NHS Estates Technical Bulletin (NETB) No.2025/1

Terrorism (Protection of Premises) Act 2025 – Application to Healthcare buildings.

Date of issue: November 2025

Applicability This NETB applies to all healthcare organisations.
Objective To ensure healthcare organisations are aware of the legislative requirements and have time to prepare themselves for compliance.
Status All healthcare organisations should comply with the requirements of the legislation.
Content The Terrorism (Protection of Premises) Act 2025 In April 2025 the UK government passed new legislation aimed at protecting premises from terrorist activity. This new legislation introduces requirements for organisations to assess the expected occupancy levels of their estate and take action where thresholds are met. It introduces a new regulator – the Security Industry Authority (SIA) who will start to assess organisations compliance after April 2027. This technical bulletin sets out new duties placed on NHS organisations and signposts relevant government publications, aimed to increase knowledge and understanding. Implementation of the legislation will be monitored through the annual Premises Assurance Model (PAM). Key documentation links are set out below: The Terrorism (Protection of Premises) Act 2025 Home Office Fact Sheets If you have any queries related to this NETB, please contact the estates and facilities mailbox england.estatesandfacilities@nhs.net

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Estates Technical Bulletin (NETB)

With responsibility for producing Standards and Guidance for the NHS Estate, NHS England are responsible for ensuring that the information and guidance they contain remains up-to-date and relevant for users. This can involve revising and updating the documents themselves, but this is not the optimum approach in all cases and therefore an alternative approach is needed where such full revision is not appropriate. Where appropriate, NHS Estates Technical Bulletins (NETB) will be issued instead.

NETB need to be considered by all applicable organisations, as noted above, and implemented as required. Boards are responsible for its assessment and application to their organisations.

Overview

The Terrorism (Protection of Premises) Act 2025 (referred to in this document as “the Act” and commonly referred to as ‘Martyn’s Law’) is designed to strengthen protective security and enhance organisational preparedness across the UK. It places a legal duty on those responsible for certain premises and events to assess the risk of terrorism and plan how they would respond in the event of an attack.

For larger premises, the Act introduces additional requirements to proactively reduce vulnerability to terrorist threats. The overarching aim is to ensure that public spaces are not only better protected but also equipped to respond effectively should an incident occur.

The legislation introduces a new industry regulator – the Security Industry Authority (SIA). The Security Industry Authority (SIA) assumed its regulatory role under the Act in April 2025, with full compliance assessments and enforcement scheduled to begin in April 2027 following a 24-month implementation period.

The Home Office has advised that they intend to issue further guidance during the 24-month implementation period. Organisations should ensure they regularly check the Home Office site for updates.

The Act introduces a two-tiered approach, based on the nature of activities conducted at a premises, and the number of individuals reasonably expected to be present at any one time. This approach recognises that larger venues may face greater risks and therefore require more robust protective measures.

Premises falling within the **standard duty tier** - typically accommodating between **200 and 799 people** - are required to implement procedures aimed at reducing the risk of physical harm to individuals on site. In contrast, those responsible for **enhanced duty tier** premises - where **800 or more people** may be present - must meet additional requirements, reflecting the potentially greater impact of a terrorist attack.

Across both tiers, the Act is underpinned by the principle of ‘reasonably practicable’. This ensures that duty-holders can tailor their approach in line with the nature of their operations, the environment in which they operate, and the resources available to them - supporting a proportionate and context-sensitive implementation of the legislation.

This bulletin focuses on the requirements for premises (sites). Events - trust open days, charitable events and conferences etc. - are not covered and should be considered separately in line with the requirements of the Act. Whilst the Act is applicable throughout the UK, this bulletin only addresses its requirements insofar as they apply to the NHS in England.

This bulletin explains the provisions of the Act most relevant to premises in the NHS, for the purpose of assisting NHS colleagues in understanding their obligations under the Act. It has been informed by a review of the Act and by consultation with colleagues across government. However, this bulletin is not statutory guidance. The Home Office is expected to publish statutory guidance about how the requirements imposed by the Act should be interpreted. The Security Industry Authority (SIA) is also expected to publish statutory

guidance addressing how it proposes to exercise its functions under the Act. Once published, it is essential colleagues seeking to understand their obligations under the Act familiarise themselves with these documents, as well as the Act itself. Once those documents are available, NHS England will review and align this bulletin accordingly.

It is essential that healthcare organisations who own or occupy premises take all appropriate steps to fully inform themselves of the requirements of the Act (and any accompanying statutory guidance produced by the Home Office or the SIA) and to understand how those requirements apply to their estate (including, if necessary, by taking legal advice).

Premises in Scope

Premises that satisfy the following four criteria fall within scope of the Act:

1. There is at least one building on the premises

To meet this condition, the premises must consist of:

- a building (including part of a building); or
- a building and other land

There is no specific requirement that the building is made of any particular material, and temporary structures may be in scope (but the premises must have some form of building on them at all times to be qualifying premises).

2. The premises are wholly or mainly used for one or more of the uses the Act specifies

For premises to fall within scope, they must be wholly or mainly used for one or more of the uses that are set out in Schedule 1 to the Act. By ‘wholly or mainly used’, the Act means that the premises are either i) only used for an activity in Schedule 1 or, ii) where the premises has multiple uses, it is mainly used for the purposes listed in Schedule 1.

The categories of use set out in Schedule 1 to the Act are:

- retail
- food and drink
- entertainment and leisure activities
- sports grounds
- libraries, museums and galleries
- halls etc
- visitor attractions
- hotels
- places of Worship
- health care
- bus stations, railway stations etc
- aerodromes
- childcare

- primary and secondary education
- further education
- higher education
- public authorities

3. The premises meet the thresholds for individuals present at the premises

The **Terrorism (Protection of Premises) Act 2025** requires an assessment of the number of individuals who can be reasonably expected to be in attendance at premises and events. It will be necessary to determine the greatest number of individuals reasonably expected to be present at the same time in connection with one or more schedule 1 uses.

To be a qualifying premises under the Act, at least 200 individuals - including staff - must, at least occasionally, be reasonably expected to be present at the same time in connection with one or more Schedule 1 uses.

- Premises where **200 to 799 individuals (including staff)** may be present fall within the **Standard Duty Tier**.

- Premises where **800 or more individuals (including staff)** may be present fall within the **Enhanced Duty Tier**.

The assessment should consider the highest number of individuals reasonably expected to be present at any one time, not the average daily attendance. Further guidance on calculating these numbers is available in the Home Office factsheet on assessing occupancy.

Further information about how to assess the numbers of individuals at premises can be found in the assessment of the number of individuals expected to be present factsheet

4. The premises are not excluded premises

Schedule 2 to the Act excludes certain premises from the requirements of the Act.

. Premises occupied for the purposes of either House of Parliament; the Scottish Parliament or a part of the Scottish Administration; the Senedd Cymru or the Welsh Government; or the Northern Ireland Assembly or a Northern Ireland Department, are not in scope of the Act.

In 2025, NHS organisations who complete the Premises Assurance Model (PAM) will be asked to categorise their sites into the relevant tier. To ensure ongoing assurance, the NHS PAM will be updated in 2026 and 2027 to gather further compliance data from organisations.

Defining Buildings

Part of a building

Under the **Terrorism (Protection of Premises) Act 2025**, the definition of a *building* includes any part of a building. This means that both an entire building and its discrete sections may be considered separate *premises* under the Act.

Many NHS sites comprise multiple functional areas—some of which may fall within the scope of **Schedule 1 activities**, while others may not. For example, a hospital may include a public-facing **café** or **pharmacy**, each of which could be assessed independently under the Act.

Depending on how the nature of these areas and how they are used, the hospital, pharmacy, and café may each be treated as distinct premises. As such, distinct internal areas could be considered separate premises and therefore subject to separate duties under the legislation, potentially falling into different duty tiers based on occupancy.

At the same time, these distinct premises may each be treated as part of a single larger premises, with the applicable duty for those larger premises depending on its overall occupancy levels. Those with responsibility for the whole building and those responsible for its constituent parts may therefore be subject to overlapping duties under the Act.

It is therefore essential that those responsible for NHS premises assess:

- Whether any part of their site is used for a Schedule 1 activity
- Whether that activity constitutes the **principal use** of that part of the building

This ensures a proportionate and accurate application of the Act's requirements across complex healthcare environments.

Group of buildings

Some NHS sites comprise multiple buildings used for one or more Schedule 1 activities **-** a common example being a hospital campus with several buildings and associated land.

When assessing whether such a group constitutes a single premises under the Terrorism (Protection of Premises) Act 2025, several factors may be considered, including (but not limited to):

- The **geographical proximity** of the buildings
- Whether they are under the control of the **same responsible person**, or predominantly so - recognising that some buildings may be leased, licensed, or subject to shared responsibilities

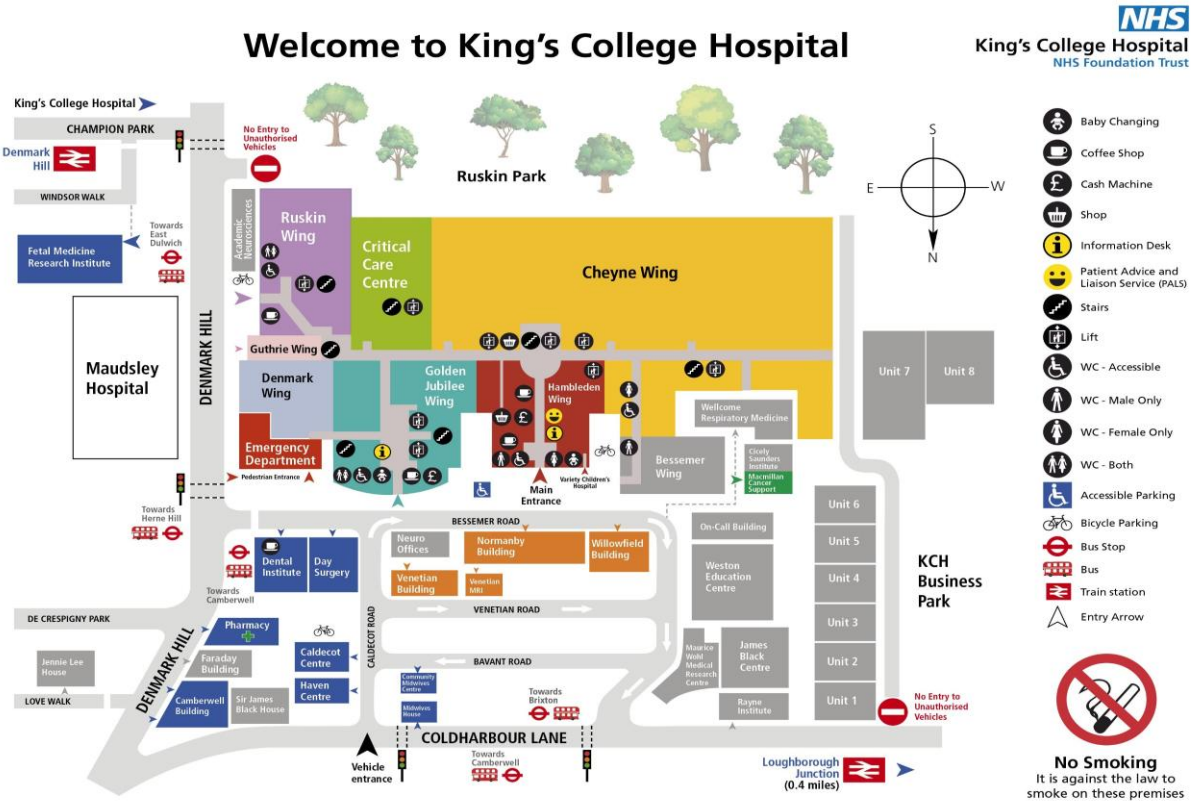
While the Act allows for a group of buildings to be treated as a single premises, it does not prescribe a definitive test for determining when they should be. Instead, the determination depends on a holistic assessment of the specific context, including factors such as proximity and control.

It is therefore important that NHS organisations carefully assess their estates to determine whether multiple buildings should be treated as a single premises for the purposes of compliance. This includes considering whether different buildings fall under different duty tiers based on expected occupancy.
An illustrative example is provided in **Figure 1**.

Fig 1 - Example

An example is a hospital campus where an **NHS Trust** operates multiple buildings to deliver healthcare services. Within the same site, some buildings may be **leased to third parties** or **occupied by other healthcare providers**.

In most such cases, the Trust will likely be considered the **responsible person** for the buildings it directly manages, while other organisations may hold responsibility for the buildings, or parts of buildings, they occupy. However, where buildings are in **close geographical proximity** and the Trust retains overarching control of **site-wide procedures or security measures**, the group of buildings may be treated as a **single premises** under the Act.



Ultimately it is for every owner/landlord/occupier to determine how their estimate should be treated under the Act and should consider taking legal advice where there is uncertainty on how the law should be applied.

Premises within premises

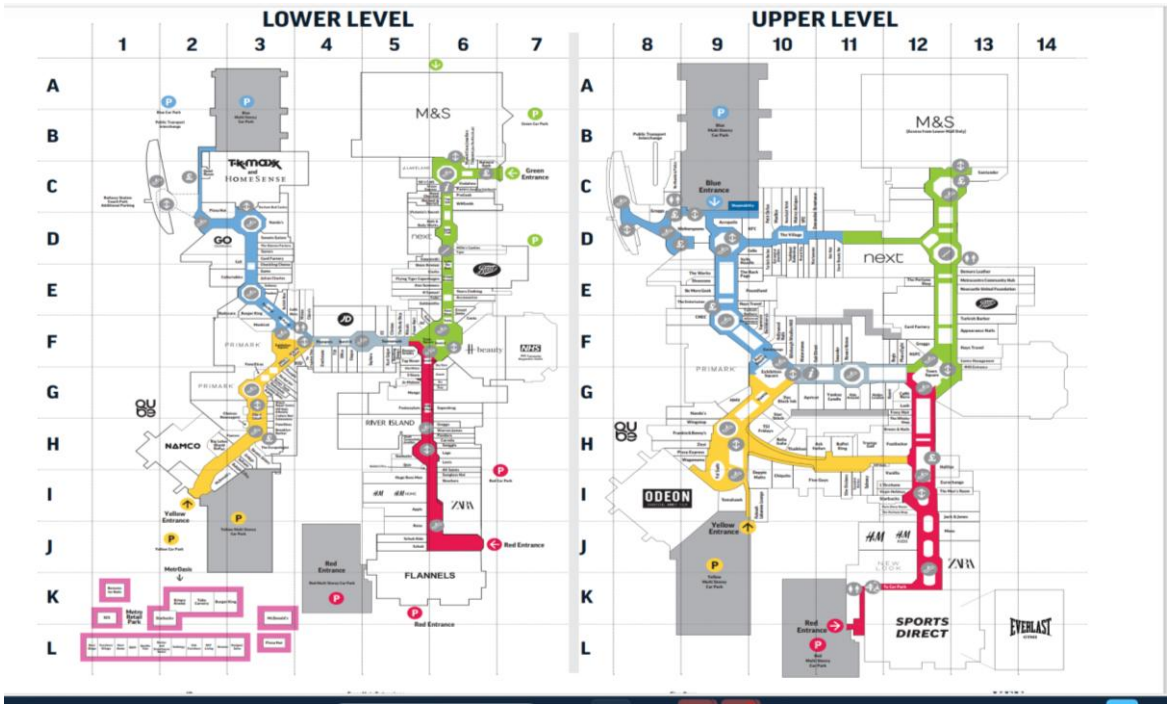
Some qualifying premises under the Act may consist of individual units located within a larger building, such as a shopping centre. In these cases, units like an NHS health centre or community pharmacy may independently fall within scope if they meet the qualifying criteria.

Where this applies, both the individual unit (e.g. pharmacy or health centre) and the overall building (e.g. the shopping centre) may be considered separate premises, while also forming part of a larger, composite premises under the Act. Each may carry distinct responsibilities, and the applicable duty tier - standard or enhanced - will depend on the expected occupancy of both the individual unit and the wider site. This is especially relevant for health on the high street solutions.

Fig 2 - Metro Centre Gateshead

The Metro Centre received over 15 million visitors in 2024, and houses multiple units providing NHS community diagnostic, pharmacy, and optometry services. Each healthcare provider operating within the complex would be expected to collaborate on protective procedures and security measures as part of the overarching site-wide approach.

The map below illustrates the layout and distribution of services across the complex.



Responsible person for qualifying premises

Under the Act, the responsible person is defined as the individual or organisation that has control of the premises in connection with its Schedule 1 use - for example, operating a venue as a hotel, sports ground, or healthcare facility. This will typically be the premises operator. For instance, if a person leases a building for retail use and manages its operations, they are considered the responsible person. However, the legislation does not set out a clear test for what amounts to 'control'. Though it suggests that occupation is relevant, this may not be the only determinative factor. Owners and occupiers of premises should carry out their own assessment of whether they 'control' any premises to which the duties under the Act apply, taking their own legal advice as appropriate.

Where a premises has multiple Schedule 1 uses - such as a church that also operates a crèche - the responsible person is the one with control over the principal use of the premises.

The responsible person is **legally required** to ensure that the duties set out in the Act are fulfilled. This includes implementing appropriate protective procedures and measures, and where necessary, coordinating with other duty-holders to ensure a consistent and effective approach across shared spaces.

A "person" under the Act may be:

- An individual
- A corporate entity (e.g. a company)
- A public body

Healthcare Settings

'Healthcare' is identified by the Act as a Schedule 1 use. In most healthcare settings, the responsible person for a premises is identified as set out above.

However, the Act makes different provision in respect of hospitals. Where a premises is used as a hospital, the responsible person will be:

- The NHS Trust or NHS Foundation Trust operating the hospital; or
- In all other cases, the governing body of the hospital

General Practice (GP) Settings

For GP practices, the responsible person will typically be the GP partnership or provider organisation that holds the contract and manages the premises in connection with its healthcare delivery. Where GP services are delivered from shared or multi-use premises, coordination with other responsible persons may be required to ensure compliance across the site.

To support implementation:

- Relevant questions have been incorporated into the National Premises Assurance Model (PAM) data collection.

- NHS Trusts and Foundation Trusts are asked to identify and provide details of their designated Responsible Person(s).
- Annex A of this Bulletin provides further information to support responsible persons in assessing their liabilities and indemnity considerations.

Leased Buildings – Example: NHS Property Services

NHS Property Services (NHSPS) owns and maintains approximately 3,000 buildings across England that are occupied by NHS service providers.

In the context of the Terrorism (Protection of Premises) Act 2025, NHSPS may act as the landlord, but is not considered the responsible person unless it has control of the premises in connection with a Schedule 1 activity.

Coordination between responsible persons

Where multiple individuals or organisations share responsibility for a qualifying premises, the Terrorism (Protection of Premises) Act 2025 requires them to coordinate, as far as is reasonably practicable, to ensure compliance with their duties under the Act.

This applies in scenarios such as:

- Shared-use premises, where multiple responsible persons operate within the same building (e.g. mixed-use healthcare facilities)
- Nested premises, where a qualifying premises is located within a larger qualifying site (e.g. an NHS health centre within a shopping centre)

In these cases, responsible persons are expected to work collaboratively to implement effective and consistent protective measures. This may include:

- Sharing relevant information
- Aligning security procedures
- Conducting joint planning, training, or exercises

Additionally, the Act places a duty on individuals or organisations who are not the responsible person, but who exercise control over any part of an enhanced duty premises. These parties must cooperate with the responsible person to support compliance with the enhanced requirements.

Standard Duty

1.1 Notification

The responsible person for standard duty premises must notify the Security Industry Authority (SIA) when they assume or relinquish responsibility for a qualifying premises.

Details of the notification process, including required timeframes and information (e.g. premises details and responsible person identity), will be set out in supporting regulations.

1.2 Public Protection Procedures

Responsible persons must ensure that, so far as is reasonably practicable, appropriate public protection procedures are in place to reduce the risk of physical harm in the event of a terrorist incident at—or near—the premises.

These procedures must be:

- Clearly understood
- Actionable by staff and relevant personnel

It is not sufficient to simply document procedures; staff must be aware of them and prepared to implement them effectively.

The Act identifies four key types of procedures to be considered:

- **Evacuation** – Safely moving people out of the premises
- **Invacuation** – Moving people into the premises or to safer internal areas
- **Lockdown** – Securing the premises to prevent entry or exit (e.g. locking doors, deploying barriers)
- **Communication** – Alerting individuals and directing them away from danger

When determining what is appropriate and reasonably practicable, responsible persons must take into account:

- The nature and layout of the premises
- Available resources
- The types of risks relevant to their setting

NHS England EPRR Core standards and standard duty procedures

Premises subject to the 'standard duty' are required to have procedures which include evacuation, lockdown and communication.

The NHS England EPRR Core Standards includes standards relevant to these subjects. Many healthcare providers and ambulance services will be familiar with the standards, having completed the core standards annual self-assessment for several years, and therefore there is an abundance of knowledge around how these standard duty tier requirements will likely apply across the NHS.

The information contained in the EPRR core standard assessment will assist in plan development and review. The following numbered standards are relevant:

- 16 – evacuation & shelter
- 17 – lockdown
- 34 – incident communication
- 35 – communication with partners & stakeholders
- 36 – media strategy

Enhanced Duty

Public Protection Measures

Under the **enhanced duty**, responsible persons must implement appropriate **public protection measures** to reduce vulnerabilities and mitigate the impact of a terrorist attack. These measures must be tailored to the specific characteristics of the premises, including its operations, available resources, and relevant threat profiles.

Tailored and Integrated Approach

To be effective, public protection measures should be:

- **Proportionate** to the nature and scale of the premises
- **Integrated**, ensuring all measures work cohesively to reduce risk
- **Practical**, reflecting operational realities and resource constraints

Measures may be delivered through:

- **People** – e.g. staff training, awareness campaigns
- **Processes** – e.g. bag search policies, visitor screening
- **Physical infrastructure** – e.g. CCTV, barriers, reinforced glazing

For example, installing CCTV is insufficient if staff are not trained to monitor or respond to incidents. Measures must be implemented holistically to be effective.

Twofold Duty

The enhanced duty includes two core responsibilities:

1. To **assess and keep under review** the public protection measures appropriate to further the Act's objectives
2. To **implement such measures**, so far as is reasonably practicable

The objectives are:

- To **reduce the vulnerability** of the premises to acts of terrorism
- To **reduce the risk of physical harm** to individuals if a terrorist incident occurs on or near the premises

Categories of Public Protection Measures

The Act identifies four categories of public protection measures:

1. **Monitoring the Premises and Immediate Vicinity**
   Measures to detect and report suspicious activity, behaviours, or items—ranging from staff briefings and awareness campaigns to surveillance systems and control rooms.
2. **Controlling Movement Into, Out of, and Within the Premises**
   Measures to manage access and reduce exposure to threats, such as bag searches, access controls, locks, barriers, and CCTV.
3. **Physical Safety and Security of the Premises**
   Measures to strengthen the physical environment, including stand-off zones, safety glass, and hostile vehicle mitigation (HVM).
4. **Security of Information**
   Measures to protect sensitive information that could expose vulnerabilities—e.g. ensuring floor plans and security protocols are securely stored and accessible only to authorised personnel.

Designated Senior Individual (DSI)

Where the responsible person for an enhanced duty premises is an organisation rather than an individual, the Act requires the appointment of a Designated Senior Individual (DSI) to provide senior-level oversight of compliance. The DSI ensures that the organisation fulfils its duties under the Act, but overall legal responsibility remains with the organisation itself. While the DSI may delegate tasks, they retain accountability for ensuring appropriate governance and assurance processes are in place.

Role and Responsibilities of the DSI

The DSI's primary role is to ensure that the responsible person complies with the requirements of the Act. This ensures **senior leadership engagement** in the oversight and implementation of protective measures.

While specific actions may be delegated, **overall accountability cannot be delegated**. The DSI remains responsible for ensuring compliance across the organisation.

Accountable Emergency Officers

The NHS England Emergency Preparedness Resilience and Response Framework describes how the NHS in England will go about its duty to be prepared for dealing with emergencies.

Section 9 of the Framework outlines that the NHS Act 2006 places a duty on relevant service providers (defined at Section 8.2) to appoint an individual to be responsible for discharging the duties under section 252A(9) (National Health Service Act 2006). This individual is known as the Accountable Emergency Officer (AEO).

NHS England expect all NHS-funded organisations to have an AEO for EPRR. The AEO must be a board-level director (or equivalent in organisations without a board) responsible for EPRR. They have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements.

To support effective implementation of the Terrorism (Protection of Premises) Act, it is recommended that the organisation's nominated Accountable Emergency Officer - as defined in the NHS EPRR Framework - also be designated as the Senior Individual under the Act.

Documentation Requirements

Responsible persons for enhanced duty premises must prepare and maintain a tailored document that demonstrates how they are meeting the requirements of the Act. This document must include:

1. A description of the public protection procedures (Standard Duty Tier) currently in place or planned, aimed at mitigating relevant risks.
2. A description of the public protection measures (Enhanced Duty Tier) currently in place or planned, addressing vulnerabilities and threats.
3. A clear explanation of the rationale behind how these procedures and measures are expected to reduce vulnerabilities and mitigate the impact of a terrorist attack.
4. Any additional information required by supporting regulations.

This documentation serves as a key accountability tool and should be regularly reviewed and updated to reflect changes in risk, operations, or guidance.

Regulation

The Security Industry Authority (SIA) has been designated as the regulator under the Act. Its new statutory function commenced in April 2025, with full operational capability expected to be in place over a 24-month implementation period.

The SIA will publish guidance concerning how it proposes to exercise its regulatory functions to support duty-holders prior to full enforcement of the Act.

The SIA's responsibilities include:

- Providing guidance and support to responsible persons
- Monitoring and assessing compliance with the Act
- Reviewing the effectiveness of public protection procedures and measures
- Further information is available via the government's dedicated website.

Sanctions and Penalties

The Act gives the Security Industry Authority (SIA) powers to issue compliance notices, restriction notices, and monetary penalties for serious or persistent non-compliance. The maximum penalty is the higher of £18 million or 5% of revenue. Daily penalties may also apply for continued breaches.

Criminal Offences

The Act also creates certain criminal offences, including obstruction of inspectors and failure to comply with information requirements. These offences may result in prosecution in addition to civil penalties.

Training

The Act places strong emphasis on training and familiarisation for all individuals working at qualifying premises—including staff, contractors, and volunteers. This includes:

- Awareness of public protection procedures
- Competency in using protective measures (e.g. security systems, barriers)
- Understanding of roles and responsibilities in the event of a terrorist threat

Organisations are responsible for ensuring that all relevant personnel are trained and competent, supported by appropriate development and assurance processes.

Healthcare providers are strongly encouraged to adopt the ACT e-Learning provided via ProtectUK as part of their mandatory training offer. This should also be embedded into induction programmes for new or temporary staff and contractors.

Trust Board considerations

Board members should be aware that the Act introduces potential personal liability for failure to comply with its duties. Organisations may wish to review their Directors and Officers (D&O) insurance to ensure it adequately reflects this new risk exposure.

Trusts should assess whether their existing insurance arrangements are sufficient in light of the Act's duties and enforcement regime. Non-compliance, evidenced by compliance notices, penalties, or restriction notices, could affect an insurer's decision to honour or limit indemnity payments following a terrorism-related incident.

Annex A: NaCTSO Factsheet

The National Counter Terrorism Security Office (NaCTSO) is part of the UK Counter Terrorism Policing network and supports the Protect and Prepare strands of HM Government's counter terrorism strategy (CONTEST). We are responsible for providing awareness, advice and guidance to Venues & Public Spaces (VaPS) to help them protect themselves from, and prepare for, the possibility of terrorism.

The far-reaching inquiry following the terrorist attack at Manchester Arena in May 2017 recommended that HM Government produce a free, accessible library of counter terrorism information and advice.

This portal is known as ProtectUK | Home

ProtectUK will signpost your organisation to free training and awareness resources for you to consider, adopt, and adapt to prepare you and your people to better protect your setting and respond in the unlikely event of a terrorist incident at (or near) your site, and recover faster thereafter.

Everything you should need to start to understand the threat in context with your setting, consider proportionate and pragmatic control measures to help improve your security and readiness, and evolve in line with the threat, is available from the government and key partners.

There is a wealth of free-to-access advice and guidance, suitable for different settings within different sectors, available from other resources, including the NPSA, Gov.UK, key agencies and arms-length bodies, and local authorities.

The following short guide is intended as a scalable and accessible initial process to improve counter-terrorism (CT) security and readiness, using key samples from the online guidance laid out in a rational order to help decision-makers and planners in your organisation.

It is intended to be:

- An introduction for those approaching CT security and readiness for the first time.
- A simple maturity index to quality-assure any existing processes.
- An interactive signpost to existing key information, guidance, and platforms for settings to harvest contemporary security practices, readiness, news and advice.

Following these basic steps will help an organisation to begin to reflect on its vulnerabilities to terrorism and start its journey to improve security and readiness.

Increase your awareness of the threats

Visit MI5 and ProtectUK to understand UK threat levels.

Find your local authority emergency planning web pages to put the threat of terrorism in context with other crises. You can see examples here.

Understand your vulnerabilities

Once you have understood the threat, it is important to consider the impact it may have upon your setting. By using the free ProtectUK risk assessment tool you will be able to assess vulnerabilities, prioritise your response and provide proportionate options to begin mitigation at your location.

Apply appropriate measures

Once you have identified vulnerabilities, consider the options recommended on the PROTECT:UK Risk Management Controls List.

One simple measure could be to increase your staff's awareness through training. Action Counters Terrorism (ACT) and See Check and Notify (SCaN) are free awareness products that allow you to understand the threat and how it applies to your staff, venues and public spaces.

ProtectUK also has low cost, high impact measures and processes that contribute to reducing conventional crime, violence and anti-social behaviour AND improving your CT security.

Security Minded Communications (SMC) will help support your security efforts by making those with hostile intent feel that if they were to choose your organisation or event as a place to attack, they will almost certainly fail. Security minded media helps to deny and deter hostiles, at the same time reassuring stakeholders, by carefully managing the information that you broadcast.

Develop Critical emergency processes

All settings would benefit from a specific crisis management plan to direct initial actions at the start of an emergency.

Essential tactical options for such plans might be evacuation, invacuation and lockdown, managing ingress and egress and working closely with emergency services.

Consider contingencies

The National Stakeholder Menu of Tactical Options provides a set of scalable security options for you to consider should the threat level change.

Socialising, testing, and exercising

Once you have a plan, you should tell your stakeholders about it and their roles within it.

Utilise ACT in a BOX Exercises | ProtectUK to test your plans against a number of real world reasonable worst case scenarios.

Take part in internal and external training to validate your plans and evolve in line with the threat.

Evaluate and monitor

Risk monitoring should be an ongoing process built into your organisational governance process. Regularly re-visit the threat information, your plans, and measures, to ensure they are kept up to date with the contemporary threat as it evolves.

Acknowledgements

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