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Saving Lives, Serving Our Communities

Flu Vaccination Communications – incentivise or not to incentivise?

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Who we are…..

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SECAmb is a large and dispersed service where the visibility of messages cannot reply on one channel

Scale and spread

- 3,600 square miles
- 5,000 staff – almost 90% operational
- 2 x 999 contact centres
- 2 x 111 centres
- 14 Operational Units
- 63 community response posts

Where we started from…

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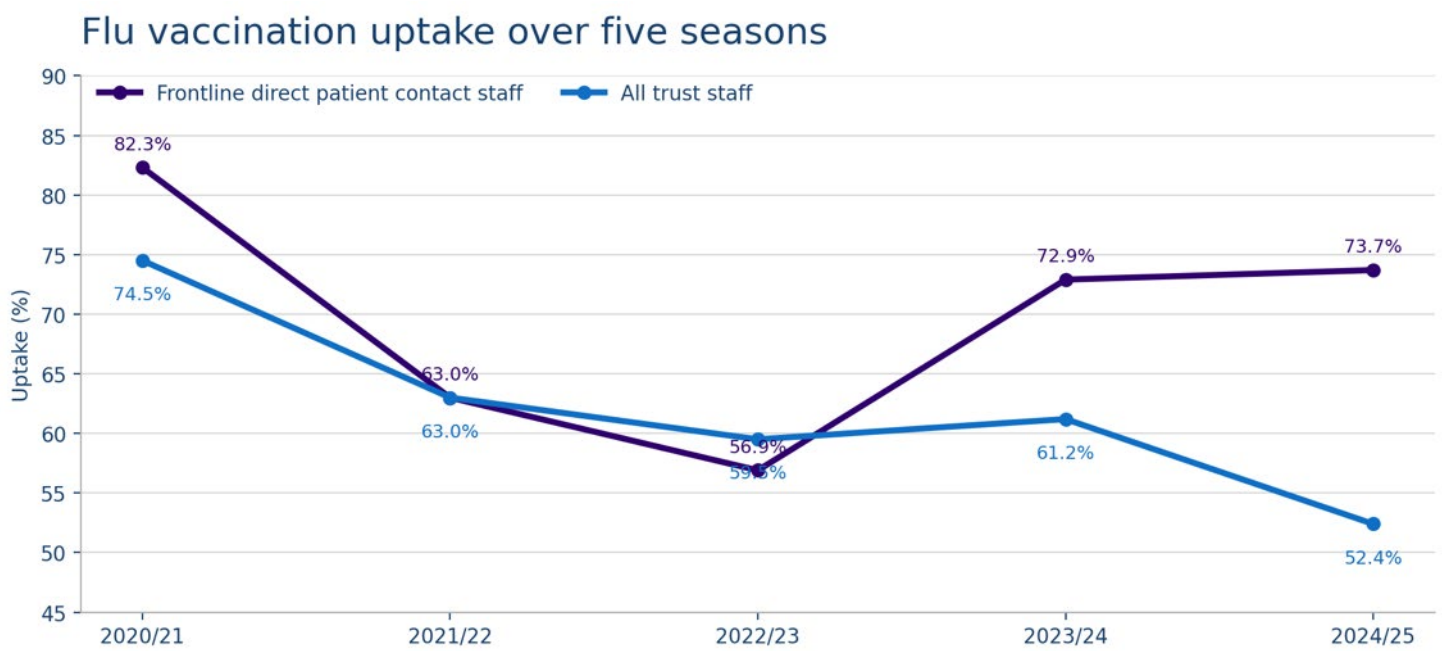
Strong pre-COVID performance, then a sharp dip and an uneven recovery



What the figures tell us

- Before COVID, we had some of the strongest flu uptake figures nationally
- COVID left us with vaccine fatigue and more practical distribution challenges
- Frontline uptake recovered to 73.7% in 2024/25.
- All-trust uptake fell to 52.4%, so not a finished job.

2024/25 headline

73.7%	frontline direct patient contact staff
52.4%	all trust staff

Incentivise or not to incentivise?

The real question was whether incentive would change behaviour or only buy short-term compliance

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The questions we were asking

Do incentives genuinely change behaviour?

Or do they create only short-term compliance?

What happens when the incentive disappears?

Our answer

Incentives can absolutely help but they are not the whole answer

- The incentive was positioned as a thank-you
- Leadership, ownership and relevance mattered just as much
- The campaign worked best when the message felt practical and local

Our principle: make it easy, make it visible, make it local

Easy

Peer vaccination, practical tools and myth-busting that removed friction and effort for local teams

Visible

Regular updates, a simple jab-o-meter and senior endorsement kept momentum up

Local

Champions and managers could adapt tone and activity for their own teams

This supported the Trust's peer vaccination approach rather than competing with it.

Start early and bring ops with you

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May	Summer	Early autumn	Delivery
Programme group meetings begin	Comms built into the plan, not bolted on	Local flu leads and managers briefed	Monthly meetings move to weekly oversight

- Operational buy-in was essential because vaccination delivery depended on people being released
- Senior operational and clinical leaders visibly backed the programme
- The expectation was clear: flu vaccination was everybody's business

Without ops support, no amount of communications would have worked.

Visible leadership ownership mattered from the top.

Empowering managers and champions

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Central comms role

- Provide the framework
- Provide the tools
- Provide the support

Local leadership role

- Own the local campaign
- Create momentum in teams
- Model the behaviour

The aim was not one rigid central campaign. It was a consistent Trust approach with room for local ownership.

Targeted support where uptake appeared lower

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Trust-wide consistency, local flexibility

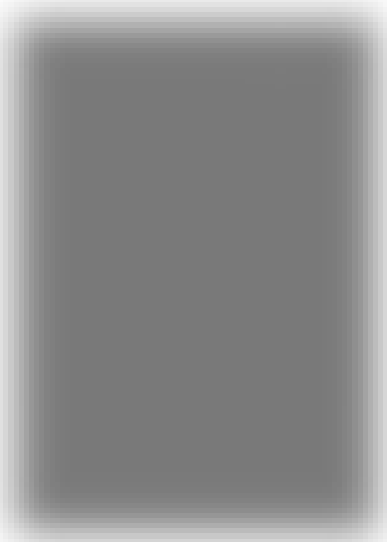
1. Uptake data showed where to lean in
2. Extra visibility and local comms
3. Direct engagement with leaders
4. Tailored messages for that setting

- Data guided where extra support was needed
- We aimed to help teams catch up, not shame them for a slower start
- The tone stayed practical and positive.

More support where it helped most, without creating a punitive tone.

Making the campaign relatable

What worked well



Real colleagues

Real stories

Authentic voices

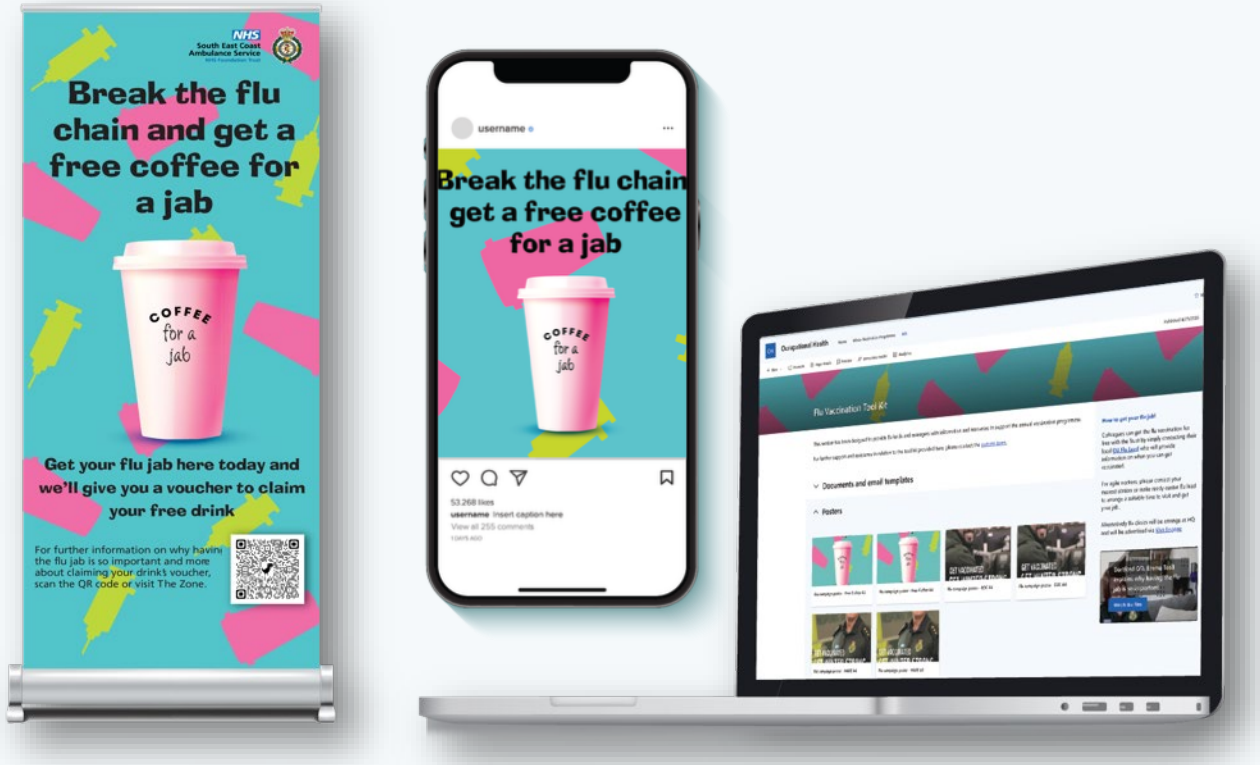
Film gave us another medium to deliver our message, giving us the opportunity to use storytelling and make it relatable

Supporting managers to drive the campaign

We did not just say ‘encourage staff’, we helped them do it.

Tool kit

- Email templates
- Social media templates
- Digital screen templates
- Teams background and email signature bar
- Roller banner
- Top tips
- Myth-busting
- Dedicated resources on intranet



The aim was to make manager conversations easier, more confident and less confrontational

Keeping it visible - trust-wide updates

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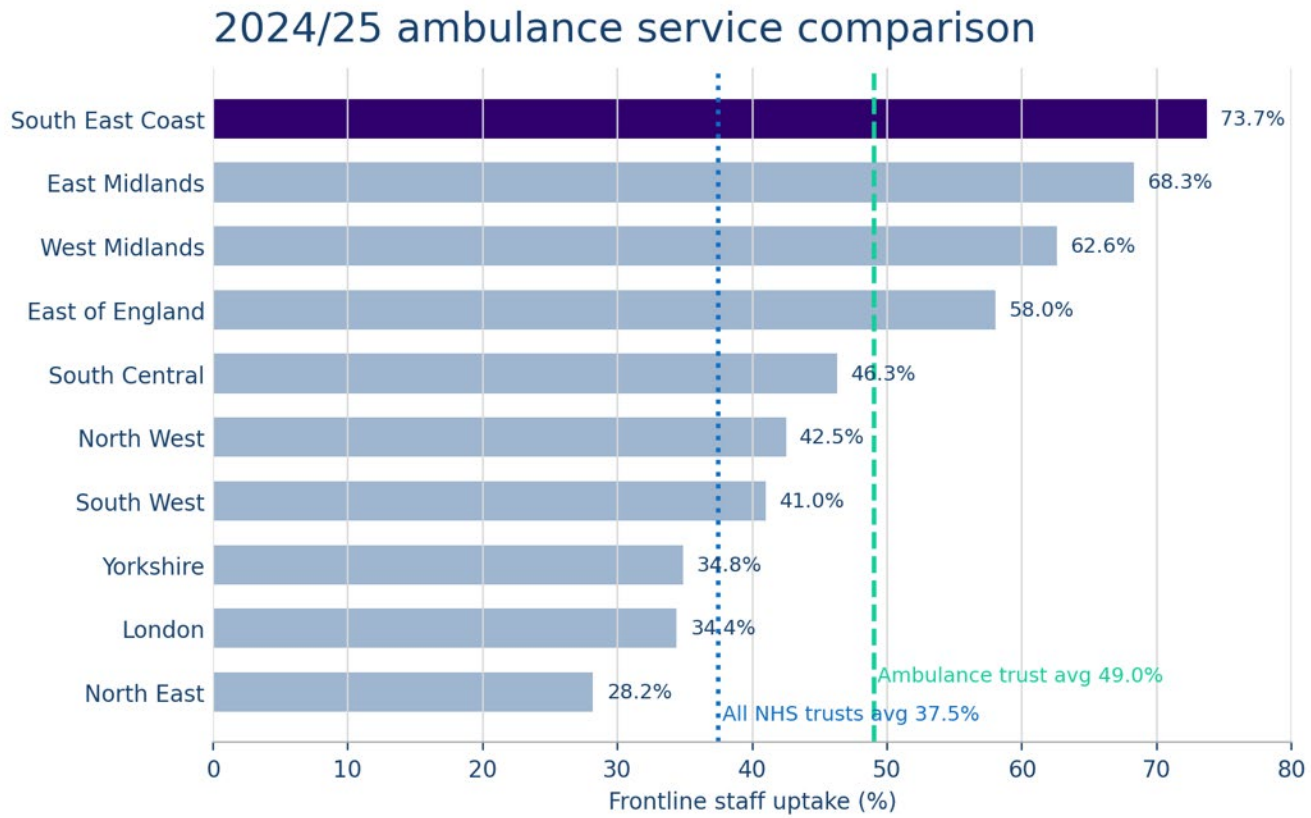
Regular, light-touch updates

- Progress updates
- No shaming

The jab-o-meter was about momentum and visibility, not pressure.



So where do incentives fit?

The incentive worked best when it sat on top of these foundations, not instead of them.

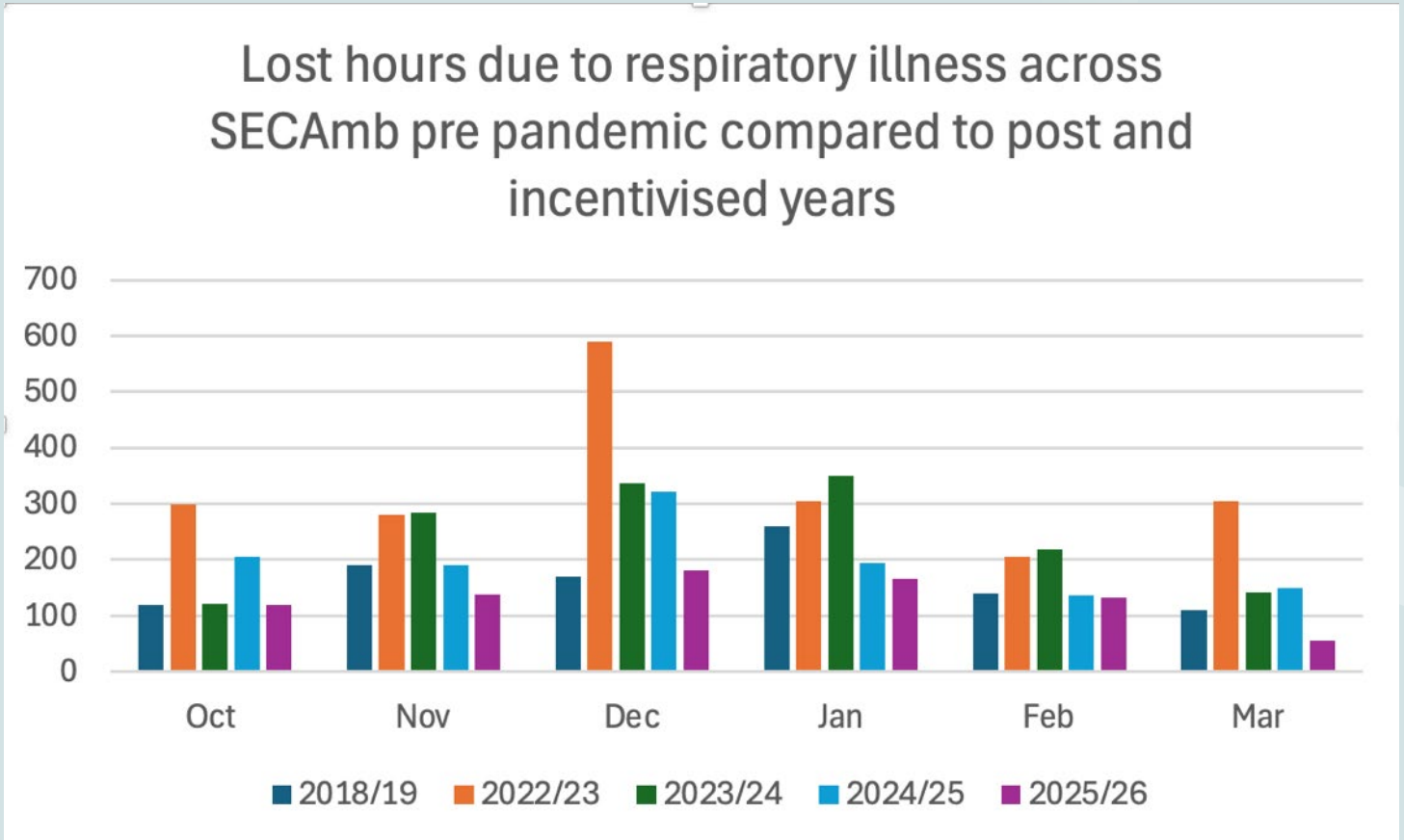
What the voucher did

- Acknowledged effort
- Removed some practical barriers
- Reinforced as a thank-you

Where ownership was strongest, uptake improved most.

Impact of campaign

Since the introduction of the incentive in 2023/24, we have seen lost hours drop since the peak of 2022/23 and continue see a downward trend.



- 600 hours lost in December 2022 – equivalent to 50 shifts
- Improvements sustained in 2024/25 and 2025/26 suggest a lasting behavioural impact rather than short-term fluctuation
- The most significant reductions are seen in late winter (Feb and Mar) when cumulative fatigue and illness typically have the greatest impact

Wider benefits: culture and engagement

71%

staff survey response rate in 2025

Joint-highest in the ambulance sector

The same principles kept showing up: trust, local ownership and visibility.

The flu campaign reinforced a local ownership culture, not just a seasonal push.

It strengthened manager-colleague dialogue alongside staff survey engagement work.

"Have a jab and a blab" linked vaccination to wider conversation.

This matters because it suggests the flu campaign reflected a broader engagement approach, not a one-off tactic.

What we learned

1. Incentives help but do not replace local leadership
2. Local ownership beats a wholly central campaign
3. Visibility matters more than volume
4. Operational buy-in is non-negotiable
5. Start early and plan communications properly

These are the parts I think are transferable to other campaigns as well.

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Questions