

**Grey Bruce**  
**Spiritual Care Council**  
**Annual Report**  
**2022—2023**

**New Beginnings**  
**New Hope**

## TABLE OF CONTENTS

Spiritual Care Team Members	3
The Spiritual Care Team's Stories of New Beginnings and New Hope	4-6
Spiritual Care Manager's Report	7
CPE Unit	8
Spiritual Care Statistics	9
Donor Recognition	9-11
GBSCC Council Members 2022-2023	12
Financial Statement	13-22
Minutes of AGM, September 2022 and SGM, April 2023	23-26
Agenda for AGM, September 28, 2023	27
Report of Council Chairperson	28
Appendix – Anecdotal History	29-30

## MISSION, VISION & VALUES

<b>Mission:</b>	To oversee the management of the Grey Bruce Spiritual Care program.  To support the Spiritual Care Providers in their provision of service within the Grey Bruce Spiritual Care program through mentorship and education.  To offer a formalized structure of communication and accountability for spiritual care services amongst the Grey Bruce healthcare sector, ministerial associations and other partners.
<b>Vision:</b>	To lead in the development and provision of spiritual care services to patients, family members, and staff of Brightshores Health System, Hanover and District Hospital, South Bruce Grey Health Centre and Grey Bruce Hospice as well as the Palliative Home Care Team for the Home and Community Care Support Services South West.
<b>Values:</b>	Meaning, Comfort, Strength

**Spiritual Care Team**



**Jan Temple-Jones**  
Spiritual Care Department Manager,  
Certified CPE Supervisor Educator



**Seth Cotton**  
Owen Sound Hospital, Grey  
Bruce Hospice



**Carol McCurdy**  
Meaford Hospital



**Will Basson**  
Durham Hospital



**Adam Nickell**  
Markdale Hospital



**Heather McCarrel**  
Grey Bruce Hospice



**Lyndsay McGregor**  
Hanover & District Hospital, Chesley  
Hospital, Walkerton Hospital, PHCT



**Ann Veyvara-Divinski**  
Owen Sound Hospital, PHCT  
Coordinator



**Matthew Bailey-Dick**  
Lion's Head Hospital



**Darlyne Rath**  
Southampton Hospital



**Joan-Silcox Smith**  
PHCT



**Janaki Bandara**  
Warton Hospital



**Michelle Ireton**  
Department Secretary

## **New Beginnings/ New Hope – Stories from Spiritual Care Providers (SCPs) and Team Members**

### **Adam Nickell** – SCP at Markdale Hospital

The patient was admitted with facial burns due to smoking while on oxygen and had chronic COPD. In my initial visit, the patient was quite guarded and reserved, but eventually with subsequent visits, trust was built, and the patient began to share their story. I don't think I've ever heard such a story of childhood abuse, grief, and loss. The grief of two spouses dying, then a son, then a parent, with their other parent in palliative care. Several visits followed with compassionate listening and spiritual support being offered. By the time the patient was discharged to a new chapter, the patient felt like a friend, and they took the time to thank me for being there and these words were offered: "As I begin this next phase of my life, it feels like a new beginning. Thank you for being there for me".

### **Seth Cotton** – SCP at Owen Sound Hospital, Grey Bruce Hospice

This summer, I have been fortunate to work with a patient who arrived at the hospital struggling with suicidal thoughts and addiction to cope with past abuse and trauma. Through weekly meetings while in an addiction recovery program within the health system, she shared past traumas that devalued her sense of self-worth. She struggled to believe that she was worthy of recovery and living. Over time, we explored this, and I watched as her self-perspective shifted from worthlessness toward value and a drive to remain sober and embrace life. She has been able to heal and find peace.

### **Ann Veyvara-Divinski** - SCP at Owen Sound Hospital, PHCT Coordinator

When someone is recovering from a life altering health challenge and is now required to have support in the home upon discharge there is a certain level of anxiousness, frustration and hopelessness that goes along with having "strangers" in their space, not to mention the loss of independence.

By journeying alongside, offering a supportive presence and allowing the person to truly vent their concerns and wonderings I have found they are grateful for the opportunity to do so. It may be the calming effect of just "letting go" that brings them some peace. I am honoured to serve Brightshores in this way.

### **Lyndsay McGregor** - SCP at Hanover & District Hospital, Chesley Hospital, Walkerton Hospital, PHCT

The most treasured story about "New Beginnings" started as I was walking out of the hospital to my car. A Dad with a beaming smile was holding the hand of a small child, while the other hand was carrying a carseat. I simply could not resist entering into a conversation with them. The toddler explained he had a little brother... he had waited soooooo long to meet him. By now the toddler was jumping and sharing 'all' the things they could do together along with showing him the new room he had helped to decorate with tractors. Dad then invited me to come upstairs to meet his wife and baby... then they asked "Will you pray a blessing over our family?"

**Carol McCurdy** - SCP at Meaford Hospital

To be a Spiritual Care Provider is a privilege and honour as we journey together with a patient. One patient faced a future of living with terminal cancer. We met weekly over three months. I witnessed the patient grieve, find hope, reclaim their agency and make independent decisions about living, one day at a time, to the fullest. We had walked through some dark times, many conversations, tears and laughter. The patient felt they received the comfort and trusted space to wrestle with deep emotions, ask the big questions in life, and rediscover their faith.

**Darlyne Rath** - SCP at Southampton Hospital

Forgiveness is without a doubt one of the most challenging things that we have to do in life. When I visit patients as a spiritual care provider (chaplain) with patients who are palliative, I ask questions about any "unfinished business" they might have with someone – maybe someone they have hurt or perhaps been hurt by and if they want to make amends. We can and have certainly helped patients make these connections by e-mail, by zoom, by letters etc. For example, I helped to connect two estranged sisters who had a silly disagreement and hadn't spoken for ten years. Taking care of unfinished business!

**Heather McCarrel** - SCP at Grey Bruce Hospice

While facilitating Grief Groups I witness significant shifts in those who participate. Those participating arrive at the first session nervous and shy. During the introductions I ask, "How was it coming through the doors today?" The response is always quick, everyone agrees that it was difficult. It is interesting how one question can break the ice and the group becomes talkative. Inevitably, they jell as a group and by the last session they exchange contact information. One comment often shared is, "I now know I am not alone, there are others also experiencing the same things I am."

**Joan-Silcox Smith** - SCP for PHCT

When supporting someone on the palliative journey, it's often the "why" questions that are hardest. Recently, I was asked about DNR. Why did the Dr. ask them that? Does it mean they won't get care? And so the questions tumbled out. I asked what they understood about DNR, and what the client would want. We talked about what was the kindest thing, the most supportive and loving thing in those moments near the end of life when there is a lot of emotion and sometimes a struggle to accept that the time that was to be, is now. I was able to help her see that DNR was a loving decision, to reduce pain and suffering, and to follow their loved one's wishes.

**Will Basson** - SCP at Durham Hospital

Jeana (alias) was in Durham hospital for close to 60 days. At first, she refused any spiritual support. With repeated visits she started having more meaningful conversations. One day, out of the blue, she asked for a prayer. Conversations grew from old church memories to deep spiritual interactions. Jeana asked to be connected with her church again and she started receiving visits from church workers. She was so happy to have made the connection with her church family again. On the last day before her transfer to a long-term care facility, she received communion. The joy on her face was electric.

**Matthew Bailey-Dick** – SCP at Lion's Head Hospital

I believe in the “simple”, transformative power of listening. An example of this was from a visit I had with a patient who was feeling anxious about their health challenges plus the fact that they had been waiting a long time to see a doctor who supposedly would provide new diagnostic information. At one point the patient said, “I thought I needed the doctor to come, but maybe I just needed you.” Of course, it wasn't about me at all. In addition to the doctor's expertise, the patient needed a listening ear. Being present with someone can bring new perspective.

**Janaki Bandara** – SCP at Wiarton Hospital

When called in to support family at end of life for a family member, these family members often have had more of a 'leaning' than a particular faith practice or tradition. At end of life, they called for spiritual care as a tool in meaning-making. In one case, the family member had more of a Buddhist leaning; in another case the family member had more of a creation-spirituality leaning. In all cases, the conversations about beliefs beyond death and meaning-making brought comfort and grounding in a time of spiritual upheaval. It is a gift to offer such ministry.

**Michelle Ireton** - Department Secretary

New beginnings are all around us, all the time. My new beginning happened in December of 2022 when I had the privilege of accepting the position as Department Secretary for Spiritual Care. It can be quite overwhelming when you are in a new environment with new rules, beliefs, processes, and people; but my transition into this role was made easy by the lovely team I was initiated into. I felt welcomed, supported, and most importantly, valued. This provided me with a renewed sense of purpose and responsibility to ensure the day-to-day office operations continue to run smoothly and efficiently for many years to come.

## **Spiritual Care Department Manager's Report**

In this report you see a short musing from each of the Spiritual Care Providers who were asked to reflect on how they offered someone a new beginning or a new perspective while providing spiritual care in the last year. Each reflection is unique, as are the people who wrote them.

For me, it was a year of new beginnings. I started as the Manager of the Spiritual Care Department in June 2022. New beginnings from then until the end of March 2023 included hiring a new Secretary (Michelle Ireton), reporting to three different supervisors in three different hospital departments due to corporate shifts, hired 14 Spiritual Care Providers in a variety of small part-time contract positions, provided supervision to the Spiritual Care Providers and the Clinical Psycho-Spiritual Education (CPE) students, and helped with re-constituting the Grey Bruce Spiritual Care Council Board of Directors. Each change has brought about possibilities for new perspectives as the Spiritual Care Department bends with the breeze of internal and external pressures.

It has been my pleasure to work with both the former and new members of the Board of Directors for GBSCC. Those who are new to the Board, in partnership with the Chair, Graham Bland, are working at orienting themselves to the roles of Board members as well as learning about and progressing in their responsibilities of advocacy, fundraising and promotion of Spiritual Care within Grey and Bruce Counties. I look forward to continuing partnerships with all those who interact with the Spiritual Care Department.

Respectfully submitted,

Jan Temple-Jones

# Clinical Psycho-Spiritual Education Unit 2022-2023



Left to Right:

Warren Litt (Certified Supervisor Educator); Jan Temple-Jones (Provisional Supervisor Educator);  
John-Luke Muresan; Adam Nickell; Seth Cotton



# Spiritual Care Statistics 2022-2023

	Total Number of Visits	Total Number of Referrals	Total Number of Contracted Hours per month
Brightshores Sites: 7 - Spiritual Care Providers (Brightshores Health System)	3249	1118	O/S #1—90 O/S #2—60 MK—13 ME—18 WI—20 LH—8 SO—16
SBGHC Sites: 4 - Spiritual Care Providers (South Bruce Grey Health Centre)	1258	186	DU—10 CH—15 WK—17 KI—17
HDH: 1 - Spiritual Care Providers (Hanover & District Hospital)	304	68	20
Grey Bruce Hospice: 2 - Spiritual Care Providers (Chapman House)	775	262	100
Palliative Home Care Team (PHCT)	363 n/a		n/a
Volunteer Chaplains (Brightshores-Owen Sound only)	—	—	—
Brightshores-Owen Sound On-Call Ref	12		
Brightshores-Owen Sound Patient Self Referrals	27		
The Spiritual Care Department facilitated over 5614 in-hospital visits for Community Clergy across Grey and Bruce Counties.			

## Donations:

\$30,000+

- United Church of Canada Missions Support Grant

\$10,000—\$29,999

- Bruce Peninsula Health Services Foundation

\$1,000 to \$9,999

- Hanover & District Hospital Foundation
- Meaford Hospital Foundation
- Saugeen Memorial Hospital Foundation
- Saugeen Memorial Hospital Auxiliary
- Centre Grey Hospital Foundation
- Hanover & District Hospital

## Report to our Partners in 2022-2023...

- Brightshores Health System
- Hanover & District Hospital
- South Bruce Grey Health Centre
- Grey Bruce Hospice Inc.
- Psycho-Social Spiritual Care Outreach Team



## ...Donations from Local Faith Communities with gratitude:

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| *St. John's United Church Chesley | *Crawford United Church, Elmwood     |
| *Tara United Church               | *St. John's Lutheran, Elmwood        |
| *Durham Baptist Church            | *Durham Foursquare Gospel Church     |
| *Hanover Mennonite Church         | *Trinity Lutheran Evangelical, Ayton |
| *Clifford United Church           | *Faith Lutheran, Port Elgin          |
| *St. Thomas Anglican, Walkerton   | *Paisley United Church               |
| *St. Paul's Presbyterian, Warton  | *St. John's United, Warton           |
| *St. Peter's Lutheran, Desboro    | *Grace United Church, Hanover        |

*First St. Matthew's Lutheran, Hanover	*Southampton United Church
*Kincardine United Church	*Tiverton Baptist Church
*St. James Anglican Church, Fairmont	*St. Andrew's Presbyterian, Owen Sound
Rockcliffe Pentecostal Church, Owen Sound	*Zion Keppel United Church, Owen Sound
*Tobermory United Church	*Georgian Shores United Church, Owen Sound
*First Baptist Church, Owen Sound	*Lutheran Church of our Saviour, Owen Sound
*First Christian Reformed Church, Owen Sound	*Canadian Reformed Church, Owen Sound
*St. George's Anglican Church, Owen Sound	*Bahai's, Owen Sound
*First United Church, Owen Sound	*Kemble United Church
*Trinity United Church, Annan	*Sauble Beach/Hepworth United Churches
*Parkhead United Church	*Owen Sound Alliance Church
*Bethel Evangelical Mission	*Calvary Evangelical Church, Owen Sound
*Frank Street Baptist, Wiarton	*Community of Christ, Owen Sound
*Hanover Evangelical Missionary Church	
*Gentle Shepherd Community Church, Flesherton	

### ...Donations from Individuals with gratitude:

*Brenda Jones	*Philip Dwyer	*Pat Dobec	*Jane Harlock
*Dianne Jackson	*Cliff Bilyea	*John Smith	*Dale Sherwood
*Gerry Malcolmson	*Sarah Dobec	*George Sanz	*Gloria Pfeffer
*Anonymous			

## Grey Bruce Spiritual Care Council Board Members 2022-2023



Dianne Jackson, Chair



Major Bob Lay



Ziyaad Khan



Pat Dobec



Cliff Bilyea



Chandra Tripathi



Graham Bland



Rebecca Brookham



Imam Hafeez Motorwala



Joyce Johnston

GREY BRUCE SPIRITUAL CARE COUNCIL

FINANCIAL STATEMENTS

AS AT MARCH 31, 2023

GREY BRUCE SPIRITUAL CARE COUNCIL

FINANCIAL STATEMENTS

AS AT MARCH 31, 2023

INDEX

	<u>Page</u>
Independent Practitioner's Review Engagement Report	2
Statement of Financial Position	3
Statement of Revenue, Expenditures, and Change in Net Assets	4
Statement of Cash Flows	5
Notes to the Financial Statements	6 - 9





## INDEPENDENT PRACTITIONER'S REVIEW ENGAGEMENT REPORT

To the Board of Directors of  
Grey Bruce Spiritual Care Council:

We have reviewed the accompanying financial statements of Grey Bruce Spiritual Care Council that comprise the statement of financial position as at March 31, 2023, and the statements of revenue, expenditures, and change in net assets and of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Practitioner's Responsibility

Our responsibility is to express a conclusion on the accompanying financial statements based on our review. We conducted our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of financial statements in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. The practitioner performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less in extent than, and vary in nature from, those performed in an audit conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we do not express an audit opinion on these financial statements.

### Basis for Qualified Conclusion

In common with many charitable organizations, Grey Bruce Spiritual Care Council derives revenue from donations and fundraising, the completeness of which is not susceptible to us obtaining evidence we considered necessary for the purpose of the review. Accordingly, the evidence obtained of this revenue was limited to the amounts recorded in the records of Grey Bruce Spiritual Care Council. Therefore, we were unable to determine whether any adjustments might have been found necessary with respect to donation and fundraising revenues, excess of revenue over expenditures, and cash flows from operating activities for the years ended March 31, 2021 and 2020, current assets as at March 31, 2021 and 2020, and net assets as at April 1 and March 31 for both the 2021 and 2020 year ends.

### Qualified Conclusion

Except for the effects of the matter described in the preceding paragraph, based on our review, nothing has come to our attention that causes us to believe that the financial statements do not present fairly, in all material respects, the financial position of Grey Bruce Spiritual Care Council as at March 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Owen Sound, Ontario  
September 19, 2023

  
Chartered Professional Accountants  
Licensed Public Accountants

**GREY BRUCE SPIRITUAL CARE COUNCIL**

**STATEMENT OF FINANCIAL POSITION**

**AS AT MARCH 31, 2023**

	2023 \$	2022 \$
<b><u>ASSETS</u></b>		
<b>CURRENT</b>		
Cash	41,435	245,886
Accounts receivable	11,441	13,285
Prepaid expense	1,526	1,295
	54,402	260,466
<b>INVESTMENTS (Note 8)</b>	198,097	3,000
	<u>252,499</u>	<u>263,466</u>
<b><u>LIABILITIES</u></b>		
<b>CURRENT</b>		
Accounts payable and accrued charges	6,988	4,796
Deferred revenue	-	7,350
Deferred contributions (Note 3)	3,632	4,159
	<u>10,620</u>	<u>16,305</u>
<b><u>NET ASSETS</u></b>		
<b>UNRESTRICTED (Page 4)</b>	<u>241,879</u>	<u>247,161</u>
	<u>252,499</u>	<u>263,466</u>

Approved by the Board:

 Director

 Director

See the accompanying notes to these financial statements  
(Unaudited)



# GREY BRUCE SPIRITUAL CARE COUNCIL

## STATEMENT OF REVENUE, EXPENDITURES, AND CHANGE IN NET ASSETS

FOR THE YEAR ENDED MARCH 31, 2023

	2023 \$	2022 \$
<b>REVENUE</b>		
Church donations		
- Chesley / Elmwood	950	1,175
- Durham	400	500
- Hanover / Neustadt / Ayton	2,900	2,450
- Kincardine / Ripley / Tiverton	1,000	1,000
- Lions Head / Tobermory / Wiarton	1,300	1,335
- Markdale / Flesherton / Dundalk	500	500
- Meaford / Thornbury	100	100
- Owen Sound	11,292	11,760
- Port Elgin / Southampton	722	2,728
- Walkerton / Mildmay / Paisley	350	250
Total church donations	19,514	21,798
Grants	30,394	30,050
Chapel renovations	-	4,439
CFGB distribution (Note 6)	1,630	1,304
Healthcare corporations	27,500	24,500
Healthcare foundations	41,250	39,600
Individual donations	2,885	453
Fundraising	200	26,597
Interest and investment income	5,465	1,027
Legacy donations	-	9,955
Presbyteries of Toronto Conference Corporation allocation	134	1,989
PHCT revenue	26,545	42,551
Residential Hospice Grey Bruce revenue	31,358	28,980
Spiritual care education (Note 5)	11,041	26,989
	197,916	260,232
<b>EXPENDITURES</b>		
Advertising and promotion	80	190
Service charges and fees	320	215
Bookkeeping / administrative support	9,601	1,989
Insurance	1,795	3,272
Mileage	1,030	751
Chapel renovations	-	4,439
Miscellaneous	574	133
Office	806	335
PHCT expenses	18,309	35,646
Professional development	550	1,087
Professional services	3,407	2,724
Residential Hospice Grey Bruce expenses	30,180	25,200
Spiritual care education	8,864	20,186
Spiritual care providers	127,682	134,889
	203,198	231,056
<b>EXCESS OF REVENUE OVER EXPENDITURES</b>	(5,282)	29,176
<b>NET ASSETS, beginning of year</b>	247,161	217,985
<b>NET ASSETS, end of year</b>	241,879	247,161

*See the accompanying notes to these financial statements*  
(Unaudited)

**GREY BRUCE SPIRITUAL CARE COUNCIL**

**STATEMENT OF CASH FLOWS**

**FOR THE YEAR ENDED MARCH 31, 2023**

	2023	2022
	\$	\$
<b>OPERATING ACTIVITIES</b>		
Net income (loss)	(5,282)	29,176
Transaction not providing a current cash receipt:		
Deferred PTCC allocation	(133)	(1,989)
Deferred Benevolent allocation	(395)	-
Deferred PHCT allocation	-	(50)
Deferred Chapel renovation allocation	-	(1,589)
Cash provided (used) by operations	(5,810)	25,548
Change in non-cash working capital items		
Decrease in accounts receivable	1,845	2,482
(Increase) decrease in prepaid expense	(231)	1,302
Increase in accounts payable and accrued charges	2,192	151
(Decrease) in deferred revenue	(7,350)	(12,333)
<b>CASH PROVIDED (USED) BY OPERATING ACTIVITIES</b>	(9,354)	17,150
<b>INVESTING ACTIVITIES</b>		
Additions to investment	(195,097)	(3,000)
<b>CASH USED BY INVESTING ACTIVITIES</b>	(195,097)	(3,000)
<b>CASH POSITION, beginning of year</b>	245,886	231,736
<b>CASH POSITION, end of year</b>	41,435	245,886

# **GREY BRUCE SPIRITUAL CARE COUNCIL**

## **NOTES TO THE FINANCIAL STATEMENTS**

**AS AT MARCH 31, 2023**

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### **1. PURPOSE AND STATUS**

The purpose of the Grey Bruce Spiritual Care Council (the Council) is to co-ordinate the placement of a local spiritual care provider in each hospital in order to bring continuity to the spiritual care of patients, family members and staff. The Chaplaincy program is supported by church and other faith groups, hospitals, and hospital foundations and auxiliaries throughout Grey and Bruce counties.

Grey Bruce Spiritual Care Council is incorporated by letters patent under the Laws of Canada. There are no shareholders. The organization is a registered charity and is exempt from income tax.

### **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **(a) Basis of Presentation**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

#### **(b) Financial Instruments**

The Council's financial instruments consist of cash, accounts receivable, and accounts payable and accrued charges. Financial instruments are recorded at fair value when acquired or issued and are subsequently reported at cost or amortized cost less impairment, if applicable. Financial assets are tested for impairment when changes in circumstances indicate declines in values.

#### **(c) Capital Assets**

Capital expenditures are charged to operations in the year of acquisition.

#### **(d) Contributed Goods and Services**

Volunteers contribute a significant amount of time in the operations of the organization. Contributed services are not reflected in the financial statements because of the difficulty of determining their fair value. Donated goods are recorded at fair market value if they otherwise would have been purchased.

#### **(e) Revenue Recognition**

The organization uses the deferral method of accounting for contributions.

Healthcare foundations and corporations revenue is recorded in the period for which the related funding is received. Accordingly, there can be related deferrals or receivables.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Therefore donations and pledges to donate funds to the organization are not recorded until the funds are received.

Restricted contributions are recognized as revenue in the year the corresponding expenditures are incurred.

Fundraising and spiritual care education revenues are included in revenue at the time the related event or training occurs.

Endowment distributions are recognized as revenue when received.

# **GREY BRUCE SPIRITUAL CARE COUNCIL**

## **NOTES TO THE FINANCIAL STATEMENTS**

**AS AT MARCH 31, 2023**

### **(f) Estimates**

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates. The most significant estimate in these financial statements involves deferred revenue

### **3. DEFERRED CONTRIBUTIONS**

During 2018 the Council received a \$16,570 grant from the Presbytery of Toronto Conference Corporation (PTCC) to fund increased spiritual care provider hours for the oncology, palliative care, and the intensive care unit / cardiac care unit / step down departments. Administration funding was also included. Most of this funding was used in 2019 and 2020. Grant fully expensed in 2023

Funds have also been received for other projects. There is \$172 available to be used for benevolent (library) purposes. There is \$861 available for Palliative Home Care Team benevolence. There is still a balance in Chapel Renovations of \$2,599

The following table shows the activity in deferred contributions during 2023:

	Presbytery of Toronto Conference Corporation	Special Projects	Total
Opening balance	133	4,026	4,159
Contributions	-	-	-
Expenditures	(133)	(394)	(527)
Closing balance	\$ -	\$ 3,632	\$ 3,632

### **4. FINANCIAL INSTRUMENT RISK**

#### **(a) Credit Risk**

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Council is exposed to some credit risk based on the ability and desire of hospital foundations and healthcare corporations to continue their funding and the ability of students to pay their fees.

#### **(b) Liquidity Risk**

Liquidity risk is the risk that the Council will encounter difficulty meeting its obligations associated with its financial liabilities or more simply, the risk that the Council will not have sufficient funds to settle a transaction on the due date. Liquidity risk arises from the Council's accounts payable and accrued charges as well as its deferred revenues and contributions. This risk is dependent on the continued funding from all donors, the timing of funds received, and the management of funds to meet commitments and sustain operations.

## GREY BRUCE SPIRITUAL CARE COUNCIL

### NOTES TO THE FINANCIAL STATEMENTS

AS AT MARCH 31, 2023

#### 5. SPIRITUAL CARE EDUCATION

During the year the Council provided spiritual care education. A 29 week clinical pastoral education program was held for three students that extended to April 30, 2023. Funding for this education was as follows:

	2023	2022
Grey Bruce Health Services	\$ 6,540	\$ 13,313
Clinical Pastoral Education (CPE) student fees	4,500	8,650
Community Foundation Grey Bruce grant	-	3,000
Spiritual care visitor training	-	2,025
	<u>\$ 11,040</u>	<u>\$ 26,988</u>

#### 6. ENDOWMENT FUND HELD AT CFGB

In 2016 the Council started an endowment fund with the Community Foundation Grey Bruce (CFGB). The endowment fund is held and managed by CFGB in perpetuity and accordingly, the Council cannot access these funds. CFGB invests endowment monies received from both the general public and from the Council and distributes the income thereon according to its standard policies.

Endowment balances in this note are reflective of the CFGB amounts reported. These amounts are based on the CFGB fiscal year end of December 31.

December 31, 2017 the fund consisted of contributions totaling \$22,975, undistributed income less administrative fees of \$2,280, and a matched contribution by the CFGB of \$10,000 for a total of \$35,255. Income related to the matched contribution attributes to the Council's fund but title remains with the CFGB.

Endowment balance at December 31, 2018 was \$32,052. This balance was a result of an investment loss of \$98 and administrative fees totaling \$510 and \$1,712 were distributed to the council.

There are requirements for distributions to occur. The fund had reached \$25,000 but the undistributed income did not exceed \$500 as of CFGB's December 31, 2018 year end, so the conditions for an annual distribution were not met in 2019.

Endowment balance at December 31, 2019 totaled \$35,812. Investment earnings were \$4,255. Administrative fees paid totaled \$500 and no distributions were received by council.

Endowment balance at December 31, 2020 totaled \$37,258. Investment earnings were \$2,689. Administrative fees paid totaled \$526 and a distribution of \$716 was received and recorded as CFGB distribution on the income statement.

Endowment balance at December 31, 2021 totaled \$40,220. Investment earnings were \$4,812. Administrative fees paid totaled \$566 and a distribution of \$1,304 was received and recorded as CFGB distribution in the income statement.

Endowment balance at December 31, 2022 totaled \$40,200.13. Investment earnings were \$4,414. Administrative fees paid totaled \$544 and a distribution of \$1,630 was received and recorded as CFGB distribution in the income statement.

# GREY BRUCE SPIRITUAL CARE COUNCIL

## NOTES TO THE FINANCIAL STATEMENTS

AS AT MARCH 31, 2023

### 7. SUPPLEMENTARY INFORMATION

The Pastoral Care Department of Grey Bruce Health Services (GBHS) is interrelated with the Grey Bruce Spiritual Care Council. The Council benefits from access to office space, equipment, and secretarial support provided by Grey Bruce Health Services. Any benefit has not been reflected in the financial statements.

During 2023, GBHS also provided \$6,540 for the service provider of a clinical pastoral education program for three students. This balance is included in Spiritual Care Education revenue (Note 5).

The Council pays 35% of the salary and benefits of the Spiritual Care Department Manager.

### 8. INVESTMENTS

	2023	2022
GIC	\$ 3,000	\$ 3,000
Credential Securities Investment	195,097	-
	<u>\$ 198,097</u>	<u>\$ 3,000</u>

### 9. CONTRACTUAL ARRANGEMENTS

The Council has entered into agreements with the South West Local Health Integration Network (LHIN), Grey Bruce Hospice (GBH) and Warren Litt, VA, MDiv, CASC, CRPO..

The agreement with South West LHIN covers April 1, 2022 to March 31, 2023. The purpose of the agreement is to have in place a Palliative Home Care Team. This team will provide secondary level in-home spiritual-emotional support to clients who are end of life and receiving care at home through LHIN services within the boundaries of Grey and Bruce Counties. The Council receives \$30 per hour for uncertified and \$35 per hour for CASC certified spiritual care providers who specialize in end of life support. A mileage rate of \$0.49/km is paid for travel to and from the contractor's home to the patient's home. As well, an additional fee for administrative and supervision costs is received based on 15% per billing. Funding for this care is not to exceed \$40,000 for this term. Either party to the agreement can cease participation with 30 days notice.

The agreement with GBH covers the period July 1, 2022 through March 31, 2024. The purpose of the agreement is to ensure appropriate spiritual-emotional support to residents who are at end of life and receiving care at the residential hospice as well as to their families. GBH pays \$35 per hour for spiritual care providers as well as mileage in special and approved circumstances. Hours provided above 100 in any month must be approved in advance. As well, an additional fee for administrative and supervision costs is received based on 15% per billing. The agreement can be terminated by either party with 30 days written notice.

The agreement with Warren Litt also involves Grey Bruce Health Services (GBHS). Mr Litt is to provide and lead a clinical pastoral education program at GBHS for a maximum of 7 students from May 12, 2022 to April 30, 2023. GBHS provides support for his time and access to office and/or classroom space. The Council covers mileage, accomodation, food and miscellaneous supplies. Contract with Warren was completed April 2023.. Jan Temple-Jones has taken over this contact beginning May 1, 2023 with final details still pending.



# Grey Bruce Spiritual Care Council Annual General Meeting Minutes

Thursday, September 15, 2022

Time: 1200 – 100 hours Location: by ZOOM

**Present/Regrets:** Dianne Jackson (Chair), Cliff Bilyea, Ziyaad Khan, Mary Margaret Crapper, Jan Temple-Jones, Bob Lay (Vice-Chair), Diane Tarr, Cliff Bilyea, Pat Dobec, Danielle Pillon, Chandra Tripathi **Recording Secretary:** Evelynne Hazen

Topic	Significant Discussion Issues / Decisions
1. <b>Meeting</b> Called to Order	<ul style="list-style-type: none"> <li>Dianne Jackson called meeting to order at 12:06 pm</li> </ul>
2. Declarations	
Agenda	The agenda was circulated to Council members. <b>Agenda approved by consensus.</b>
Quorum	<ul style="list-style-type: none"> <li>Yes with members in 6 attendance</li> </ul>
Conflict of Interest	None declared
3. Approval of September 16, 2021 Minutes	<p>The approval for the meeting minutes from September 16, 2021 were approved with changes: Rev. Sue McCullough Outgoing along with Erin.</p> <p><b>Motion to approve minutes from September 16, 2021 with changes:</b></p> <p><b>Moved:</b> C. Bilyea <b>Seconded:</b> P. Dobec <b>Carried</b></p>
4. Financial Report a) Treasurer's Report	<p>It has been a pleasure being your treasurer this past fiscal year. Before I comment on the year end results I want to thank Joan Silcox Smith our Manager this past year. Her excellent leadership was respected by both the Council and the Spiritual Care Providers. Her work along with Evelynne Hazen in contacting some 60 grant opportunities has been a real blessing to the organization and was a major help with our financial results. In addition she has cultivated strong community relationship which has resulted in legacy and grant funding. Thanks Joan for your valuable contribution over the last four years.</p> <p>In reviewing our financial year end as of March 31 2022 we budgeted a deficit of \$38,000 at the beginning of the year but several important events contributed to a surplus of \$29,176 for the year. Thanks to Pat Dobec who successfully organized our first fundraiser which generated \$26,597. The second major factor was grants and legacy donations of \$40,005 which we can't budget for as they are unknown and may not happen, but did.</p> <p>Our financial results for the past fiscal year generated \$260,232 in revenue with expenses of \$231,056 resulting in our surplus of \$29,176. It should be noted that 92% of our expenses go to fund the programs we deliver.</p> <p>With the accumulated grants and legacy donations from the current and prior years we have \$190,000. The Council approved an Investment policy and in the current year we have invested these funds, 50% in GIC and 50 % in solid blue chip mutual funds. This well managed reserve is good financial stewardship in the possibility we do not receive legacy gifts and are not successful in our fund raising.</p>

Topic	Significant Discussion Issues / Decisions
	<p>Are there any questions regarding our financial statement?</p> <p><b>Motion to approve the proposed adjusting entries recommended by King &amp; Associates for our fiscal year ending March 31, 2022: Moved: C. Bilyea Seconded: P. Dobec Carried</b></p> <p><b>Motion to approve the Financial Statements as prepared by King &amp; Associates for our fiscal year ending March 31, 2022: Moved: C. Bilyea Seconded: P. Dobec Carried</b></p> <p><b>Motion to appoint the continuation of Dianne Jackson as financial signatory for 2021-2022, adding Cliff Bilyea and Robert Lay. All parts of this motion being effective upon property documentation filed with our financial institution: Moved: Z. Khan Seconded: P. Dobec Carried</b></p> <p><b>Motion to appoint King &amp; Associates as our accounting partner for the fiscal year 2022-2023: Moved: C. Bilyea Seconded: Z. Khan Carried</b></p> <p><b>Motion to finish the Reflection Room renovations with the funds from the Deferred Revenue Chapel Renovations account in the amount of \$2,736.06 and the remainder to be paid from the General Operating account: Moved: C. Bilyea Seconded: Z. Khan Carried</b></p>
5. New Business	Strategic Planning Day was held September 10, 2022
6. Business arising	No business arising
7. Brightshores Executive	Take from regular meeting report
8. <del>Manager</del> Report	Reflection of 2021-2022 by Manager of Spiritual Care
9. Nominations	Graham Bland
10. Slate of Officers	<p>Dianne Jackson – Chair (Extension of Term) – Signing Authority  Rev. Major Bob Lay – Vice Chair (Renewing) – Signing Authority  Cliff Bilyea – Treasurer (Renewing) – Signing Authority  Ziyaad Khan – Council Secretary (Ongoing)</p> <p><b>Motion to accept the slate of officers as presented:  Moved: P. Dobec Seconded: D. Pillon Carried</b></p>
11. Thanks & Welcome	<p>Outgoing (Nicholas Forrester, M.M. Crapper (will continue as Ex-Officio)  Renewing (R. Major Bob Lay, Chandra Tripathi, Cliff Bilyea, Diane Tarr)  Continuing (Z. Khan, P. Dobec, D. Pillon, Imam Hafeez Motorwala, Joyce Johnston)  Extension of Term (Dianne Jackson until Rev. Maj. Bob Lay returns in January).</p>
12. Next Meeting	September 14, 2023 – 12:00 – 1:00 – BY ZOOM
13. Adjournment	1p.m.



## **April 27, 2023 Grey Bruce Spiritual Care Council (GBSCC) Special General Meeting**

Present: Bob Lay, Ziyaad Khan, Graham Bland, Hafeez Motorwala, Pat Dobec, Jan Temple-Jones, James Lonie, Glenna Nixon, Jory Hewson, Rebecca Hewson, Scott Saunders, Brendon Bedford, Christine Smaller, Carol McCurdy, David Shearman, Adam Nickell, Cliff Bilyea, Marsha Roberts, Bill Bruce, Crystal McGee, Francis Richardson, Dar Rath, Debbie Doherty, Craig Bartlett, Sheryl Spencer, Ann Veyvara-Divinski, Karen Lyons (Zoom), Chandra Tripathi (Zoom), David Jones (Zoom)

### **1. Reflection and Welcome**

Jan's reflection on the Journey Bag: What we should pack in the Journey Bag to help with GBSCC journey to the future? Great stories; Clear vision; Willingness to go another way; Community awareness; Open mind; More engagement and coordination with hospital; Mending relationship; Enthusiasm; Hope/compassion; Ideas; Wack of cash

### **2. Purpose of Meeting**

- Special Meeting called to have all faith communities in the Grey Bruce area help in rebuilding the Spiritual Care Council (SC) and the Board.
- COVID-19 and number of Board members retiring have been the main reasons for reduced members.
- Currently have 5 members and 9 is the minimum according to By-Law.

### **3. Introduction of current GBSCC Board members and nominees**

Current GBSCC Board members: Bob Lay (Chair); Pat Dobec (Member); Ziyaad Khan (Secretary); Chandra Tripathi (Member); Hafeez Motorwala (Member); Graham Bland (Member)

New Board Nominees: Karen Lyons; Scott Saunders (Treasurer); Mark Loyal; Christine Smaller; Jan Hazlett; Debbie Doherty

GBSCC Organizational Chart presented to members

Questions and Comments:

SC providers status? Jan Temple-Jones commented that SC providers are on contract.

Hospital executives? - David Shearman said it is important that hospital executives sit on council; this has been the practice. Bob Lay clarified that hospital executives felt that position was a conflict of interest and took action to remove themselves. When looking at current by-law and Terms of Reference, role of hospital executive with GBSCC is ongoing. There have been a number of turnovers in the executives. Jan Temple-Jones to attend meeting with hospital and would inform Board of who would be looking after GBSCC. David Shearman questioned how is Board addressing the issue of hospital's roles with GBSCC? Indicated that the previous Board did not make a mistake in governance but worked under the best governance at the time. Current board has since updated the governance and this is good normal practice.

### **4. Financial Update**

Presented with no questions from attendees.

### **5. Update on Terms of Reference and Bylaws**

- Bob Lay stated that update is ongoing and would be complete in coming months
- Question raised on what other models do hospitals have for their Spiritual Care program
- Graham Bland indicated that Angela Schmidt's thesis mentions 5 SC models
- Spiritual Care representation vital in the community to fulfil patient's needs

- comment that hospital and government don't see SC as vital and it is not mandated
- SC different in Long Term Care facilities as they are legislated
- Faith communities took the initiative to start SC in the hospital and also revived it at one point when it was at risk of ending
- Bob Lay stated GBSCC is transparent and that Terms of Reference, By-Laws and promotional documents are available for anyone.

**6. Nominees for the Board presented:** Karen Lyons; Scott Saunders (Treasurer); Mark Loyal; Christine Smaller; Jan Hazlett; Debbie Doherty .... Nominated from the floor: Brendon Bedford

**Motion** to elect nominees as Board members: Chandra Tripathi; seconded by Cliff Bilyea. Carried

**Officers:** Graham Bland – Chair – Signing Authority; Vice Chair – Vacant To Be Filled By Board; Scott Saunders – Treasurer – Signing Authority; Ziyaad Khan – Secretary – Signing Authority

**Board Members:** Pat Dobec (Continuing); Hafeez Motorwala (Continuing); Chandra Tripathi (Continuing); Karen Lyons (New); Mark Loyal (New); Christine Smaller (New); Jan Hazlett (New); Debbie Doherty (New); Brendon Bedford (New)

**Question** - representation from South Bruce Grey? Ziyaad Khan resides in Kincardine  
Bob Lay - the Boards is looking for members with particular skill sets (ie fundraising, tech savvy,) Members should reflect the various ethnic and religious backgrounds of Grey Bruce area

**7. Annual General Meeting (AGM)**

September 28, 2023 – Owen Sound Hospital Classroom#2 (Level 1) 9:30-11:30am

**8. Closing Remarks, Additional Questions and Wonderings?**

SC providers should keep relations with the Board - good way for the providers to learn about the board and the board to know what providers do. This relationship should be maintained moving on.

A SC Manager who is a qualified SC Supervisor is a great accomplishment of GBSCC.

Spiritual Care Visitor Training educational opportunity on May 10

Motion of thanks to Dianne Jackson, Bob Lay and Cliff Bilyea for their work on Board. **Applause.**

Where does SC fit in hospitals as whole? Jan Temple-Jones will be meeting with hospital executives to discuss which portfolio SC would be under.

Strategy for Board members going forward is to raise awareness of SC to the hospital.

**Motion** to adjourn the GBSCC Special Meeting was proposed by Ruth Dar and second by Cliff Bilyea.

## **Agenda for Grey Bruce Spiritual Care Council AGM – September 28<sup>th</sup>, 2023, 09.30**

Owen Sound Hospital - Level 2 Meeting Room (beside Occupational Health & Safety)

1. Opening reflection and welcome
2. Call to order
3. Introduction of current GBSCC Board members
4. Welcome and a word from Brightshores leadership -
5. Reflections from Spiritual Care Manager, Jan Temple-Jones
6. Finance Report & Budget 2023 -2024
7. Accepting Revised Terms of Reference
8. Nomination and Election of any new Board Members
9. Receiving of Reports from Manager and Chair
10. Date of next AGM - September 26, 2024
11. Closing remarks; additional questions, comments and wonderings from members
12. Adjourn

## **Report of the GBSCC Board Chair, Graham Bland**

It was my privilege to be invited, at the SGM of the Council in April 2023, to assume the Chair of the Council Board. New Board members were affirmed at that SGM. The Board now meets the requirements of our Bylaws, with 13 members, as follows:

***Returning members:*** Ziyaad Khan (Secretary), Pat Dobec, Imam Hafeez Motorwala, Chandra Tripathi, Graham Bland, Jan Temple-Jones (ex-officio, as Manager of Spiritual Care).

***New members:*** Scott Saunders (Treasurer), Karen Lyons, Brendon Bedford, Christine Smaller, Mark Loyal, Debbie Doherty, Jan Hazlett.

We need a minimum of 9 Board members. After significant attrition in Board membership in 2021-2022, we bade farewell this year to others who have served faithfully to shepherd the affairs of the Council – Dianne Jackson (who, sadly, has since died); Bob Lay; Cliff Bilyea; Joyce Johnston. Thank you to them for their service to the Council.

The newly constituted Board is engaged in orientation and relationship-building. Terms of Reference are now revised for acceptance by the Council membership. A revision of the Bylaws is also under way, considering the many changes and growth that have occurred over the years.

The GBSCC is a unique partnership of health care agencies in Grey-Bruce with this Council, which represents broader community interests in the provision of quality Spiritual Care for patients, loved ones and staff. Our present priorities, as I see it, are several:

1. Support our Spiritual Care Team by strengthening our relationships - with health agencies, faith communities and funders - clarifying roles and lines of accountability. These shifted significantly over the years as new partners entered the program.
2. Strengthen our funding base:
  - a. to address our present deficit, and;
  - b. to facilitate recruitment of Spiritual Care professionals; it is difficult for qualified persons to relocate to our area for what is currently very part-time work.
3. Continue to build our Board with representation from all areas of Grey-Bruce.

Shortly before the SGM in April, I wrote an “Anecdotal History of the Vision and Practice of Partnership in Grey Bruce Spiritual Care”, to trace in broad terms how we came to the present moment. An edited version of that anecdotal history is appended to this annual report.

Now, we are moving forward to support excellence in Spiritual Care in Grey - Bruce.

Respectfully,

Graham Bland

## Appendix 1

### **Anecdotal History of the Vision and Practice of Partnership in Grey Bruce Spiritual Care** G. Bland

*[What follows is based on the qualitative reflections of three community clergy, former members of Advisory committee or Council, Chris Pratt, Kristal McGee & Graham Bland; plus, Angela Schmidt, long-time Manager of Spiritual Care at Brightshores, now professor at Knox College, University of Toronto.]*

Mid-1990s ... With seed money from area churches and Owen Sound Hospital, a Spiritual Care professional was hired. At that time, this person was commonly called the Chaplain. Unfortunately, this initial appointment did not go well and the Chaplaincy programme was shelved for a time.

Late 1990s ... Following representation and advocacy from the churches, which had invested financial resources in the position, it was agreed to try again. Using a funding model of 50% from the community and 50% from the Hospital, a chaplain was hired half-time for two years to establish a Chaplaincy in the Hospital. A part-time department office assistant was also hired.

2000 ... A Manager was hired, with the primary responsibility of building relationships with the faith communities and with Hospital leadership and staff. The Manager was directed not to do patient care work but to facilitate the work of community pastors. The emphasis was on supporting the work of the faith communities and building those relationships to give a strong financial foundation to the Chaplaincy. At this time, the public Spiritual Care space was called the Chapel. There was strong buy-in from Hospital leadership and the work began to grow.

2004 ... The support of the faith communities, until then expressed in a Chaplaincy Advisory committee (made up of Hospital leaders, faith community representatives and nurse managers), was formalized through the incorporation of the Grey Bruce Healthcare Chaplaincy Council (GBHCC). This was a supportive Council of community clergy who met annually. They had a voice and a vote to affirm the Chaplaincy budget, to which their churches contributed. The Board of the GBHCC replaced the Chaplaincy Advisory committee. The Spiritual Care Manager was a key driver of the Board, which acted for the Council. Either a VP or designated Nurse Manager represented the Hospital on the Board.

2000s ... Chaplaincy continued to grow with the strong support of Hospital CEO, VPs and community. Position moved to full time. Community education and staff in-service education helped people to grasp the value of Spiritual Care. This was increasingly demonstrated in health care research and journals. The team built strong relationships in the community by visiting ministerial groups, to seek their support and respond to their needs. Occasionally, the team advocated with staff on behalf of community clergy.

This developmental work was supplemented by in-hospital workshops for what grew into a strong group of Pastoral Care volunteers from the Faith Communities, and volunteer clergy who comprised the on-call team for emergency Spiritual Care after hours – all of these volunteers received monthly supervision.

Gradually, a team model ensuring good clergy access became a key element of the Pastoral Care programme. If churches were being asked to provide funding, they could be sure of receiving support and service in return. One good example of this facilitation of access for clergy was the decision, by the Hospital, to provide complementary clergy parking.

2010s ... As other sites and programmes were added to the partnership, the Spiritual Care Manager became the supervisor of the system of Pastoral Care in what grew to include 11 Hospitals, the Hospice and the Palliative Care community outreach initiative. The Manager wrote her D.Min thesis on this model: "Partnerships Between Hospitals and Community: A Qualitative Study on Collaboration for Spiritual Care" (2013) <https://scholars.wlu.ca/etd/1616/>

Enhanced staff education and Clinical Psycho-Spiritual Education) began to offer in-depth training in the Hospital. Both the Hospitals and the Faith Communities have benefitted from these programmes in ways that enrich our partnership.

In the early 2010s, an increasingly Multifaith approach saw Pastoral Care / Chaplaincy become Spiritual Care. The Spiritual Care Manager sought Board representation from non-Christian and indigenous communities. The Council itself changed its name in 2020 to the Grey Bruce Spiritual Care Council.

The Grey Bruce Spiritual Care Council and its Board have supported the work of the Spiritual Care Manager - fund-raising for salaries; liaising with local ministerials; guiding the development of the program; being the face of spirituality for Hospital personnel on the Board. More than simply a Spiritual Care advisory committee, the Council is incorporated as a registered charitable organization and has officers (the Board) to fulfill its function as a charity.

The Council and its Board also provided guidance on spiritual health care education for faith leaders - Dementia Care; MAID; Clergy burnout etc.

The 2020s brought a shift in Spiritual Care, partly due to the COVID-19 pandemic and an increased dependence in-Hospital on the Spiritual Care team to respond to patient and staff spiritual well-being. The connection between the Board and the Faith Communities may have weakened in this period. There may also be less religious affiliation among patients, but a growing awareness of non-religious aspects of Spiritual Care. The Chapel has recently come to be known as the Reflection Room.

The GBSCC now has members from non-Christian Faith Communities and others who have no particular faith affiliation but are deeply committed to the spiritual well-being of patients, families and health care staff. Recruitment for the Board has almost always been done by the Manager. This custom may be a possible conflict of interest for the Manager and a weakness in our model of governance. What is more, the growth of the programme to many sites affords the Manager less time for Council and Board concerns. Perhaps this is why the Council Board has suffered attrition in recent years. It depended almost entirely for its health on an increasingly over-stretched Spiritual Care Manager.

There is good news and bad news here. We may be experiencing a natural cycle in Spiritual Care. Growth occurs, cultures shift and change, new insights and programmes develop and the model requires readjustment. We began 20 years ago with 3 partners – the Council, one Hospital and one Spiritual Care Manager responsible for one site. We have grown into a complex set of relationships among multiple partners on many sites. The Manager's scope has broadened to include team members in 13 different settings and a Clinical Psycho-Spiritual Education programme.

This is the right moment to review, re-define and strengthen our Council's composition, recruitment, functioning, By-Laws, and its relationships with its partners. This is the right moment to build on the strong foundations of trust which Spiritual Care enjoys, by reaching out again to staff who have been stretched by the pandemic and subsequent recent staffing shortages.