



Strategic Plan 2024



Strategic Plan 2024

June 2024

TABLE OF CONTENTS

	Page
Executive Summary	iv
1. Strategic Planning Overview and Context	1
Need for a new plan.....	1
Strategic Plan Development.....	1
2 Mission & Vision Statements and Strategies Selection	3
Mission Statement	3
Vision Statement.....	3
Strategies Selection	3
3. Strategy #1 – The Hospice	4
Overview	4
Valley Hospice expansion	4
New Building	5
Research Plan	5
Implementation Plan.....	6
4. Strategy #2 – Palliative Care	7
Overview	7
Measurements and Benchmarks – Key Performance Indicators (KPIs).....	7
Required Operations and People.....	8
Research Plan	9
Implementation Plan.....	9
5. Strategy #3 – Grief and Bereavement	11
Overview	11
Measurements and Benchmarks – KPIs.....	11
Required Operations and People.....	12
Research Plan	12
Implementation Plan.....	13
6. Strategy #4 – Awareness and Fundraising	15
Existing Initiatives	15

New Opportunities	17
Measurements and Benchmarks – KPIs.....	19
Required Operations and People.....	22
Research Plan.....	22
Implementation Plan.....	23
7. Strategy #5 – Governance and Operations.....	25
Governance.....	25
Operations.....	25
Measurements and Benchmarks – KPIs.....	26
Required Operations and People.....	26
Implementation Plan.....	27
8. Appendices	28
Appendix 1 – Consultation Listing.....	28

Executive Summary

The Valley Hospice Foundation (VHF) was founded in 2000, with a mandate to establish a hospice residence in the Annapolis Valley. Operational agreements were established, and a successful capital campaign was kicked off in 2008. The Valley Hospice residence, located next to the Valley Regional Hospital in Kentville, opened its doors in 2020. This facility is operated and funded by Nova Scotia Health. In the process, VHF and NSH have entered a partnership, where efforts in supporting palliative care in the Annapolis Valley predating the opening of the Valley Hospice residence, continue. This partnership was further consolidated for the Hospice in an MOU between VHF and NSH.

Now in its fourth year of operations, the hospice has garnered nothing but praise and it has been a wonderful addition to the health care assets in the region.

With the original mandate now in the rear-view mirror, VHF revised its mandate, and Mission Statement, to focus on hospice and palliative care in the Annapolis Valley - Kings and Annapolis counties.

Mission Statement

“To support and promote hospice and palliative Care in the Annapolis Valley.”

Vision Statement

“Ensuring exceptional palliative care is supported in Annapolis Valley.”

Strategies

Three strategies, in no order of priority, are focused on direct support for:

- The hospice
- Palliative care
- Grief and bereavement

An overarching strategy, contains two elements that are strongly entwined with each other:



- Awareness and fundraising

The last strategy focuses on who is going to get the strategies implemented, the people and processes:

Governance and operations

This strategic plan contains:

- 9 Research Projects
- 33 Action Items

In order to handle the effort required and to successfully implement this strategic plan, the following enablers must be put into place:

- An additional staff resource, with a communication/fundraising background
- Up to six additional Board Members, to a total of sixteen
- A number of volunteers on relevant Committees
- A revamped website

1. Strategic Planning Overview and Context

The Valley Hospice Foundation (VHF) was founded in 2000, with a mandate to establish a hospice residence in the Annapolis Valley. Operational agreements were established, and the successful capital campaign was kicked off in 2008, and the Valley Hospice residence, located next to the Valley Regional Hospital in Kentville, opened its doors in 2020. This facility is operated and funded by Nova Scotia Health. In the process, VHF and NSH have entered a partnership, where efforts in supporting palliative care in the Annapolis Valley predating the opening of the Valley Hospice residence, continue. This partnership was further consolidated for the Hospice in an MOU between VHF and NSH

Now in its fourth year of operations, the hospice has garnered nothing but praise and it has been a wonderful addition to the health care assets in the region.

With the original mandate now in the rear-view mirror, VHF revised its mandate, and Mission Statement, to focus on hospice and palliative care in the Annapolis Valley - Kings and Annapolis counties.

NEED FOR A NEW PLAN

There is no shortage of opportunities to support hospice and palliative care in the Valley. Hospice is a subset of palliative care, and this plan uses the term palliative care to include hospice care. The purpose of this new strategic plan is to identify these opportunities, and then select, prioritize, and implement the most impactful ones that are best suited for the VHF.

The bottom-line objective is to make a permanent, positive difference to the palliative care journey of individuals in the Annapolis Valley and their families.

STRATEGIC PLAN DEVELOPMENT

The planning process got underway with a kick-off meeting in February 2024 with Andy Cutten of Halifax Global Inc.. On March 12, 2024, Andy completed his consultations with the following groups of stakeholders (a list of those consulted with can be found in Appendix 1):

- The Board of Directors, one on one;

- Staff, one on one;
- Four previous Board members, one on one; and
- Three representatives of NSH, in a group session.

A workshop was held on March 20, at which time Andy shared two documents:

- What We Heard – the accumulated responses of all consultations
 - This was a presentation.
- A Strategic Planning Discussion Document
 - This was a first cut of possible opportunities and strategies.
 - This was discussed in detail with attendees.
 - The Mission Statement was confirmed, and a Vision Statement developed.
 - The outcome of this workshop was then used to prepare the first draft of this strategic plan.

Andy created the first draft of the plan, and this was submitted to VHF on April 17, for discussion at the VHF Board Meeting on April 24. Feedback was submitted to Andy on May 8. (Note these future dates will be adjusted as required in the final plan – Andy)

The revised plan was submitted on May 20 for comment, amended and this final 2024 VHF Strategic Plan was submitted on June 5 and was presented and approved at the VHF AGM on June 19, 2024.

2 Mission & Vision Statements and Strategies Selection

MISSION STATEMENT

"To support and promote hospice and palliative Care in the Annapolis Valley."

VISION STATEMENT

"Ensuring exceptional palliative care is supported in Annapolis Valley."

STRATEGIES SELECTION

The two statements above provide both a mandate for VHF as well as a view of success. Supporting the Mission Statement also includes addressing the grief and bereavement needs associated with the end-of-life passage. There is certainly an opportunity for VHF to provide support in this area for both the individuals in palliative care as well as for their families, as reflected in the Vision Statement.

Three strategies, in no order of priority, are focused on direct support for:

- The hospice
- Palliative care
- Grief and bereavement

An overarching strategy, contains two elements that are strongly entwined with each other:

- Awareness and fundraising

The last strategy focuses on who is going to get the strategies implemented, the people and processes:

- Governance and operations

3. Strategy #1 – The Hospice

OVERVIEW

The greatest successes for VHF to date have been the fundraising efforts and negotiations with NSH in developing a sustainable plan for the Valley Hospice residence and program. The building is now owned by, and the operations undertaken by NSH. Operations got underway in 2020 and the Valley Hospice residence has been and is considered to be a huge success and has been instrumental in enhancing end-of-life awareness in the community.

VALLEY HOSPICE EXPANSION

However, the hospice has a critical shortage of space. Not beds, the 10 rooms are considered to be sufficient to meet the communities needs.

Required to meet operational needs:

- Meeting spaces
 - Rooms for residents to meet privately with family, medical and professional advisors. The common room is too open and busy to meet these needs.
 - Rooms for community gatherings, education, and workshops.
 - Storage space. There is none today.

It was originally envisioned that the Valley Hospice could act as a palliative care hub for the Valley. An expansion would enable the building to become a hospice, palliative care, and grief and bereavement hub that would provide the breadth of services for the palliative journey in the community, demonstrating true integration of all palliative care services:

- VHF space for staff and for Board meetings.
- Palliative Care team space, for up to eleven people, and four to six respite beds for those in palliative care.

- Note, the respite beds would be the only addition that would require additional NSH staff.
- It may be possible to use some of the ten hospice beds for respite needs, from time to time.
- Grief and bereavement library with room to package up and send out support material.

Consideration will have to be given to the impact that construction activity would have on operations and the residents need for quiet.

NEW BUILDING

A second choice, behind the expansion of the existing building, would be a new building. This would be purpose built to create a campus environment for integrated hospice and palliative care near the Valley Hospice.

No activity will commence on this solution at least until an expansion of the existing building is deemed to be not viable.

There may be a need for an additional hospice in the Valley but not in the near to medium future.

RESEARCH PLAN

#	Description	Who	Completion by
R1-1	Respite beds in hospices – best practices. Link to expansion activity.	Outsourced	March 2025
R1-2	Look at space utilization and needs at other hospices in Nova Scotia.	Outsourced	June 2025

IMPLEMENTATION PLAN

#	Description	Who	Completion by
1-1	Finalize the needs to be met by an expansion, ensuring that there is property available. Develop multiple options for discussion with the NSH Authority.	Committee of VHF and NSH representatives.	December 2024
1-2	Confirm with NSH Authority that they would be willing to partner with VHF on an expansion that would be funded by VHF.	Committee of VHF and NSH representatives.	June 2025
	If approved		
1-3	Engage designers and architects	VHF	September 2025
1-4	Price out the expansion to determine fundraising needs if current funds are insufficient.	VHF	March 2026
1-5	A go/no-go decision	VHF and NSH Authority	December 2026
1-6	If a go, initiate fundraising campaign, including the creation of a Capital Fundraising Team and selection of an outside fundraising company.	VHF	January 2027

4. Strategy #2 – Palliative Care

OVERVIEW

People die in hospitals, in nursing homes, at home, in hospices and elsewhere, and palliative care is delivered across this continuum. There is a need for VHF to be more proactive on the palliative care front, but the question is where. Much of the support and activity is funded and/or carried out by NSH, and there are palliative care beds in many hospitals across the Province. The VON is an engaged partner in providing services to those in their palliative journey.

Indirect support is provided today by VHF through increasing awareness generally and by funding some activities.

The focus of this strategy is on identifying the organizations and individuals who provide palliative care in the Valley, and then meeting with them to:

- deepen the understanding of what is it that they do,
- ask their advice on how VHF can appreciably contribute to their efforts and help in reducing gaps in palliative care today.

It is anticipated that supporting education and training for people providing palliative care in the Valley would be of value.

Perhaps, VHF can become a navigational resource advising people of resources that they can reach out to assist with their palliative journey or that of their loved ones.

MEASUREMENTS AND BENCHMARKS – KEY PERFORMANCE INDICATORS (KPIs)

- Education and training
 - VHF to set target for the number of individuals from step 2-4 in the implementation plan, commencing for the calendar year 2027.

- 2027 – target as set in step 2-4
- 2028 – 110% of number of individuals receiving support in 2027
- 2029 - 110% of number of individuals receiving support in 2028
- Navigational support
 - VHF to set target for the number of individuals from step 2-5 in the implementation plan, commencing for the calendar year 2027
 - 2027 – target as set in step 2-5
 - 2028 – 110% of number of individuals receiving support in 2027
 - 2029 - 110% of number of individuals receiving support in 2028
- Other activities
 - VHF to set targets with escalating support in subsequent years.

REQUIRED OPERATIONS AND PEOPLE

The following items are required to support this strategy:

Operations

- Communication plan of activities to the community.
- Website portal to enable individuals to request support.

People

- Staff of 2 people as recommended elsewhere in this strategy.

RESEARCH PLAN

#	Description	Who	Completion by
R2-1	A study to determine how best foundations can support palliative care activity.	Outsourced	December 2024
R2-2	An environmental scan to identify, as many as possible, the organizations and people that provide palliative care services in the Valley today	outsourced	December 2024

IMPLEMENTATION PLAN

#	Description	Who	Completion by
2-1	Based upon information and names from Research step R2-2, contact, meet and discuss how VHF can best support their efforts and to reduce support and service gaps.	Committee of VHF, NSH, VON and nursing home representatives.	October 2025
2-2	Summarize and analyse the data from step 2-1 and recommend how VHF can proactively support and contribute to palliative care services in the Valley.	Committee of VHF, NSH, VON and nursing home representatives.	December 2024
2-3	Implement/schedule the recommendations from step 2-2	VHF	June 2025

#	Description	Who	Completion by
2-4	If education and training support is to be provided, outline the approach, and required funding for this activity. Set targets.	VHF	December 2025
2-5	If navigational support is to be provided, outline the approach, and required funding for this activity. Set targets.	VHF	December 2025
2-6	For other activities determined in step 2-3 set targets as done for items in steps 2-4 and 2-5.	VHF	December 2025

5. Strategy #3 – Grief and Bereavement

OVERVIEW

There is very little structured grief and bereavement support provided today for individuals in the Valley in their end-of-life journey and especially for their families and loved ones. There is a spiritual advisor at the Valley Hospice and VHF is currently funding a study on this topic.

Grief and bereavement services go a long way in reducing the fear and despair associated with dying and death.

Today there are Friends in Bereavement Support Groups in Kentville, Berwick and Bridgetown provided by one dedicated person. VHF has provided support to her over the years. There is the opportunity for VHF to continue and expand such services in the Annapolis Valley. The process will start with having relevant discussions with the provider and two research projects – best practices in this area and a study of what additional services is provided today by ministers, church groups, etc.

VHF has started to build a virtual grief library. This is a terrific support asset for the community. The assets, books and on-line education and learning, should continue to be built. As soon as feasible a physical space for the library must be found.

MEASUREMENTS AND BENCHMARKS – KPIS

- Activities and funding for grief and bereavement services:
 - VHF to set target for the number of projects undertaken and/or funded commencing for the calendar year 2026:
 - 2026 – target as set in step 3-3
 - 2027 – 125% of number of projects undertaken and or funded in 2026
 - 2028 - 125% of number of projects undertaken and or funded in 2027
- Number of requests for material from the grief library:

- VHF to set targets based upon utilization and research:
 - 2026 – target as set in step 3-5
 - 2027 – 150% of number of projects undertaken and or funded in 2026
 - 2028 - 150% of number of projects undertaken and or funded in 2027

REQUIRED OPERATIONS AND PEOPLE

The following items are required to support this strategy:

Operations

- Communication plan of activities to the community.
- Website portal to enable organizations and individuals to request support.

People

- Staff of 2 people as recommended elsewhere in this strategy, at least initially.
- If VHF grows its portfolio of grief and bereavement services, a dedicated person may be required.

RESEARCH PLAN

#	Description	Who	Completed by
R3-1	Best practices by foundations in the support and delivery of grief and bereavement services.	Outsourced	December 2024

#	Description	Who	Completed by
R3-2	An environmental scan to identify as many as possible the organizations and people that provide grief and bereavement services in the Valley today	Underway – Sara Scott	June 2024

IMPLEMENTATION PLAN

#	Description	Who	Completed by
3-1	Based upon information and names from Research step R3-2, contact, meet and discuss how VHF can best support their efforts and to reduce service gaps.	VHF and volunteers	March 2025
3-2	Summarize and analyse the data from step 3-1 and recommend how VHF can proactively support and contribute to grief and bereavement services in the Valley.	VHF and volunteers	June 2025
3-3	Implement/schedule the recommendations from step 3-2. Set targets.	VHF	December 2025
3-4	Find a space for the grief library either permanently or temporary pending a move into the expanded hospice space.	VHF	June 2025
3-5	Based upon the number of requests for material from the grief library	VHF	December 2025

	and from the analysis of the research activities set a target for the year 2026.		
--	--	--	--

6. Strategy #4 – Awareness and Fundraising

EXISTING INITIATIVES

VHF/NSH Partnership

In the process of establishing the Hospice, VHF and NSH have entered a partnership, where efforts in supporting palliative care in the Annapolis Valley predating the opening of the Valley Hospice residence, continue. This partnership was further consolidated and codified for the Hospice in an MOU between VHF and NSH. Of note, this MOU established an Integrated Hospice Palliative Care Advisory Committee (IHPCAC) which included members of VHF, NSH and community representatives from the Kings and Annapolis counties. IHPCAC has been only intermittently active following decline in activity during the pandemic. The MOU is up for renewal in 2025.

Awareness and Fundraising Initiatives

With the successful capital fundraising campaign concluded, the hospice built and turned over to NSH in 2020 (who now own and operate the hospice), the focus of VHF has been on creating heightened awareness for palliative care in the Valley. VHF has significant assets and, interestingly, the donations that have been received have been driven by this enhanced awareness:

- The Hike for Hospice and Palliative Care, Kentville, takes place during Canadian Hospice and Palliative Care Week. This has generated revenues of \$12,000 in 2021-22; \$28,000 in 2022-23; and \$29,000 in 2023-24. Few out of pocket costs.
 - Future opportunities related to the Hike:
 - Enhanced media support.
 - Sponsorships for the walk. An opportunity to engage large employers in the Valley driving heightened awareness. Employer sponsors can encourage their employees to participate.

- A second site for the Walk, to be located in Annapolis County, perhaps Greenwood or Annapolis Royal.
- Newsletters are sent out twice a year, and these have proven to be great for both awareness and fundraising. The net revenues, after printing costs, were \$46,000 in 2021-22; \$63,000 in 2022-23; and \$46,000 in 2023-24.
 - Future opportunities related to the Newsletters:
 - Increase the mailing list.
 - Consider sending out three times a year, providing there is enough fresh content and stories. It will also provide a great vehicle for keeping the community up to date on new and enhanced activities generated by the implementation of this strategic plan.
- The success and awareness of the Valley Hospice has driven unsolicited donations, memoriam donations, and bequests. This largest source of funds is a direct result of family satisfaction with the great care of their loved ones at the Hospice. Donation and bequest revenues were \$151,000 in 2021-22; \$120,000 in 2022-23; and \$158,000 for the first 10 months of 2023-24.
 - Future opportunities associated with donations and bequests:
 - Research into all facets of Planned Giving, including the development of a Planned Giving Program. VHF can be proactive with potential donors providing information and guidance on specific items such as on donating shares linked to taxation relief, insurance coverage and proceeds, and other ideas coming out of the research. There should be two streams of research – general research as well as what have other hospice foundations found to be successful.
 - Stewardship of donors and the creation and maintenance of a donor database.

NEW OPPORTUNITIES

Survey

Today, there is a strong sense of accomplishment of successfully building awareness. However, this is not substantiated with data. It is recommended that VHF work with a professional research firm to survey residents in the Annapolis Valley as to their knowledge of hospice, palliative care and grief and bereavement services:

- Separate survey results for Kings and Annapolis Counties.
- The first survey will provide an awareness baseline.
- Repeat annually.
- Positive growth in awareness will support fundraising campaigns.

Annual Conference/Expo

Conferences can be a great vehicle for increasing awareness and engagement. The primary target will be residents in the Annapolis Valley. However, they may be of interest to medical practitioners including nursing students at post-secondary institutions as well. Some thoughts:

- The Old Orchard Inn would be a natural venue for such conferences and there may be other sites as well.
- The task of putting the conference together could be outsourced.
- Research would be required into conferences held in this sector, for best practices.
- The South Shore Hospice Palliative Care Society held its initial End-of-Life Info Expo in Bridgewater on April 1, 2023. The venue was small, the Bridgewater Baptist Church, so the speakers duplicated their presentations in separate rooms to accommodate the attendees. Of note, there were 26 exhibitors.
 - It was considered a success, and the organizers prepared a 10 page very-detailed summary post event.
 - Their second expo will be held at the same location, May 4, 2024.

- Gerry and Dale have had an information session with the organizers and Dale has copies of the 2023 report as well as a copy of the 2024 poster.
- Free admission and no fees from exhibitors.
- Attendance by a representative of VHF at the May 4 event would be very informative.
- The conference would be a full day event, with a combination perhaps of presentations and workshops.
- While VHF could cover the cost of the event, it would not be out of line to have a fee to attend and a charge to exhibitors and, for sure, there would be sponsorship opportunity to cover coffee breaks, lunch, etc.

Outreach to Municipalities

During the hospice capital campaign, presentations were made to municipalities throughout Kings and Annapolis Counties. Follow-up informative sessions with municipalities would be in order and likely welcome. Municipalities could have a series of different presentations made on a regular basis, either hosted by themselves or one of the service organizations that is most active locally.

Outreach to post-Secondary Institutions

There is the opportunity to be very proactive with post-secondary institutions. Generally speaking, these schools would have programming linked to palliative care, student placements and students available and willing to undertake research projects. Specifically:

- Acadia University
 - Tremendous involvement in the early years with VHF.
 - They are starting a Nursing School.
 - Kinesiology and Social Work programming.
- NSCC
 - Multiple campuses in the Valley.

- Kingstec campus is just down the road from the Valley Hospice.
 - They have an LPN program.
- Dalhousie University
 - Has a Chair of Palliative Care
 - Could be a great keynote speaker at the VHF annual conference.

MEASUREMENTS AND BENCHMARKS – KPIs

- VHF/NSH Partnership
 - IHPCAC
 - New format and structure to ensure activity and community representation for fall 2024
 - MOU
 - Renewal negotiated by AGM 2025
- Hikes for Hospice and Palliative Care:
 - Kentville
 - Use the 2024 Hike to set the base line.
 - Participation and funds raised:
 - 2025 Hike – 10% increase over 2024
 - 2026 Hike – 10% increase over 2025

- 2027 Hike – 10% increase over 2026
- Sponsorship revenue:
 - 2025 Hike - \$10,000
 - 2026 Hike - \$15,000
 - 2027 Hike - \$20,000
- Annapolis County Hike
 - Use Kentville participation as a base. Given the smaller population and newness of the event a conservative approach would be in order at the start with higher growth rates in subsequent years.
 - Participation and funds raised:
 - 2025 – 10% of Wolfville 2024 numbers
 - 2026 – 120% of 2025 figures
 - 2027 – 120% of 2026 figures
 - Sponsorship revenue:
 - 2025 - \$3,000
 - 2026 - \$7,000
 - 2027 - \$10,000
- Newsletters revenue. Assumes 2024-25 will equal 2023-24, allowing for time to expand the program:
 - Revenue:
 - 2025-26 – 110% of 2024-25 revenues
 - 2026-27 – 115% of 2025-26 revenues

- 2027-28 – 120% of 2026-27 revenues
 - Surveys – done separately for Kings and Annapolis Counties:
 - Kings County:
 - 2026 – 110% of 2025 baseline
 - 2027 – 110% of 2026 numbers
 - 2028 – 110% of 2027 numbers
 - Annapolis County, assumes lower base but higher growth:
 - 2026 – 120% of 2025 baseline
 - 2027 – 120% of 2026 numbers
 - 2028 – 120% of 2027 numbers
 - Annual conferences, to start fall 2025
 - Attendance:
 - 2025 – 150
 - 2026 – 175
 - 2027 – 200
 - Paying exhibitors
 - 2025 – 10
 - 2026- 15
 - 2027 – 20
 - Paying sponsors
 - 2025 – 3
-

- 2026 – 3
- 2027 - 3

REQUIRED OPERATIONS AND PEOPLE

The following items are required to support this strategy:

Operations

- Standard presentations for the outreach programming.

People

- Additional resource with a communication/fundraising background
- Volunteers to assist with some of the strategic initiatives.

RESEARCH PLAN

#	Description	Who	Completed by
R4-1	Research other Foundation/NSH agreements to inform integrated committee options	VHF	Oct 25
R4-2	Research best practices for conferences in this sector. Search for conferences conducted by hospice and palliative care foundations.	Outsourced	December 2024

#	Description	Who	Completed by
R4-3	Extensive research into Planned Giving opportunities. Two studies may be required – one general and one looking into what other hospice foundations have found to be successful.	Outsourced	June 2025

IMPLEMENTATION PLAN

#	Description	Who	Completed by
4-1	Establish a revised action oriented IHPCAC which accommodates current NSH managers as ex officio Board members of NSH and provides for relevant community representation	VHF	October 25
4-2	Review and negotiate renewed VHF/NSH MOU	VHF/NSF	June 2025
4-3	There are a great number of opportunities and activities associated with this Awareness and Fundraising strategy. In order to undertake them an additional resource will be required. This person should have a communications/fundraising background and could either be brought on full-time with a fixed term contract or as an employee. A virtual resource so no additional office space will be required.	VHF	September 2024

4-4	Build a sponsorship program for the Hike.	VHF	April 2025
4-5	Add an Annapolis County Hike site. Consider Greenwood or Annapolis Royal.	VHF	May 2025
4-6	Growth of the Newsletter program through larger mailing lists and/or increasing the frequency of the mailings. The expansion of the database may require outside expertise.	VHF with outside resource.	March 2025
4-7	Initiate awareness surveys for Kings and Annapolis Counties. To start in the fall of 2024 and to be done annually at the same time.	Outsourced	December 2024
4-8	Consider the initiation of annual conferences on hospice/palliative care/grief and bereavement. A fall event may be a good choice.	VHF	March 2025 decision with first conference in the fall 2025
4-9	Commence a municipality outreach program.	VHF	June 2025
4-10	Commence a post-secondary institution outreach program.	VHF	September 2025
4-11	Develop a stewardship of donors program complete with relevant database.	VHF	December 2024
4-12	Implement a Planned Giving Program based upon the research incorporating the research findings in R4-3.	VHF	December 2025

7. Strategy #5 – Governance and Operations

GOVERNANCE

This strategic plan drives a lot of activity, and despite the addition of an additional staff resource, and the addition of volunteers on some of the action items, there is a requirement to add additional Board Members in order to accomplish the desired results:

- Increase the existing count from 10 to as many as 16.
- There is no Annapolis County representation on the Board:
 - Two of the new Board Members should come from Annapolis County.
 - There are a number of organizations and programs associated with palliative care in Annapolis County, so as a prelude to recruiting Board Members and the commencement of awareness campaigns in that county, VHF should meet with the relevant organizations to ensure there is a consensus and agreement related to VHF's expanded presence into the county. There should not be duplication of effort but rather the coordination of efforts for the betterment of residents of the county.
 - An overview of needed skill sets, diversity & inclusion, and sector representation should be a consideration as the search for new Directors takes place.
- In addition to increasing the number of Directors, VHF must review the existing Committee structure and align activity as much as possible to the action items contained in this plan. A recalibration of effort may make it more attractive for volunteers to become involved with implementation.

OPERATIONS

It has been noted that the funding process related to community initiatives that are looking to VHF for funding support is somewhat ad hoc today. A formalized request process should be created and links to the process should be accessible on the VHF website.

Additionally, there are a myriad of communication and outreach to the community that will require a more structured but nimble website. The website will be of prime importance to communication and the request for support and funding outreach.

MEASUREMENTS AND BENCHMARKS – KPIs

- Additional Board members:
 - 2 by December 2024;
 - 4 by September 2025;
 - The balance, if required, by June 2026.

REQUIRED OPERATIONS AND PEOPLE

The following items are required to support this strategy:

Operations

- An updated website
- A formalized fund request process that can be utilized by the community in seeking funding support.

People

- Up to an additional 6 new Board members
- Volunteers for some of the Committees working on of interest initiatives.

IMPLEMENTATION PLAN

It would be appropriate that all items in this implementation plan be brought to the Board for approval.

#	Description	Who	Completed by
5-1	VHF to add up to 6 new Directors to enable the working Board to handle the effort associated with the implementation of this strategic plan.	VHF, primarily the Chair.	June 2025
5-2	Identify, contact and meet with relevant palliative care organizations and individuals in Annapolis County to ensure a smooth relationship moving forward with more VHF activity in Annapolis County.	VHF	March 2025
5-3	Look at a recalibration of Committee activities to ensure alignment with the strategic plan.	VHF, primarily the Chair	October 2024
5-4	The VHF website will need to be upgraded ensuring seamless interface with the community. The upgrades will include a formalized request process for support and funding linked to a structured and transparent approval process.	Outsourced	March 2025

8. Appendices

APPENDIX 1 – CONSULTATION LISTING

During the development of the Strategic Plan the following individuals were consulted:

- The Board of Directors, one on one:
 - Gerry Morey, Chair
 - Wayne Woodman, Secretary
 - Michael Townsend, Treasurer
 - Gail Gordon
 - Chris Maynard
 - Sue Thomas
 - Teri Milton
 - Leo Glavin
 - Colin Marshall
 - Lynne Harrigan
- Staff, one on one:
 - Dale Sanford
- Four previous Board members, one on one:
 - Diana Patterson
 - Martha Stewart
 - Brenda Wallace-Allen



- Shelagh Campbell-Palmer
- Three representatives of NSH, in a group session:
 - Brianne Thibodeau
 - Kate Garant
 - Janet Carver