NHS & Healthcare Security Readiness Guide

Violence Prevention • Conflict Management • Protective Security • Martyn's Law • Emergency Preparedness

PREPARE | TRAIN | TEST | IMPROVE | PROTECT

A practical information guide for NHS Trusts, hospitals, mental health services, primary care, community services, private healthcare providers, healthcare security teams, estates and facilities, violence prevention leads and senior managers.

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Healthcare security • Training • Risk • Preparedness

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Information guide - current to 18 August 2026

Contents

Important

This is an information and preparedness guide. It is not legal advice, clinical guidance, an NHS England accreditation, or a substitute for an organisation's own risk assessment, policies, governance, health and safety duties, safeguarding arrangements or official Martyn's Law guidance.

1. Why healthcare security needs a specialist approach

Healthcare is an open, complex and high-pressure environment. Security controls have to protect staff, patients, visitors, contractors and critical services without creating unnecessary barriers to care.

- 24-hour operations and changing levels of occupancy.
- Emergency Departments and other areas with unpredictable demand.
- Patients who may be distressed, confused, intoxicated, cognitively impaired or in crisis.
- Patients who may not be able to evacuate without clinical support.
- Large estates with public, clinical, staff-only and critical infrastructure areas.
- Ambulance access, service yards, loading areas and multiple entrances.
- Violence, aggression, antisocial behaviour and criminal activity.
- Safeguarding, mental health, equality and vulnerability considerations.
- Security systems, CCTV, access control, radios and incident-management arrangements.
- A need for rapid coordination between clinical, security, estates, facilities and emergency planning teams.

The practical question

If a serious security incident happened during your busiest period today, could staff act quickly and safely without relying on someone finding the right policy?

2. NHS violence prevention and reduction: the current framework

NHS England's Violence Prevention and Reduction (VPR) Standard, Version 2 (2024), provides a risk-based framework for reducing violence and abuse against staff. It uses 43 indicators across seven domains and a Red-Amber-Green assessment approach to support continual improvement.

VPR domain	What it means in practice
Leadership and accountability	Visible ownership, senior sponsorship and accountability.
Governance and assurance	Clear structures, oversight, escalation and evidence.
Collaboration	Working across internal teams and external partners.
Data	Using incident, workforce and qualitative information to understand risk.
Workforce	Supporting staff competence, confidence, welfare and involvement.
Interventions	Selecting and implementing proportionate prevention and response measures.
Evaluation	Measuring whether interventions work and improving them.

The VPR Standard is wider than security training alone. DTC's training, readiness reviews and exercises can support parts of an organisation's wider VPR improvement work, but should be integrated with the organisation's formal VPR governance and action plan.

Current NHS context

NHS England's staff standards published in July 2026 include violence prevention and reduction among the minimum employment standards for secondary care organisations.

3. A role-based approach across NHS grades and leadership levels

Training should be matched to role, exposure, decision-making authority and operational responsibility. Agenda for Change bands are useful as a broad planning reference, but they are not a competence standard and must not be used as a substitute for local job evaluation or training-needs analysis.

Indicative level	Typical audience	Security learning focus	Suggested DTC format
Bands 2-4 / frontline support	Security officers, reception, porters, facilities, admin and other public-facing support roles.	Awareness, personal safety, conflict management, reporting, suspicious behaviour, emergency procedures.	Practical classroom + scenarios.

Indicative level	Typical audience	Security learning focus	Suggested DTC format
Bands 5-7 / professional, supervisory & operational	Team leaders, duty managers, clinical leads, security supervisors, specialist practitioners.	Dynamic risk, escalation, incident command, staff support, evidence, local procedures, exercise participation.	Workshops + scenario exercises.
Bands 8a-8d / senior management	Heads of service, senior security/estates/facilities/VPR/EPRR leads and senior operational managers.	Governance, assurance, risk ownership, policy, exercising, improvement plans, protective security.	Management briefing + tabletop.
Band 9 / VSM / Executive	Executive directors, very senior managers and board-level leaders.	Strategic accountability, assurance, risk appetite, board oversight, Martyn's Law readiness, organisational resilience.	Executive briefing + board exercise.
Contracted / outsourced staff	Security, cleaning, facilities, reception, maintenance and other contracted personnel.	Site-specific roles, reporting, access, communications and emergency procedures.	Induction + role-based training.

Note: most directly employed NHS staff are covered by Agenda for Change. The band groupings above are an illustrative training map only; actual responsibilities vary by organisation and job description.

4. Martyn's Law and healthcare premises

The Terrorism (Protection of Premises) Act 2025 includes healthcare as a Schedule 1 use. Home Office statutory guidance gives hospitals, primary care clinics, doctor surgeries and dentist surgeries as examples of healthcare premises.

As at 18 August 2026, the substantive duties have not yet commenced. The SIA says the Act is expected to come into force in spring 2027. Organisations can use the implementation period to identify whether premises are likely to be in scope and to prepare.

- A qualifying premises must include a building or part of a building.
- The premises must be wholly or mainly used for a Schedule 1 purpose such as healthcare.
- It must be reasonable to expect 200 or more individuals, including staff, to be present at the same time from time to time.
- The premises must not fall within an applicable statutory exclusion.
- Public accessibility is not limited to unrestricted walk-in access; access can still be public where tickets, passes or other conditions apply.

5. Standard and enhanced tier preparedness

Area	Standard tier	Enhanced tier
Indicative threshold	Generally 200-799 people reasonably expected at the same time.	Generally 800+ people reasonably expected at the same time.
Notification	Notify the SIA when the duty comes into force.	Notify the SIA when the duty comes into force.
Public protection procedures	Required so far as reasonably practicable.	Required so far as reasonably practicable.
Procedures to consider	Evacuation, invacuation, lockdown and communication.	Evacuation, invacuation, lockdown and communication.

Area	Standard tier	Enhanced tier
Public protection measures	Not an enhanced-tier statutory requirement.	Consider appropriate measures for monitoring, movement, physical security and security of information.
Documentation	Less extensive statutory documentation than enhanced tier.	Document procedures and measures and assess how they reduce harm and vulnerability.
Senior individual	Not the same enhanced-tier requirement.	Where the responsible person is an organisation, a senior individual must be appointed to ensure compliance.

Healthcare challenge

A hospital cannot treat evacuation as a simple 'everyone out' instruction. Any response has to account for patient dependency, critical treatment, clinical risk, access for emergency services and continuity of essential care.

6. Core DTC NHS & healthcare security training

Healthcare Security Awareness

- Healthcare-specific security roles
- Security culture
- Risk recognition
- Safeguarding interfaces
- Reporting and escalation

Conflict Management & De-escalation

- Early warning signs
- Communication under pressure
- De-escalation
- Personal safety
- Post-incident actions

Violence & Aggression Prevention

- Risk factors
- Prevention
- Dynamic risk assessment
- Safe escalation
- Learning from incidents

Protective Security & Martyn's Law Awareness

- Scope awareness
- Public protection procedures
- Suspicious behaviour
- Protective security culture
- Readiness planning

Emergency Preparedness

- Initial actions
- Command and escalation
- Communication
- Emergency service liaison
- Recovery

Security Risk Identification & Reduction

- Threat and vulnerability
- Access and movement
- Control measures
- Prioritisation
- Review

Control Room & Communications

- Radio discipline
- Incident logging
- CCTV awareness
- Deployment
- Decision records

Security Leadership & Governance

- Accountability
- Assurance
- Policy
- Training needs analysis
- Exercise programme

Scenario-Based Healthcare Security

- Tabletop exercises
- Operational scenarios
- Debriefing
- Lessons identified
- Improvement actions

7. Conflict management, de-escalation and personal safety

Healthcare staff may encounter verbal abuse, threats, intimidation and physical aggression. Effective training should focus on prevention first, supporting staff to recognise risk early and use proportionate communication and escalation.

- Recognising changes in behaviour and environmental risk factors.
- Maintaining safe positioning, awareness and exit options.
- Using calm, clear and respectful communication.
- Recognising when de-escalation is not working and seeking support.
- Understanding local escalation routes and emergency calls.
- Working as a team during volatile incidents.

- Recording incidents accurately and supporting post-incident review.
- Considering the needs of patients who may be distressed, confused or otherwise vulnerable.

Training principle

DTC can tailor conflict-management content to different staff groups. Any physical intervention element must be role-appropriate, risk assessed and consistent with the commissioning organisation's policies, clinical governance and legal duties.

8. Security incident reporting, evidence and learning

Good incident reporting supports staff safety, investigation, prosecution where appropriate, organisational learning and the use of data within violence-prevention work.

- Record what was seen, heard, said and done - not assumptions.
- Record times, locations, people involved and immediate actions.
- Identify witnesses and relevant CCTV or other evidence promptly.
- Preserve evidence and follow local information-governance procedures.
- Record injuries, threats and escalation decisions.
- Ensure supervisors review serious or repeated incidents.
- Use trends and recurring themes to improve controls, staffing and training.
- Feed lessons back to relevant teams rather than allowing reports to become an administrative endpoint.

9. Lockdown, invacuation, evacuation and communication

Martyn's Law identifies four public protection procedures: evacuation, invacuation, lockdown and communication. Healthcare organisations should consider how each could work in their own environment.

Procedure	Purpose	Healthcare considerations
Evacuation	Move people away from danger and out of all or part of the premises.	Patient mobility, life-support equipment, clinical supervision, routes, ambulance access, receiving areas.
Invacuation	Move people to a safer location within the premises.	Protected internal areas, wards, departments, communication, patient dependency and movement constraints.
Lockdown	Secure premises or parts of premises to restrict entry or exit.	Access-control capability, ED/public entrances, staff movement, emergency access and clinical exceptions.
Communication	Provide information to people at the premises.	PA systems, radios, telephones, digital alerts, terminology, redundancy and accessible communication.

Questions for an NHS site

- Who has authority to make or confirm each decision?
- Can the message reach clinical and non-clinical areas quickly?
- What happens if radios, telephones or networks are unavailable?
- How are visitors, contractors and agency staff informed?
- How are patients with mobility, sensory, cognitive or communication needs supported?
- How are emergency responders given safe access and current information?

10. Protective security, access and vulnerability

Protective security should be proportionate and based on the specific premises. For enhanced-tier premises, the Act identifies four broad public protection measure areas: monitoring, movement, physical security and security of information.

- Main public entrances, Emergency Department entrances and reception points.
- Staff-only and restricted clinical areas.
- Service yards, loading bays and contractor access.
- Vehicle management and ambulance routes.
- CCTV coverage, monitoring arrangements and response.
- Access-control systems, doors, gates and alarms.
- Crowded areas, queues and predictable gathering points.
- Plant rooms, utilities and other critical infrastructure.
- Information that could reveal layouts, security systems, operations or vulnerabilities.
- Event spaces, education facilities, retail/concession areas and other mixed uses within large healthcare estates.

11. Control room and emergency communications

During a serious incident, the security control room or equivalent function may become a key coordination point. Training should therefore include information management and decision recording, not only radio use.

- Clear radio terminology and message prioritisation.
- Accurate incident logs and time-stamped decision records.
- Deployment and accountability of security staff.
- CCTV use within authorised procedures.
- Escalation to duty managers and senior leaders.
- Emergency service contact and rendezvous arrangements.
- Fallback communications if primary systems fail.
- Handover between shifts and command functions.

12. Exercises, testing and continuous improvement

Exercises allow an organisation to test whether its people and procedures work together. They do not need to be large-scale to be useful.

1. Choose a specific objective, such as testing lockdown communications in one building.
2. Build a credible scenario around the real site and operating model.
3. Identify who is participating, observing and recording learning.
4. Run the exercise with realistic decision points.
5. Debrief immediately and capture what worked and what did not.
6. Assign actions to named owners with deadlines.
7. Report significant findings through the appropriate governance route.
8. Re-test important changes.

Examples of NHS exercise themes

- Aggressive person in an Emergency Department.
- Suspicious package near a public entrance.
- Weapon report within a hospital building.
- External terrorist incident affecting access and patient flow.

- Lockdown of one building while clinical services continue elsewhere.
- Loss of radio communications during a security incident.
- Simultaneous security and clinical pressures.
- Major incident requiring rapid coordination with police and ambulance services.

13. Leadership, governance and assurance

Security, VPR and Martyn's Law readiness should have visible ownership. Senior leaders need evidence that risks are understood, staff are prepared and actions are being completed.

- Named executive and operational ownership.
- Clear governance route for violence prevention, security and protective security risks.
- Regular review of incident data and themes.
- Training-needs analysis by role and exposure.
- Exercise and testing programme.
- Action tracking with owners, dates and closure evidence.
- Coordination across security, VPR, EPRR, estates, facilities, HR/workforce, health and safety, clinical services and safeguarding.
- Board or senior leadership assurance on material gaps and improvement progress.

Alignment opportunity

A sensible healthcare security programme can support several parts of the NHS VPR improvement cycle: benchmarking, evidence gathering, action planning, workforce development, interventions, evaluation and board assurance.

14. DTC healthcare security readiness checklist

Use this as a discussion aid. It is not the official NHS VPR assessment and it is not a Martyn's Law compliance certificate. It is designed to identify practical areas for review.

Readiness question	Yes	Partly	No	Action / owner
We have named strategic and operational ownership for healthcare security.				
Our organisation uses the NHS VPR Standard and has a current improvement process.				
Security, VPR, EPRR, estates/facilities and clinical teams coordinate on relevant risks.				
We understand which premises may fall within Martyn's Law when it comes into force.				
Our terrorism/protective security arrangements reflect the actual site and operations.				

Readiness question	Yes	Partly	No	Action / owner
Staff understand how to report suspicious behaviour and security concerns.				
Conflict-management training is matched to role and risk.				
Security and frontline staff understand local escalation routes.				
Incident reports are reviewed for trends and organisational learning.				
CCTV, access control, radios and other key security systems are tested and maintained.				
Lockdown, invacuation, evacuation and communication procedures are clear.				
Patient dependency and vulnerable-person needs are considered in emergency procedures.				
Visitors, contractors and temporary staff are included in relevant plans.				
Control-room and emergency communications have fallback arrangements.				
Key procedures are exercised through a planned programme.				
Exercise and incident lessons are assigned, tracked and closed.				
Senior leaders receive meaningful assurance on security readiness.				
Training effectiveness is evaluated rather than measured only by attendance.				

15. DTC support options

NHS / healthcare security training

Role-based training for security, frontline, supervisory and management teams.

Conflict management & de-escalation

Practical communication, personal safety and escalation skills.

Violence prevention support

Training and exercises that can complement the organisation's VPR improvement work.

Martyn's Law readiness review

Structured review of likely scope, public protection procedures, roles and preparedness.

Protective security review

Review of threats, vulnerabilities, access, movement, monitoring and proportionate controls.

Emergency procedure review

Lockdown, invacuation, evacuation, communications and first-response arrangements.

Scenario / tabletop exercises

Facilitated testing for frontline teams, management or multi-disciplinary groups.

Control room development

Communications, logging, escalation and coordination training.

Leadership & governance briefings

Executive, senior management and board-level awareness and assurance sessions.

Bespoke programme design

A structured healthcare security development pathway based on local risk and role.

Start with the gaps that matter

DTC can begin with a focused discussion or readiness review, then build a proportionate training and improvement programme around the organisation's actual risks, people and procedures.

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16. Official references

Guidance and implementation arrangements can change. Organisations should check the latest official sources when making decisions about legal scope, duties, NHS standards or local governance.

Home Office - Terrorism (Protection of Premises) Act 2025: statutory guidance: https://www.gov.uk/government/publications/the-terrorism-protection-of-premises-act-2025/terrorism-protection-of-premises-act-2025-statutory-guidance

Security Industry Authority - Understanding Martyn's Law and the SIA's role as regulator: https://www.gov.uk/guidance/understanding-martyns-law-and-the-sias-role-as-regulator

Home Office - Martyn's Law notification requirement guidance: https://www.gov.uk/government/publications/terrorism-protection-of-premises-act-2025-notification-requirement

NHS England - Violence Prevention and Reduction Standard, Version 2: https://www.england.nhs.uk/long-read/violence-prevention-and-reduction-standard/

NHS England - Violence prevention and reduction programme: https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/

NHS England - NHS staff standards: https://www.england.nhs.uk/publication/nhs-staff-standards/

NHS Employers - Agenda for Change pay scales 2026/27: https://www.nhsemployers.org/articles/pay-scales-202627

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