tiaa SECURITY FOCUS

HELPING TO PROTECT PEOPLE, PROPERTY AND ASSETS

Edition 13

Martyn's Law Guidance

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Welcome

Welcome to Edition 13 of Security Focus, our Healthcare Security Quarterly.

As we move through the summer into the autumn, healthcare organisations face a unique mix of seasonal security challenges. Increased visitor numbers during the summer period, heightened pressure on urgent and emergency care services, back-to-school demand, and the approach of winter resilience planning all create an environment where security, safety and preparedness must remain a strategic priority.

In this edition, we explore some of the key developments shaping the healthcare security profession. We examine the latest Security Industry Authority (SIA) guidance relating to Martyn's Law and its implications for those responsible for protecting publicly accessible locations within healthcare settings. We also consider practical approaches to organisational preparedness for civil disorder, drawing lessons on planning, resilience and effective response arrangements.

Alongside these features, we are pleased to include our latest Security Management Quiz, designed to test your knowledge, stimulate team discussion and awareness.

As always, our aim is to provide relevant, practical and thought-provoking content that supports staff in creating and maintaining a secure workplace so that the highest standards of care can be delivered.

Stay safe, stay vigilant, and thank you for everything you do to keep our healthcare environments secure.

SIA Publishes Draft Guidance on Martyn's Law

The Security Industry Authority (SIA) has published its draft Section 12 guidance, setting out how it intends to regulate and enforce the Terrorism (Protection of Premises) Act 2025, commonly known as Martyn's Law. While the Home Office guidance explains what duty holders must do to comply with the legislation, the SIA guidance focuses on the regulator's approach.

A key message is that the SIA intends to work with organisations to achieve compliance rather than adopting an enforcement-first approach. The regulator has stated it will be proportionate, risk-based and intelligence-led, supporting duty holders to understand their responsibilities and improve security arrangements before considering formal enforcement action.

The guidance also outlines the SIA's inspection and enforcement powers, including the ability to request documents, inspect premises and issue compliance notices or financial penalties where organisations fail to meet their legal obligations. Healthcare organisations should therefore ensure they can demonstrate appropriate terrorism risk assessments, proportionate protective security measures, staff training and robust governance arrangements.

For NHS organisations, the emphasis should be on being able to evidence compliance. This includes maintaining appropriate documentation, exercising emergency procedures and embedding security governance within the organisation. Early engagement with your TIAA Local Security Management Specialist (LSMS) can help identify whether your premises fall within the scope of Martyn's Law, assess current arrangements against the new requirements and develop proportionate, practical measures to achieve compliance. Working collaboratively with your LSMS now will help ensure your organisation is well prepared when the new regulatory regime comes into force.

NHS Preparedness for Public Disorder and Civil Unrest

The NHS has long-standing responsibilities under Emergency Preparedness, Resilience and Response (EPRR) arrangements to ensure organisations can continue delivering care during periods of disruption. While there is currently no specific intelligence or indication that Primary Care services are being targeted, healthcare providers are encouraged to use periods of relative stability to review their preparedness arrangements and strengthen organisational resilience.

Recent events across the UK have highlighted how quickly localised disorder can affect normal operations, transport networks, staff movement and access to public services. In line with NHS England EPRR principles and ProtectUK guidance, organisations should seek to be prepared rather than alarmed, adopting proportionate measures based on local risks and vulnerabilities.

A key consideration is ensuring that staff understand their roles and responsibilities should disruption occur. Practices should take the opportunity to review lockdown, invacuation and evacuation procedures, refresh incident reporting arrangements and ensure staff know how to access welfare and support services if required. Lone worker arrangements should also be reviewed to ensure appropriate safeguards remain in place.

Alongside staff preparedness, providers should consider whether existing physical security arrangements remain appropriate. A review of access control measures, CCTV coverage, alarm systems, visitor management procedures and external lighting may help identify vulnerabilities around entrances, reception areas and waiting rooms. Particular attention should be given to assets that may be attractive to offenders, including controlled drugs, prescription stationery, medicines, IT equipment and confidential records.

Business continuity arrangements remain central to organisational resilience. Providers should ensure that incident escalation processes, out-of-hours contacts, staff notification systems and communication plans remain current and understood. Experience repeatedly shows that well-rehearsed procedures are often just as important as physical security measures in helping organisations respond effectively to emerging incidents.

Maintaining situational awareness is equally important. Decisions should be based on accurate and verified information obtained through local police communications, Integrated Care Board notifications, local authority updates and NHS England channels. During fast-moving events, organisations should be cautious about relying on unverified social media reports, which can contribute to confusion and uncertainty.

Should local disruption occur, practices may need to consider temporary adaptations to service delivery. This could include prioritising urgent clinical activity, increasing the use of remote consultations where appropriate, implementing flexible staffing arrangements and ensuring continuity of access for vulnerable patients. Particular consideration should be given to those requiring time-critical medications, safeguarding support, palliative care or ongoing clinical monitoring.

Clear and timely communication with both staff and patients will be essential throughout any period of disruption. Messaging should remain factual, measured and politically neutral, while significant operational concerns should be escalated through established ICB reporting arrangements.

Although there is currently no specific threat to Primary Care services, preparedness remains a fundamental component of resilience. By reviewing plans, understanding vulnerabilities and maintaining proportionate protective security measures, providers can strengthen their ability to protect patients, staff and essential healthcare services should localised disruption occur.

Action:

Seek advice from your TIAA Local Security Management Specialist (LSMS), they are fully accredited in Counter Terrorism Protective Security and Preparedness (CTPSaP) by Home Office approved training providers. LSMSs can provide specialist guidance on protective security, risk reduction, contingency planning and organisational preparedness measures tailored to your local environment.

Further Information

NHS England EPRR: https://www.england.nhs.uk/ourwork/eprr/

ProtectUK: https://www.protectuk.police.uk/

Healthcare Security Quiz

1. What is “tailgating”?

A) Entering a secure area by following an authorised person through a door without permission
B) Driving dangerously on NHS premises
C) Remaining on site after your shift ends
D) Walking behind a colleague to a meeting

2. A visitor claims they are “expected” and asks you to let them through a secure door. This could be an example of:

A) Lone working
B) Social engineering
C) Conflict resolution
D) Access control

3. Which of the following should be safeguarded and secured?

A) Staff uniforms only
B) Appointment cards only
C) Controlled drugs and personal valuables
D) Nothing if CCTV is present

4. Why should suspicious behaviour be reported?

A) It could be hostile reconnaissance or criminal activity
B) It helps complete incident statistics
C) It is only necessary if a crime has occurred
D) It may indicate poor customer service

5. What does LSMS stand for?

A) Local Safety Management Service
B) Lead Security Management Specialist
C) Local Security Monitoring System
D) Local Security Management Specialist

Quiz Answers

1. A
2. B
3. C
4. A
5. D

5/5 - Security Superstar

4/5 - Security Aware

2-3/5 - Worth a Refresher

0-1/5 - Time for a chat with your friendly LSMS!

If you have any security concerns, please contact tiaa;

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