

Minute of the LHSA Advisory Committee Meeting held 10.30am, Thursday 22nd January 2009, 5th floor Seminar Room, CRC, Edinburgh University Library.

In attendance:

Dr Charles Swainson, Medical Director, NHSL (Chair)
Mr Bob Martin, Head of Corporate Reporting and Governance, NHSL
Professor Roger Davidson, Department of Economic and Social History, UE
Dr Steve Sturdy, Deputy Director, ESRC Genomics Forum, UE
Mr George Mackenzie, Keeper of the Records of Scotland, NAS
Dr John Scally, Director of University Collections, EUL
Dr Mike Barfoot, LHS Archivist, EUL
Mrs Rosie Baillie, LHS Assistant Archivist, EUL (Secretary)

1. Apologies for absence

Apologies were received from Dr McCallum, Mrs Cannell and Professor Calder.

2. Minutes of the previous meeting of 7 June 2007

Following some minor alterations the minutes were accepted as a true record.

Action: RB to put corrected minutes and relevant papers of the previous meeting onto the LHSA website

3. Matters arising

i) Budget arrangements 2009-2010 (CS)

Dr Swainson reported that although he hadn't yet seen the 2009-2010 budget he assumed that it would roll forward as in previous years. Mr Martin agreed, he mentioned that there had been discussion in NHSL about allocating the respective exchequer and endowment proportions after it had been raised at a recent Endowments Advisory Committee. Dr Swainson agreed to report back to the Committee about the outcome.

Action: CS to report back any changes in NHSL budget arrangements

Dr Barfoot stated that the 2009-10 budget submissions were made in November on the same principle as the three previous years. This is a historical increase of 3% per annum on both the exchequer and endowment components with the former (c40%) then subject to a 2% CRES savings reduction.

Mr Martin referred to UE's status as a registered charity and asked whether any problems regarding restricted account carry-forwards into the next financial year.

Dr Barfoot replied that, after discussion with Shona Williamson, UE Management Accountant, she confirmed that LHSA's restricted account status would continue. This was justified on the grounds that it was external NHS money and was delivered in a different cycle (April to March) to UE's financial year (August to July). Dr Scally and Dr Barfoot agreed that it had been a very useful exercise.

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Dr Barfoot stated that for 2009-10 and in future it would be helpful if UE could send NHSL an invoice for the endowments component of the LHSA budget. This has been done for the exchequer component since it was introduced three years ago and has worked well.

Dr Swainson and Mr Martin agreed that this would be a more satisfactory and efficient way of delivering this component of the funding.

Action: BM to speak with Jan Hamilton, Director of NHSL Endowments about UE invoicing for the endowment component of the 2009-10 budget and thereafter as standard procedure

ii) Main Library Redevelopment Project (MLRP, JS on behalf of SC)

Dr Scally reported that Collections division have now successfully moved into the CRC, Centre for Research Collections (consisting of LHSA, Special Collections, University Archives and Museums Support)

He drew attention to LHSA's intensive preparation work described in the LHSA annual report to be considered later under Agenda item 4. He commended all the staff involved and in particular Ruth Honeybone, LHSA Paper Conservator who acted as deputy project manager and worked extremely well alongside Special Collections and Museums Support staff in ensuring that the whole move was a success.

Dr Barfoot also commended Rosie Baillie's role in the planning and carrying out of the physical recant of LHSA's archive material from the basement to the new repository space.

Dr Scally explained that the CRC is now composed of repository, staff and public areas. All three have been well designed and are now operating successfully, although some snagging work is ongoing. CRC staff are working very well together, which is mutually beneficial and he hoped that the joint-working opportunities will continue to increase.

Dr Barfoot said that LHSA had benefited enormously from the refurbishment and particularly with respect to the eye-catching reader and user facilities and excellent stores.

Dr Swainson asked what proportion of the LHSA collection is still housed at the Library Research Annexe (LRA) in South Gyle.

Dr Barfoot stated that the material was split almost 50-50 between the LRA and the CRC. The majority of the material held at the former was the twentieth-century folder based case notes and the object collections. Also, it had been possible to bring back LHSA's historically important and well-used gifts and deposits from the LRA to the CRC storerooms used by LHSA.

Mr Mackenzie asked whether the LRA would remain a permanent fixture.

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Dr Scally replied that the University Collections Policy, as drafted in 2005, depended on an external store. Therefore his understanding was that the LRA will continue to house appropriated LHSA and Special Collections material. He noted that if, for example, extensive consultation of a particular collection were to be necessary it can be moved back to the Library to make it more accessible.

Dr Swainson commented that he and the Committee were glad to see such positive changes and achievements in light of the MLRP, and was grateful to UE and LHSA staff for all of their hard work.

Professor Davidson added that from the academic user point of view there had been a really good response to the new CRC facilities, with no problems raised so far.

Dr Scally noted that Phase 2 of the MLRP had commenced and involved the refurbishment of the ground floor. The completion date had slipped somewhat but this was only a matter of weeks. The MLRP as a whole was phased to run until 2011 and in the current financial climate it was hoped that it would still remain a high priority to complete the work.

iii) Memorandum of Understanding (MoU) between NHSL & UE (CS)

Dr Swainson stated that the MoU had not been a high priority for either NHSL or UE and had progressed slowly as a result. The aim now was to draft a 'light touch' document.

Action: CS to resume discussion with SC on a draft MoU

iv) LHSA Insurance (CS)

Dr Swainson reiterated that the NHSL Director of Finance had confirmed that, as the NHS does not insure any of its buildings, property or contents, the archives would not be insured either, even though they were held on UE property. In the event of a disaster, the NHSL would consider the cost of repairing any damage, but it would not seek any compensation from UE for their custodial role.

Dr Barfoot stated that LHSA had paid a one-year premium to AON to insure the archives from May 2008 to April 2009 at cost of c.£6,500. This was to provide cover during the recant when the risk of a disaster was greater. The LHSA paper Conservator had advised him that there were good reasons for renewing this on an annual basis. The options were to pay the same sum for 2009-10 cover with respect to the first £1,000,000 of any damage; or pay c.£5,500 for the first £500,000. He noted that the nominal valuation accepted by the insurers was £37 million, based upon the theoretical cost to make good any damage to a single sheet and one box of archives scaled up to the c.3000 linear shelf metres as a whole. He asked the Committee's advice on whether this should be renewed and, if so, whether payment should continue to come from the LHSA budget.

A thorough discussion followed. it included: the nature of LHSA's current cover; future risks to LHSA holdings; the position with respect to LHSA collections on deposit; the use of surrogates such as microfilms; whether UE was liable as the

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custodian of NHSL-owned archives; UE's insurance for collections it owned and whether LHSA could be included in it; and how NHSL covered its own risks.

It was agreed that some form of LHSA insurance was desirable in principle but that it was a complex issue and deserved further consideration. Dr Swainson said he would report back to the Committee regarding NHSL's view on whether the current insurance should be continued and, if so, how it should be paid. He also wanted to explore whether LHSA collections could be insured as an add-on to UE's policy.

Action: CS to report back NHSL's view on LHSA's current and future insurance arrangements

4. LHSA Report July 2007 – December 2008 (MB)

Dr Swainson commended the report. He stated that the range of activities undertaken to promote the archive showed the very wide range of people that are interested in it. He requested an electronic copy to circulate to the Endowments Committee and other NHSL staff in order to show LHSA's NHS role and its wider cultural significance. Dr Barfoot was invited to give members of the Committee his personal highlights over the period reported upon.

Dr Barfoot referred to the huge amount of work described in the "Outreach and Exhibitions" section, and the way LHSA now collaborated with the NHS, UE and a range of other institutions. He also highlighted the importance of the on-going staff training and development that made this possible.

Dr Scally stated that LHSA's continued success in obtaining Wellcome Trust funding should also be highlighted. Dr Swainson agreed that the external research income was high. Dr Barfoot stated that, since 1999, LHSA had received £449,754 in external funding, with approximately 75% of that from Wellcome. Referees reports, even for applications had not received funded, were very complimentary about LHSA's reputation.

Dr Sturdy commended a new feature of the *LHSA User Statistics 2007-2008* which accompanied the report in which illustrative stories and examples of enquiries were given. He asked if LHSA had ever considered other public engagement activities, for example the idea of engaging a 'writer in residence.' Dr Scally agreed and mentioned a similar CRC Talbot Rice Gallery-based project relating to Darwin in Scotland. Dr Barfoot stated that the Royal Edinburgh Hospital was also working along similar lines for their Bicentenary celebrations (2013) and had already applied to the HLF for funding. He hoped the Wellcome would also be approached about it in the future. He also mentioned work with Artlink, the umbrella organisation for NHSL hospital-related arts programmes, for example LHSA's successful NHS 60th Anniversary Exhibition co-ordinated by Mrs Baillie.

It was agreed an annual report every January, rather than every six months, was the best way of documenting LHSA work in future. Dr Swainson concluded the discussion by re-iterating that the Committee was very pleased with the report. In terms of LHSA achievements, it documented an excellent year and he looked forward to publicising it more widely across NHSL.

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Action: RB to supply CS with an electronic copy of the *Report* for him to circulate within NHS.

5. AOCB

(i) Date and time of next meeting

It was noted that the previous two meetings at six-monthly intervals has been cancelled or postponed for various reasons. It was agreed that Mrs Baillie should circulate dates for the next two meetings in six months and a year's time. However, Dr Swainson noted that, nearer to the time of the meeting planned for July, he will review this in the light of matters arising between now and then.

* Meeting in six months (July 2009) subsequently cancelled in favour of an annual meeting structure.

Action: RB to circulate dates for next two meetings

[6] Tour of CRC

The meeting adjourned and the tour commenced.