130 years the public's generosity has ensured that the children at the RHSC have received the highest standard of medical and social care.



## Men of Character

K Leonard Findlay was followed in his role by Geoffrey Fleming, a pioneer in the work on metabolism. He was a keen huntsman and on occasion he would conduct his rounds wearing his pink hunting coat before setting off to follow the hounds with the Lanarkshire and Renfrewshire Hunt. He was also a keen angler and he often shared the fruits of his labours with members of staff.

Paediatric surgery, like medicine, was making great strides at the Royal Hospital for Sick Children, thanks in the main to names like Alexander MacLennan, William Rankin and Matthew White.

MacLennan is one of the outstanding figures in the RHSC's history. For most of the inter-war period he was Barclay lecturer and senior surgeon at the hospital and was renowned for his pioneering clinics, his deft touch with the scalpel and the development of many ingenious devices which he applied to his work. He set up one of the first splint departments in the UK at the RHSC.

Matthew White was MacLennan's colleague in the 30s and succeeded him in the Barclay lectureship from 1939 to 1953. His first experience of the RHSC had been as a patient there in 1916 during the war. Often described as the doyen of children's surgery, White published works on almost every branch of paediatric surgery and was the author of the first undergraduate textbook in English.

A graduate in Greek, Zoology and Philosophy, White had a passion for speed and in 1933 he learned to fly and was known to swoop low over the roof of the hospital in his Gypsy Moth, much to the concern of his house surgeons basking in the sunshine on the roof.

Other members of staff were also to rise to fame, including dispensary physician Dr O.H. Mavor, better known as dramatist James Bridie.

This period in the hospitals history also saw the emergence of a number of women in important roles, including Dr Agnes Cameron and Dr Mary Stevenson, assistants to Leonard

Findlay, and Dr Elaine Stocquart, for many years senior anaesthetist.

By the 1930s clinics for the treatment of former patients had also been set up, including diabetics, chest, renal and speech. Research continued to forge ahead under medical chiefs Geoffrey Fleming and Stanley Graham, supported in the biochemistry laboratory by Noah Morris and in pathology by John Blacklock.

Despite these many advances, there was still little effective treatment for many severe infections, including pneumonia, tuberculosis and gastroenteritis. The conquest of these diseases would have to await the development of modern drugs after the Second World War.

Records show that operations performed in 1937 totalled 5000, many of them for burns, scalds and fractures, the latter becoming increasingly common thanks to the growth of the use of the motor car.



Christmas on the ward in 1932.

## Tribute to nurses

By the year of the hospital's golden jubilee in 1932, the role and the working conditions of the nursing staff had also undergone huge change. The establishment in 1919 of the General Nursing Council led to a three-year training curriculum, the cramped nurses' quarters had been replaced by custom built accommodation on the top floor, including recreation, lecture and sitting rooms.

There was now no shortage of women wishing to join the nursing profession. In 1932 the RHSC received 777 applications.

This period, as ever, produced many talented and formidable nursing legends including Matrons Mary Cameron and Miss M. Olivia Robinson, and Sisters Jane Turnbull and Isobel Neilson.





# The war and the coming of the NHS

When war came in 1939, the Royal Hospital for Sick Children was to remain civilian, but still work was hampered by the day-to-day black-outs, coal shortages and water problems.

As in the earlier war, many doctors were absent on military service, their absence placing a strain on those who remained.

In 1944 a serious outbreak of gastroenteritis raised the already scandalous infant mortality rate. Of 17 European countries Scotland had the highest rate, 77 per 1000, and Glasgow’s was the highest in Britain,

57% higher than Birmingham. The annual report stated: “The panacea can be stated in two words – good homes – in the fullest sense of the term.”

On July 5, 1948, the RHSC like all the other major hospitals in Glasgow, became part of the new National Health Service. Despite initial reservations over the retention of endowment funds, the hospital was soon to embark on a period of the most rapid and remarkable advances in its history.

The development of antibiotic drugs (penicillin was first used at the RHSC

in 1944) began to conquer many of the former deadly diseases. It also allowed surgeons to more safely undertake a large number of major operations.

The post war years saw the work of eminent surgeons and physicians like James Hutchison, Andrew Laird, Wallace Dennison, Sam Davidson, John Bentley, Dan Young, Ellis Wilson, Noel Buckley and Robert Shanks further improved treatments for children and the reputation of the RHSC as a centre of excellence.

# The Queen Mum’s

Of immense significance to the RHSC was the opening in 1964 of the Queen Mother’s Maternity Hospital on the site of the old staff hockey pitch.

Then, in 1966, the hospital was temporarily relocated to the former Oakbank Hospital buildings in Maryhill in order to facilitate the demolition of the existing building, which was discovered to be suffering from severe structural defects.



The building in the 1930s.



The nurses’ sitting room in the 50s.



The new Queen Mother’s Maternity Hospital opens in 1964.



Nurses’ Station, the Queen Mums 1964.



The Queen Mother visits in 1964.



# Building for the future



The new RHSC in 1972.



Moving patients back from Oakbank to the new hospital in October 1971.

The new Royal Hospital for Sick Children building was reopened at a cost of £5.7million at Yorkhill by Queen Elizabeth II in 1972 and coupled with the Queen Mother’s Maternity Hospital, effectively established a national centre of integrated obstetrics and paediatric healthcare.

It took just 48 hours to complete the transfer of all the patients from Oakbank to the new hospital.

The progress in almost every aspect of paediatrics, obstetrics and orthopaedics has continued abreast for the past 50 years since that Royal occasion.



The Royal visit in 1972.

# Always growing

A new operating theatre complex opened in 1998 and a new Intensive Care Unit opened in April 2005.

Prior to its move to the new South Glasgow site, the RHSC handled approximately 90,000 out-patients, 15,000 in-patients and 7,300 day cases every year.

Its list of services are almost endless but amongst them are Accident and Emergency, Audiology Department, Biochemistry, Cardiac Clinics, Day Surgery Unit and many more.

Many sick children spend days, months and years attending the hospital, some with minor ailments and some fighting for their lives. Yorkhill Children’s Charity works tirelessly doing all that it can to make these difficult times easier for the children and their families, helping to give them the best chance of making a full recovery. Its fundraising efforts attract support from throughout Scotland and often involve stars of sport, entertainment and politics, such is the warmth of feeling and admiration the hospital attracts. Fundraising income for the group has grown steadily since its inception, raising £319,000 in 2001 (7 months) to £4.3 million in 2013-14.



The new A&E unit opened in 1995.



Rangers legend John Brown joins Kilsyth workers Alan Kerr and Paul Lochrie to present a cheque towards the RHSC Scanner Appeal in 1997.



# Introducing the new South Glasgow hospitals



## The Royal Hospital for Sick Children Same wonderful care in bright new hi-tech surroundings

When the new Royal Hospital for Sick Children opens its doors on 10th June, you can be assured that your child will get the same wonderful care that they have always had at Yorkhill. The staff from the world renowned hospital will be the same but the key difference will be the fabulous new facilities that they and your child will experience.

The hospital was designed around the needs of children...and who better to give us that insight than existing patients.

Working together with architects, nurses, doctors and other clinical staff, our young patients have helped create a hospital that is truly outstanding.

Here we spotlight just a few of the striking features of this new jewel in the crown of paediatric hospitals.

### Age appropriate care

Until now, children from the age of 13 were typically cared for in our adult hospitals. The new hospital is designed to treat all patients until they turn 16, providing a much more appropriate setting for these young people. There's also a base for adolescents to play games consoles, make a snack or chill with friends or visitors.

### Play

Play is an important element of a child's time in hospital. An outdoor play area at the entrance to the hospital has disabled accessible installations. Play specialists are based in the indoor play zone area to work with children ahead of treatment. There's also a part-covered roof garden where young patients can enjoy a range of activities in the fresh air and for

children to be brought out to the roof garden in their beds.



### Modern rooms for modern children

The vast majority of the 244 paediatric beds are in single rooms with their own toilet and shower facilities and entertainment console system, including TV and Wi-Fi. The rooms are spacious and designed to enable a parent or guardian to stay overnight with their child.

There are a small number of four bedded wards for those patients who would benefit from social interaction with other children... these were created in response to feedback from children, parents and experienced paediatric healthcare staff.

### Attention to detail

Every little thing has been given big attention, down to the creation of specially designed doors with viewing windows at different eye levels that will ensure that even the tiniest tot has the same opportunity to see in and out of the room. The artwork has even been installed into ceilings to let young patients on trolleys to see something bright and cheerful when they're being moved around. The bright reception desk is decorated by a bank of lights that constantly change colour.



### Science Centre

To entertain children whilst they wait for their outpatient appointment, the hospital has been fitted out with an array of interactive activities provided by the Glasgow Science Centre and funded by Yorkhill Children's Charity. These innovative "distraction therapy" installations provide a range of hi and low tech approaches that will delight young patients or their siblings during any visit to the hospital.

### Cinema

A 48 seater cinema has been specially created in the new hospital to provide first class entertainment to our young patients during their stay with us.



## South Glasgow University Hospital

Despite its size, this huge hospital has been designed to make it very easy for you to get to your destination.

From the hi-tech touch screen information points and the barcode self check-in to the friendly faces of our guiding volunteers and landmark artworks at key points throughout the hospital... everything is geared towards making it simple to get around.



### Outpatient check-in

If you are attending as an outpatient you can check-in using the letter we sent you when you arrive – just like at the airport. Scan in your hospital letter at one of the scanning check-in points, confirm your details and you'll be shown where to go next. It's a really easy system to use but if you prefer one of our friendly volunteers will be happy to help. When you arrive at your outpatient waiting room, keep an eye on the screen – it will call you to your clinic room.

### Room with a view

The hospital has 1,109 beds – all with their own toilet and shower facilities. Every room in our general wards has a panoramic external view and comes with free TV and radio. There's even free patient Wi-Fi access throughout the hospital. Every room is designed to the highest specification to reduce the risk of the spread of infection and provide safe and comfortable surroundings, including an electric bed as standard.

### Food and drink

Next to the restaurant on the first floor of the atrium is the Aroma Coffee shop. This is opened Monday through to Friday from 9.00am until 6.30pm serving high quality beverages, sandwiches, snacks, fruit and cakes.

Both the restaurant and the coffee shop are run by NHS staff and all profits go back into the NHS.

### Art

The colour scheme of the hospital has been deliberately designed to help you find your way around. Each floor has a clearly identifiable colour and many works of distinctive art are displayed to give useful landmarks which can act as signposts. The use of therapeutic colour schemes throughout the hospital has been carefully selected by interior design specialists to soothe, reduce stress and enhance well being.



### Retail

As you would expect, in an ultra-modern hospital of this size there are a number of commercial retail outlets for patients, visitors and staff alike. The retail outlets are all located on the ground floor in the atrium and include: Marks & Spencer; W H Smith; Camden Food co; and, Souped Up & Juiced. There are also bank cash machines located in the hospital.



### Lift system

There are four wards on each level: A, B, C and D.

Wards A and B are accessed by the lifts signposted as Arran on the ground floor; and wards C and D are accessed by the lifts signposted as Bute.

These lifts use smart technology to get you to the ward you want as quickly as possible.

You press the button panel outside the lift and it will direct you to the best lift for you. All you need to do next is to get inside the lift and it will take you to the correct floor. There are no buttons inside the lift.





# Getting there

The new South Glasgow hospitals are easy to get to. They are located just a few minutes from the M8, within a few hundred yards of the Clyde Tunnel and served by a very frequent and fast bus link network.

There are on site multi-storey car parks and ground level spaces for patients and visitors. Car parking is free but there is a four-hour maximum stay between Monday to Friday 7.30am till 4pm. Disabled parking spaces are available on the ground floor of the multi-storey car parks.

The new Fastlink bus route provides speedy links from Glasgow City Centre via the Arc Bridge (known sometimes as the Squinty Bridge). At peak times there will be a bus every minute arriving at or inside the hospitals campus.

You can reach the direct bus link network via the city's excellent rail and subway transport systems.

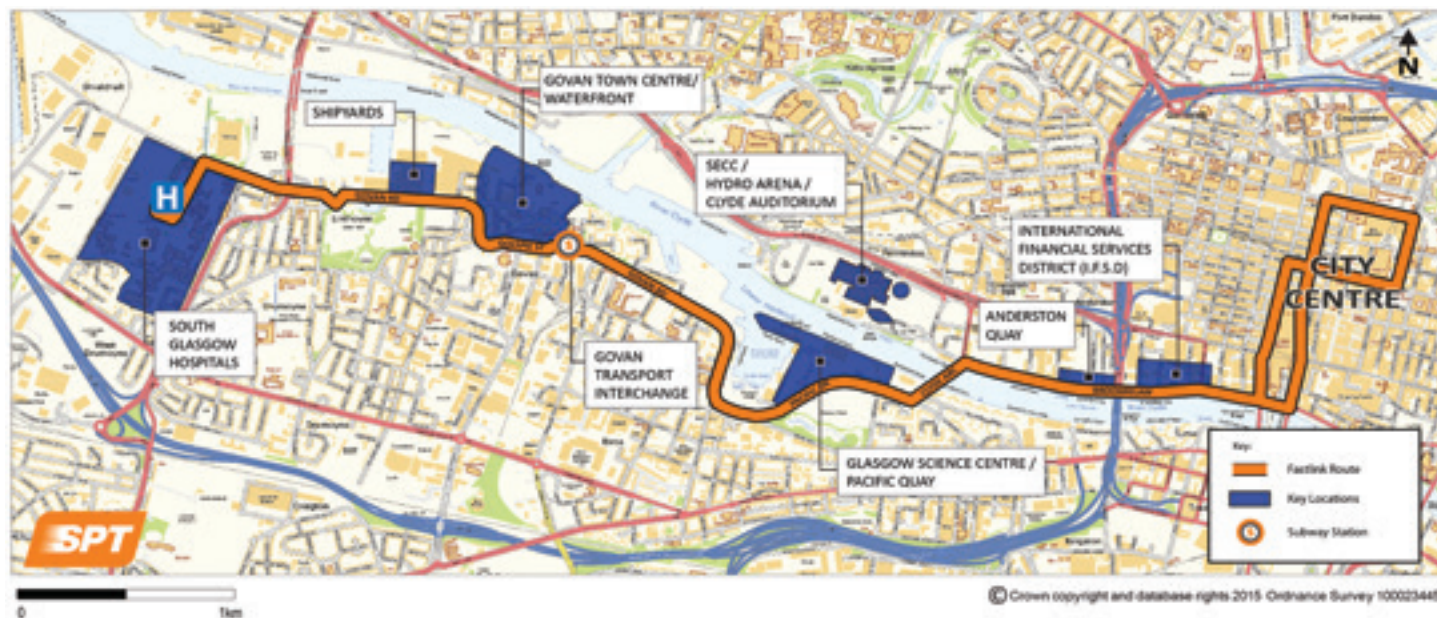


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A new dedicated section of the traveline website has been created giving you information on ticket options with links to major bus operators and SPT as well as a link to a hospital journey planner. Simply click on the button "New South Glasgow Hospitals" on the homepage for all you need to know about getting to the hospital by public transport.

## Fastlink route







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