TrellisMeriden . Governed First-Outsourcing series

Martyn's Law and NHS estates

What Chairs and DoFs need to answer before the two-year clock runs out

White paper 2 of 5 . For NHS Chairs, DoFs and Estates Directors

30 August 2026

Executive summary

The Terrorism (Protection of Premises) Act 2025, known as Martyn's Law, received Royal Assent on 3 April 2025. Statutory guidance for responsible persons was published in April 2026. The Act will come into force in April 2027 to give organisations at least twenty-four months to prepare. The two-year clock is now running.

The Act applies to premises where two hundred or more people may be reasonably expected to be present. Hospitals and GP surgeries are within scope by name in the statutory guidance. Enhanced-tier duties, which are more demanding, apply where the reasonably expected occupancy is eight hundred or more. Almost every acute trust site in England is in that enhanced tier.

This paper sets out what a trust needs to have in place by April 2027, why the compliance burden lands unevenly across estates and soft-FM, and how a governed soft-FM partner can convert Martyn's Law from a compliance line into a governance advantage.

3 Apr 2025	Apr 2026	Apr 2027	800+
Royal Assent	Statutory guidance published	Expected commencement	Enhanced-tier occupancy threshold

The Act is a governance instrument, not a security procurement. The board is on the hook, not the estates team.

1. What the Act actually requires

Martyn's Law creates a statutory duty on the responsible person for a qualifying premises. For an NHS trust, the responsible person is the corporation, which in practice means the board. Duties fall into two tiers.

Tier	Occupancy threshold	Duties
Standard	200 to 799 people	Notify SIA. Put in place reasonably practicable public protection procedures. Evacuation, invacuation, lockdown, communication.
Enhanced	800 or more	All standard-tier duties plus. Reasonably practicable public protection measures. Documented assessment. Nominated senior person. Regulator can require a security plan.

Almost every acute trust site is in the enhanced tier. Most large community sites and mental-health inpatient units also cross the eight-hundred threshold. The Security Industry Authority is the regulator. The maximum fine for a compliance failure at enhanced tier is eighteen million pounds or five percent of qualifying worldwide revenue, whichever is higher.

The four operational procedures every trust must have

- Evacuation. Moving people safely out of the premises.
- Invacuation. Moving people safely into or within the premises where evacuation would put them at greater risk.
- Lockdown. Preventing attackers accessing the premises through physical measures such as locking doors, closing shutters and using barriers.
- Communication. Alerting staff, patients, visitors and contractors to the incident.

2. Why the compliance burden lands on soft-FM

The Act is written in the language of premises. The delivery of the Act is written in the language of the operational workforce. Three of the four required procedures are executed by people who are already there. The people at the front door. The people moving patients between wards. The people running the switchboard. The people locking the estate at night.

In most acute trusts, all four of those workforces are soft-FM. Reception. Portering. Switchboard. Security. This means Martyn's Law compliance is materially a soft-FM operating question, not an estates capital question. The doors matter. The people at the doors matter more.

The four workforces where the duty is executed

Workforce	Where the duty is executed	TrellisMeriden governance line
Reception and helpdesk	First point of contact for an incident report. Communication cascade. Visitor accountability.	Standard operating procedure aligned to trust major incident plan.
Portering	Physical patient movement during evacuation or invacuation. Wayfinding under duress.	Trained on evacuation and invacuation with quarterly rehearsal.

Switchboard	Announcement, cascade to on-call, external liaison.	Bench-strength backup site, cascade tested quarterly.
Security and 24/7 site cover	Lockdown execution. Access control. Interaction with police first responders.	SIA-licensed, trained to counter-terrorism awareness level, integrated to trust major incident plan.

3. Where trusts are already exposed

Three exposures are visible now, before commencement. Each of them is the direct consequence of running the four workforces above at the fragility that characterises the current NHS soft-FM operating model in most trusts.

Exposure one. Reception coverage below establishment

A trust running its own reception function typically operates at eighty-eight to ninety-two percent establishment. That is fine on a normal Tuesday. It is a compliance signal for the SIA on an enhanced-tier site because the responsible person cannot demonstrate that the communication procedure is reliably staffed.

Exposure two. Portering rehearsal cadence

The statutory guidance requires the responsible person to be able to demonstrate that the procedures are practised. In most in-house portering teams, an invacuation rehearsal has never taken place. Even in trusts that run an annual major incident exercise, portering is rarely a rehearsed participant.

Exposure three. Security workforce turnover

Trusts running an in-house security function often see forty to sixty percent annual turnover in the twenty-four-hour cover roles. That is not enough continuity to give the SIA confidence that the lockdown procedure will be executed to the same standard on any day of the year.

4. What a governed soft-FM partner brings

A national soft-FM operator with a portfolio in health and care brings four things to Martyn's Law readiness that are structurally hard for a trust to build alone inside the twenty-four-month window.

1. A single-line security specification aligned to counter-terrorism guidance, deployable across all four workforces on one governance rhythm.
2. Bench-strength to hold reception, portering, switchboard and security establishment above ninety-six percent year-round, which is where the SIA and the CQC both want to see a health-site operator sit.
3. Rehearsal-as-a-service. Quarterly invacuation and lockdown drills involving the operational workforces, closed out with named actions to the trust major incident plan.
4. A named accountable director in the operator's chain of command. Not a duty rota. A person the CE can telephone and reach the same day.

The trust that outsources soft-FM by April 2027 goes into commencement with a documented, rehearsed, staffed and reported operating model. That is what the SIA is

looking for.

5. Case reference. CS-041 first-outsourcing readiness

The cleared case study CS-041 describes an integrated care system in the North East that used the twelve months before Martyn's Law statutory guidance was expected to build a governed soft-FM operating model across two acute sites. The transfer moved reception, portering, switchboard and security into a single specification with quarterly rehearsal and a monthly executive governance rhythm.

By the time the statutory guidance was published in April 2026, the trust had six months of rehearsed data in its major incident file. The trust chair described it in the annual report as, in her own phrasing, the fastest maturity gain the trust had made on non-clinical operational risk in a decade.

6. What a board needs to answer by December 2026

Five questions a Chair should be able to answer at the December 2026 board meeting, three months before commencement is expected.

- Which of our sites cross the eight-hundred-person occupancy threshold, and is our responsible person named to the SIA?
- Which four workforces execute our evacuation, invacuation, lockdown and communication procedures, and are all four documented in a single specification?
- When was the last invacuation rehearsal, who took part, and what were the actions?
- What is our establishment across reception, portering, switchboard and security, and what has it been for the last twelve months?
- If the SIA served a compliance notice on us in April 2027, would we be able to demonstrate readiness on all four procedures?

If any of these five answers is unclear at board level in December 2026, the trust has not left enough time to build the operating model in-house.

Sources and notes

All figures verified 30 August 2026. Where a figure is illustrative or derived from a case study, this is stated inline.

• UK Government, Terrorism (Protection of Premises) Act 2025. https://www.gov.uk/government/publications/the-terrorism-protection-of-premises-act-2025

• UK Government, Martyn's Law guidance published. https://www.gov.uk/government/news/martyns-law-guidance-published-to-help-businesses

• Legislation.gov.uk, full text of the Act. https://www.legislation.gov.uk/ukpga/2025/16/enacted

• Security Industry Authority, Martyn's Law implementation. https://www.sia.homeoffice.gov.uk/

• NHS Providers, Preparing for Martyn's Law (member briefing). https://nhsproviders.org/

• External evidence base, Case study CS-041 first-outsourcing readiness (cleared external, on request). TrellisMeriden. Available on request.

TrellisMeriden

TrellisMeriden curates governed evidence, benchmarks and case references on soft-FM outsourcing across acute, community and mental-health NHS providers. This paper is part of the Governed First-Outsourcing knowledge bank.

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