Executive Director, Stroke Support

Questions we didn't get to

We received so many fantastic questions in the webinar on 23 September that there was no way we could answer all of them. Here are the answers to the questions we didn't answer on the call:

Data and insight

What is the main barrier preventing you from reaching more than one-third of survivors?

This is a big question, with a complex answer. But one of our big challenges in this space is whether stroke survivors are referred to us - or when they are, that we receive all of the information we need to be able to make contact. We hope that Diagnosis Connect will help us to solve this problem.

Accurate data is obviously vital in understanding health outcomes. I've seen that your monitoring data uses categories like 'man including trans man', which isn't the same as sex — yet we know stroke risk and outcomes differ for men and women. How does Stroke Association ensure it captures the data it needs while also being inclusive?

What information we collect from stroke survivors, and how, is something we've been working on. In one of our sprints around our first contact with stroke survivors - through an initial support call - we've been experimenting with the best questions to ask to understand who someone is, and when - including which questions work best over the phone, and how they're interpreted by people.

On equity of access, what's the simplest way you'd like the ED to measure progress on closing postcode gaps while keeping admin light for frontline teams?

We think our current metrics for assessing the proportion of new stroke survivors we are reaching are robust and use what is already available through publicly available data and what front line teams already collect. As we increase the proportion of new stroke survivors we are in touch with, we will want to refine our target groups and use more sophisticated data, but this will be tested with teams to ensure it is right and doesn't increase the burden on front line teams.

The movement to agile working based on data, evidence and insight is exciting and powerful - how easy is it to access the data and insight needed? How do you organise your data to make decisions based on data as well as opinions please?

We have lots of rich data and insight that we make available through data visualisation tools, together with our newly rebuilt database to be able to organise, display and make sense of the data at different levels to drive effective decision-making.

But there's still work to do to make sure that we have the right data, in the right place, at the right time and that we're using it in the right way to sense-make and determine our best next steps at an individual, team, system and organisational level. We have a few ongoing sprints tackling different problems around data availability and use across the organisation which are starting to improve things, but there is more work to do.

In addition to the NHS do you do your own impact research or partner with universities who can provide funding

We have commissioned some impact research around our support but see that there could be opportunities to do much more.

Culture and ways of working

What, if any, cultural issues are you currently experiencing?

We think our culture is pretty great, and we get high staff engagement survey scores to back that up - for example 85% of our staff agreeing or strongly agreeing that this is a great place to work. It doesn't mean things are perfect though, and some of the things we're working on include the move to a more relational approach at all levels, increasing our pace and impact through building a stronger accountability culture, getting closer to our customers to ensure we are consistently working on the right things and getting better at prioritising to ensure we are working on the right number of things. We hope this will improve people's experiences around decision making, cross-team collaboration, and innovation.

What problem were you trying to fix in adopting a relational approach?

We've been making changes to our ways of working to drive greater pace, for greater impact, for more people affected by stroke - and to make the Stroke Association an even better place to work in the process. Traditional, unwieldly change programmes were often slowing us down and keeping us too focused on programme management, over testing, learning and adapting rapidly. We're not there yet with realising the full benefits of this change - but are making progress in the right direction.

How are the Trustee Board experiencing the shift?

Our Board have been incredibly supportive. When we last met face-to-face with them in July to share updates on some key areas of our strategy, they recognised a shift in both how we were talking about and approaching the work - and commended us on this shift. We are in the process of recruiting a new Chair of Trustees and are emphasising the need for a strong cultural fit and the need for the Board to continue to engage with and support our cultural journey and new ways of working.

Given the low turnover and empowered culture, would you expect internal candidates to apply and be successful?

We would be incredibly surprised if we didn't have internal candidates apply for this role. This is a vital role and so important we are diligent in our process so that both the organisation and the person appointed to the role feel confident that we've looked for and appointed the best person for the role.

What is an example of an initiative you have tested on a small scale but it didn't work as you expected?

Most of the small-scale testing we've started with in implementing our new ways of working has been looking at improving existing work, rather that testing an entire new initiative. So, it's smaller, faster and more iterative. It's more about learning and improving than finding an entire initiative that hasn't worked.

One example was in a sprint seeking to speed up our warehouse processes. We visited hospital sites and found that a key barrier was that hospitals couldn't find our information in their storage areas – leading to hospitals losing time searching for it, us losing time following up on parcels that had been sent, and us often needing to re-send information. The only change we made to the process was to ship our boxes with Stroke Association tape on them so that they could be easily identified in a busy hospital loading bay. A small change, a small cost, but a big impact.

In another sprint seeking to improve our initial phone calls with new stroke survivors, we found that a big problem was actually time lost trying to simply connect with stroke survivors. We tested sending text messages ahead of the call, which increased our connection rate and created capacity for our colleagues.

As we get better about understanding problems and being learning-led, we'll find more improvements like this and have fewer failed initiatives because we'll know that what we are doing is what is really needed.

What involvement do your trustees have and what do they bring to the charity?

We have a strong set of committed trustees and independent advisors to the board which includes people with lived experience of stroke, stroke researchers and clinicians as well as finance, business and digital leaders from other sectors. They

bring different perspectives, help us focus on the big picture, and their strategic and supportive approach to governance complements the work of the executive team.

How are stroke survivors involved in the relational leadership journey?

Stroke survivors are involved in the organisation in a number of ways, including on groups that help us prioritise our work. Our ways of working include getting immediate real-world feedback in the development process of new support offers, which put stroke survivors at the heart of the work.

Is there a PMO function and what is the structure? If there is no PMO, how currently are strategic projects governed, managed and reported on?

We don't have a project management office (PMO). We have done work to establish governance around each of our four purposeful systems - and want to develop this governance so that we can both make sure that the pipeline for each system is flowing, and to make sure that we are regularly sense-making based on learning in the work and horizon scanning. Alongside this governance, we have ‘methodology partners’ who provide change support for colleagues adopting these new ways of working in functional and sprint teams.

As a steward to the Support system, you would play a vital role in developing this capability.

The role and our priorities

What strengths would help someone succeed here beyond third sector experience?

Third sector experience isn't a pre-requisite. Page 14 of the recruitment pack elaborates on the kind of experience we'd want candidates to bring - combined with a commitment to show up with those executive team skills and qualities that we set out on Page 17 and the detail under each one.

You’ve highlighted inequities in access and outcomes – which areas do you feel are most urgent to tackle first?

The demographic and geographic disparities in access, experience and outcomes for stroke survivors are well-evidenced through the national stroke audit programme (SSNAP) and a recent NHS England / Stroke Association patient-reported experience measures survey (PREMs). In terms of access to our own services, the priority for us is increasing our reach among new stroke survivors who have immediate support and recovery needs, especially in areas where we are not

commissioned and where we do not have good uptake for our universal service offers. In terms of outcomes, we have more work to do in this area. We have user reported outcome measures for our services which are newly embedded, and we need to increase the data capture and usage to identify the priority areas of focus.

I'm interested in the fundraising ask on this role. Most charities with a support offer under pressure to take users of that support onto a fundraising journey. Is this the case at SA?

Like all charities, we need strong fundraising to achieve our ambitions, and we do want to create a culture where effective fundraising is a shared responsibility. However, we want to do this in a customer focused way, that prioritises the customer's needs and preferences. We know that people who are touched by stroke, and those who have received an excellent service from us are often inspired to give to the cause and we want to make it easy for them to do this in the way that is right for them, be it giving time, voice or money. This role's focus would be on providing an excellent beneficiary experience which meets the needs and expectations of stroke survivors and their families and sets the conditions for a lifelong relationship with us that is of mutual benefit.

If the ED - Support could only fix one friction point in month one, which would you pick?

Connecting every stroke survivor or their loved ones to our support, to help address the fear and worry that they feel in the first few hours and days after stroke. We're about to start prototyping one or two solutions in this space now. So, by the time you join, we'd hope to know which test has proven to be efficient, effective and scalable and our best next steps to rolling other areas in.

Is this a new director role for the association, and if so, what was the driver for securing approvals for the role and the governance route with the exec/trustees to get it approved?

Yes, this is a new role. The role was designed with advice from our Trustees, our Executive Team and other colleagues to shape our thinking.

Face-to-face services are more often commissioned at a local level - funded by LAs and NHS - and are often more expensive. This funding is under increasing pressure. Is there a view on the alternative funders of this work in the future?

Yes, we have been working to diversify our service model over the last few years and have tested new funding models including bridge funding, matched funding,

philanthropic funding and legacy funding for services across the country. We hope to do more of this over the coming years.

With the move towards coaching, relational leadership and locality-data-driven services, what role will this new leader have in handling the tension between warranted and unwarranted variation in service provision?

We've been learning a lot about how to ensure our services can accommodate the variation that exists in the populations we serve, and the geographies in which they work. It is a challenge, and this role will working closely with other senior leaders to support teams to focus on achieving consistency in outcomes over consistency in inputs and to be consistently great at the core capabilities we have identified in the support system to achieve our system purpose of stroke survivors living their best life after stroke.

Using AI

What are your views on using AI to strengthen stroke support? How can we make sure insights are inclusive, given the risk that current data may not reflect all communities?

We think there is a lot of untapped potential in this area. AI is already widely used in acute stroke units to aid clinical decision-making. Using AI to provide high quality support in other elements of the stroke pathway has the potential to improve patient experience and outcomes. We are in very early prototype testing to add AI to our website to help stroke survivors find the information they are looking for. Anything we do in this area will be robustly tested to ensure it is safe and effective and that we guard against any exclusions or unwarranted consequences.

How are you using AI to be more efficient?

We're already using AI across the Stroke Association to make our work more efficient. Colleagues are using Microsoft AI tools for meeting summaries, note-taking, and drafting communications, while our web team is testing an AI chatbot to help people find stroke information more quickly. We're also trialling AI to analyse large volumes of feedback and support creative problem-solving in service design. To build on this, we're refreshing our AI policy, expanding training, and creating a community of colleagues to share learning. This step-by-step approach will help us use AI safely, effectively, and with real impact.