



Registered Charity no. 1197052

Minutes of the Annual General Meeting 2026

Held on Thursday 21st May 2026, in the Galtres Centre, Easingwold

1	<p>Apologies</p> <p>Trustees: Lorraine Boyd (LB), Members: Chris Peel, Ian Peel, Susan Rinaldi Butcher, Walter Rinaldi Butcher. Non-members : Sharon Oliver (Stillington PPG), Becky Guy (Easingwold District Community Care Association).</p>	
	<p>Present</p> <p>President : Joan Ramsay</p> <p>Trustees: David Kenworthy (Chair) (DK), Jane Wintermeyer (Vice Chair) (JW), Angela Bussey (Secretary) (AB), Barry Wilkinson (Treasurer), Peter Berry (PB), Michael Clarke (MC), Ian Jackson (IJ), Graham Pratt (GP), Jenny Rhodes (JR), Terry Saeedi (TS), Rob Snook (RS), Ron Woodham (RW).</p> <p>Members: Pauline Barrow, Brenda Clarke, Andrew Cook, Christine Cookman, Adryenne Hope, David Houldershaw, Claire Kenworthy, Martin Ramsay, Martin Whillock, Jane Wilson, Lawrence Wilson</p> <p>Non-members: Kandewun Matawet Ramsay</p>	
2	<p>Chair's Welcome and Introductory Remarks.</p> <p>David Kenworthy (Chair) welcomed everyone to the meeting and gave tribute to Peter Glossop, who had sadly died recently. Peter was a trustee from 2009 until 2023. Peter had several trustee roles over that time, concluding as Acting Chair and was a driving force behind much of the success of the Friends.</p>	
3	<p>Chair's Report</p> <p>David explained that this would be his last meeting as Chair and as a Trustee. He will, however, remain a member and will maintain his interest in FOSMH, particularly with reference to the hospital developments. He gave the following report:</p> <p>As my time as Chair comes to an end, I hope you might forgive a bit of reflection. I promise it won't be long! In 2019, when I became Chair of the Friends of St Monica's Hospital (FOSMH), it was a well-funded organisation with dedicated trustees and a clear focus on St Monica's Hospital. However, the trustees had realised that as the needs of the hospital declined, there are only so many TVs that people can watch, and there was an opportunity to have a greater impact on the communities we covered. The constitution had been changed in 2018 to allow us to make grants outside the hospital.</p>	

Shortly after I took over, there were quite a few trustee changes. I didn't take it too personally! But it enabled us to think about the skills that would be required to manage our change in direction. We advertised and were pleased to have so many applicants. The new board was formed and has remained largely intact since then.

The change to a grant maker has not been plain sailing. I have often said that giving away money wisely is very difficult. I have been a charity trustee for forty years and every charity faces the same challenge. However, thanks to our trustees, particularly those on the grants sub-committee, we have made grants which have a lasting impact.

Over the last year, we continued to support the Health and Wellbeing Service, a frailty assessment programme. Previously called the Community Geriatric Assessment Service (CGA), this was a trial project set up by Dr John Morris to try and protect those who are likely to go into hospital because of accidents like trips or falls or help them remain in their homes for longer. This trial has been a success, and this has persuaded the Integrated Care Board (ICB) that it should form part of NHS provision in the area. Sadly, the funds are not yet in place. Watch this space.

Over the last few years, we have sponsored 6th formers from the Outwood Academy, Easingwold who are thinking of a career in medicine to go on structured attachments to York District Hospital. Feedback from the scheme shows that about 85% of those youngsters go into some form of medical service after school. We have just had some very positive feedback from the youngsters, and we have displayed some of their letters for you to see at the end of the meeting.

Our partnership with Easingwold District and Community Care Association (EDCCA) continues and we support Men in Sheds and Meals on Wheels. FOSMH and EDCCA are natural bedfellows both supporting roughly the same geographic area and I hope the partnership continues.

I am pleased to say that despite all the excitement over grant making, our focus remains on the hospital. Just before Christmas we said farewell to Jade Barnes, the Ward Manager but welcomed Laura Shepherd, her successor. In the past I have spoken about the ever-present threat to the future of small hospitals like St Monica's. We know they are a valuable resource but to an organisation desperately trying to balance the books they can be seen as a luxury.

Having been assured by the chief executive of the trust in January 2025 that there were no plans to close St Monica's, we have embarked on a project for a series of upgrades. Unfortunately, the chief executive retired shortly after that meeting!

The main project is to replace the draughty, ill-fitting windows around the hospital. Simply replacing the windows with modern plastic, low maintenance windows, as done at the Galtres Centre, was rebuffed by the planners. We are now having to cost refurbishing the existing windows and putting in new secondary glazing. Watch this space. I am grateful to Michael Clarke for his lead on this project. He has nobly led negotiations with planners, architects and the hospital trust. We have submitted the planning application but disappointingly

	<p>after 4 weeks it has still not been registered by North Yorkshire Council. We do not expect a decision until end of July.</p> <p>Of necessity, my annual report just scratches the surface of what has been done over the year. However, none of it would happen if not for the trustees. I have been privileged to work with a great team.</p> <p>The quality of our communications across all media has steadily increased and improved over the last few years thanks to the sterling efforts of Peter Berry who is standing down as trustee. Peter has managed to turn my gibberish into pearls of wisdom on many occasions.</p> <p>I would like to thank Angie Bussey for keeping us on the straight and narrow as secretary. The Charity Commission requires all charities to have policies such as safeguarding and IT security in place. None of us has escaped Angie's eagle eye and encouragement in getting these written.</p> <p>I would also like to thank Jane Wintermeyer who has been a tremendous support as Vice-Chair. Not a lot of vice has been evident, but she has given plenty of advice to me. I look forward to hearing of FOSMH future successes under Jane and Angie's leadership (should they survive the appointment of the executive committee under item 8!)</p> <p>Thank you to our volunteers. Over the years we have provided all types of creature comforts for patients, soap, shampoo, hairdressing and flowers in reception but none of that can replace personal contact. Volunteers attend the hospital serving drinks, relieving the staff and keeping an outside contact for patients.</p> <p>Some of you here will be volunteers (thanks noted to Pauline Barrow, present this evening, who kindly makes the flower arrangements) and some might consider volunteering. More are always welcome and Jenny Rhodes will be pleased to speak to you.</p> <p>Finally, thank you to our members for your support. You are our ears and eyes within our communities and we welcome suggestions about where we might have some impact or be able to help.</p>	
<p>4</p>	<p>Previous AGM Minutes The minutes of the previous AGM held on June 12th 2025 were proposed as a true record by Jane Wintermeyer, seconded by Michael Clarke and approved.</p>	
<p>5</p>	<p>Matters Arising</p> <p>Item 4.1</p> <p>Andrew Cook asked how many of the fledging projects, as mentioned in the Chair's report, survive. David said that he was pleased to say that we have not had any feedback to say that projects have failed and that as part of the grants process, our Grants Committee monitors projects and requests feedback from grantees.</p>	
<p>6</p>	<p>Financial Report and Accounts</p>	

Barry Wilkinson (Treasurer) presented the financial report and accounts as follows.

Before I progress to the detailed numbers I would like to tell you about the changes that we made to our investment approach during 2025, as these will explain some of the changes in the figures from 2024 to 2025.

It was decided that to remove the market risk involved with the investment in funds with stock market holdings, this would be liquidated. This ensured that funds donated to the charity were not exposed to potential losses resulting from fluctuations in the market.

As a result of this, all money is now invested in cash term deposits backed by government guarantee. Additionally, to obtain better interest rates and to avoid sharp changes in overall return, these have progressively been moved into medium term deposits (1 year).

To ensure availability of funds to meet costs, payment of grants and funding of proposed development projects in the hospital as required, these mature on a rolling basis, broadly one every two months.

Having removed the market risk associated with one part of our investments, and ensuring all deposits are government guaranteed, we set an objective to obtain an interest return (tax free as we are a Charity) in excess of the rate of inflation, so that donated funds grow in real value. Current return is 4.2% against March inflation rate of 3.3%.

Now, the detailed figures. Donations and legacies received are almost the same as last year at over £20,000. Interest income is down around £6,000, largely a timing issue as we extend the term of the deposits. In this year we have the profit on the sale of the market investments of over £60,000, as the accounts are drawn up on the basis of money received and paid during the year, the increase in value of this investment was only shown previously as a note to the accounts.

Administration expenses are kept to the minimum whilst ensuring efficiency and compliance with legal and security requirements, slightly up at £4,700.

Spending on hospital needs again remained almost the same as last year, just under £17,000.

Grants Paid show an increase of almost £13,000 against last year at over £75,000.

There is a breakdown of these shown on a later slide and in the accounts.

Which brings me to the overall situation at the end of the year, whereby the Charity had total assets of £560,345, an increase of just over £1,000 during the year. This leaves us in a very comfortable position to continue providing Grants and to provide a considerable sum to a project of enhancements to the hospital buildings and facilities.

6.2 Investment Advisors

Mowatts have previously provided us with very helpful investment advice, at no cost to the charity and this has been greatly appreciated. As Mowatts have recently sold their business, we have reflected on the need to engage a new advisor and due to a change in how we invest, we have decided that this is not necessary.

We will of course seek independent investment advice if appropriate in the future.

6.3 Questions for the Treasurer.

Andrew Cook asked the following questions or commented as follows:

- A) Has there been a need to pay tax on the investments realised?
- B) Barry explained that as a Charity we are not liable for Capital Gains Tax.
- C) Who makes the decisions about when and where to move funds, particularly now we do not employ investment advisors?

Barry explained that as Treasurer, he makes those decisions but provides a report to every Executive Meeting (every other month) for the scrutiny and approval of all trustees. In addition, bank account payments or movements of monies in the investment platform must also be authorised by either the Chair, Vice-Chair or Secretary.

- D) Grants Paid listed South Humberside and Ryedale Primary Care Network as a beneficiary of a grant . Why South Humberside?

Angela Bussey explained that this should read South Hambleton not Humberside. We will ensure this is corrected for our records.

- E) What was the purpose of the grant for Huby?

Barry explained that this was for a new clubhouse. It was agreed that we will put a little more detail in the accounts in future to be more specific about purposes of grants.

- F) Why was there zero expenditure for the website in 2024 but £640 this year?

Barry explained that this was a timing issue regarding the billing and the cost is standard at just over £600 p.a.

- G) Joan Ramsay asked for clarification about Dr John Morris's Health and Wellbeing ('frailty') Service funding and purpose.

David explained that the agreement was for us to only fund this as a project for 2 years. Whilst the ICB have now said that they will fund it, we know there is a delay on monies being available so there is currently no service. However, this provides Dr Morris and colleagues an opportunity to reflect and prepare a comprehensive report providing supporting evidence on the project outcomes and successes.

Angie added that the purpose of the service is essentially a one stop shop for patients who are at a high risk of falls to prevent further falls from occurring in a more structured way. Patients see the various health and social care

	<p>professionals within a short time frame, mostly on the same day in clinic rather than a disjointed approach and receive medicines reviews to minimise them taking medicines which may increase falls risk.</p>	
7	<p>Appointment of an Independent Examiner</p> <p>Barry asked that Hunter Gee Holroyd continue to be appointed as independent examiners having continued to give excellent service at a slightly reduced rate this year. This was proposed by Martin Whillock, seconded by Michael Clarke and approved.</p>	
8	<p>Election of the Executive Committee</p> <p>David explained that at each AGM one third of trustees (4), including those longest serving, must retire but are eligible for re-election.</p> <p>David and Peter Berry are retiring at this AGM and do not wish to be re-elected.</p> <p>In addition, Ian Jackson and Jenny Rhodes were the longest serving and retired but wish to be re-elected. The re-appointments were proposed by Martin Whillock and seconded by Christine Cookman and approved so these members of the Executive Committee were duly re-elected.</p> <p>David's retirement means there was a vacancy for the Chair's position. Jane Wintermeyer has been appointed after an interview process and approval by the Trustees.</p> <p>This has left a vacancy for Vice Chair, for which Angie Bussey has been appointed after an interview process and approval by the Trustees.</p> <p>Approval of these appointments for Chair and Vice –Chair were proposed by Peter Berry and seconded by Christine Cookman.</p>	
9.	<p>Any other business</p> <p>Martin Whillock expressed grateful thanks to David for his time as Chair. This was echoed by everyone present.</p> <p>9.1 David Kenworthy Chair retirement</p> <p>David handed over the meeting at this point to Jane Wintermeyer.</p> <p>Jane began by thanking David for his sterling work as Chair and for leaving a such good legacy for the team of Trustees to progress. His leadership has been excellent and will be missed.</p> <p>Jane then presented David with a card and a gift voucher donated from all the Trustees as a thank you from us all for his service.</p> <p>9.2 Jane Wintermeyer – newly elected Chair</p>	

	<p>Jane explained that she intends to continue David's good work and it will be business as usual as our main priority for this year is the hospital development work. Patients and public take priority as their care and comfort is key. We will continue to work with planners and NHS colleagues to try and expedite the work asap because the palliative care rooms require urgent work to insulate them from the cold before the winter. However, decisions still rest with planners at this stage.</p> <p>Martin Whillock asked if local elected representatives knew about the planning issues and Jane confirmed that they did. Jane also intends to contact the new Chief Executive at the Trust in the coming weeks and invite her to visit the hospital. We know that cost per bed for this hospital is high and that given recent community hospital closures elsewhere, we need to ascertain once again if the future of the hospital is secure. However, we have no control over those decisions either at the Trust or at the Integrated Care Board although we have a strong membership should we need to lobby and campaign for the hospital's future.</p> <p>Joan Ramsay asked if the hospital bed occupancy was known. Jane explained that this was a difficult figure for us to obtain but she was meeting with Laura Shepherd, SMH Ward Manager soon so would discuss this. There has been a slight change in allocation in that patients from outside of the area may be admitted e.g. a patient from Selby whose family are local to Easingwold.</p> <p>Recruitment of new Trustees, specifically a Secretary and a Communications Trustee was also a priority. A couple of members suggested that we use the membership database to advertise the vacancies and the work of SMH. We will of course continue to utilise this route as usual but will also try and identify ways of capturing a wider audience such as new residents in Easingwold.</p> <p>Jane invited everyone to contact us if they have any suggestions for future grant making projects or anything we do or if they would be interested in applying for one of the Trustee vacancies.</p> <p>Jane closed the meeting by thanking all who had attended.</p>	
10	<p>Date of next meeting.</p> <p>TBC</p>	