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Safeguarding Training and Workforce Development Plan

2026-2029

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1. Executive summary

The ICB is committed to promoting the welfare of children, young people and adults at risk and ensuring safeguarding is everyone's responsibility. This plan sets the direction for safeguarding learning, competence, supervision and workforce development across the ICB from 2026 to 2029.

It builds on the existing learning offer described in the original plan, including ESR learning, partnership learning, professional networks, safeguarding supervision, reflective practice, reviews and audits, BOOST, NHS Futures, GP TeamNet and the ICB-wide safeguarding forum.

What the plan will deliver;

- Clear safeguarding competency requirements linked to role and responsibility.
- A consistent approach to learning, development, supervision and competence evidence.
- A structured route for learning from reviews, audits, complaints, incidents and multi-agency activity.
- Accessible workforce resources and opportunities, including BOOST and professional networks.
- Support for specialist leadership, career development and succession planning.
- Meaningful assurance to the Board on compliance, competence, capability, risk and impact.

2. Vision, purpose and principles

Vision

To develop and maintain a competent, confident and professionally curious safeguarding workforce that can effectively protect children, young people and adults at risk, meet statutory safeguarding duties and continuously learn from practice.

Purpose

- Ensure staff receive safeguarding learning appropriate to their role and level of responsibility.
- Provide a consistent approach to safeguarding learning and workforce development.
- Support compliance with statutory, mandatory and professional requirements.
- Promote high-quality safeguarding practice through supervision, reflection and continuing professional development.
- Develop existing and future safeguarding leaders and specialist roles.
- Provide assurance to the Board that workforce requirements are understood, delivered and monitored.

Principles

- Safeguarding is everyone's responsibility.
- Learning will be proportionate to role, responsibility and risk.
- Competence is demonstrated through knowledge, application, reflection and practice.
- Learning will be inclusive, accessible and informed by evidence.
- Learning from reviews and audits will be translated into changed practice.
- Assurance will be transparent, proportionate and focused on outcomes and risk.

3. Scope and strategic framework

This plan applies to all ICB employees, temporary and agency workers, Board members, senior leaders and contractors where the ICB defines or assures safeguarding learning requirements. Individual requirements will reflect role, professional function, contact with children or adults at risk and safeguarding accountability.

Legislative, regulatory and professional framework

- Care Act 2014.
- Children Acts 1989 and 2004.
- Working Together to Safeguard Children.
- Mental Capacity Act 2005.
- Domestic Abuse Act 2021.
- Counter-Terrorism and Security Act 2015 and the Prevent Duty.
- Modern Slavery Act 2015.
- Human Rights Act 1998.
- NHS Safeguarding Accountability and Assurance Framework.
- Current intercollegiate competency frameworks for children and young people, children in care and adults.

The current versions of the relevant frameworks will be used to determine role requirements, learning outcomes, refresher expectations, supervision and acceptable evidence of competence.

Local and system context

- Local Safeguarding Children Partnership and Safeguarding Adults Board priorities.
- Learning from Child Safeguarding Practice Reviews, Safeguarding Adult Reviews, Domestic Abuse Related Death Reviews, rapid and thematic reviews and multi-agency audits.
- ICS safeguarding priorities and workforce development objectives.
- Learning from incidents, complaints, quality assurance and safeguarding audits.
- National guidance, emerging practice and professional recommendations.

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4. Strategic outcomes

Outcome	What good looks like
1. Clear requirements	All relevant roles are mapped to current safeguarding competency requirements.
2. Demonstrable competence	Staff can evidence learning and application appropriate to role, including Levels 3 to 5.
3. Effective supervision	Eligible staff have access to proportionate and documented safeguarding supervision.
4. Embedded learning	Themes from reviews, audits, complaints and incidents routinely shape learning and improvement.
5. Inclusive access	Learning is accessible across staff groups and working arrangements, with barriers identified and addressed.
6. Sustainable leadership	Specialist expertise, leadership development and succession planning are actively supported.
7. Reliable assurance	Leaders receive timely information on compliance, competence, supervision, risk and impact.

5. Strategic priorities 2026-2029

Priority	Commitment
Establish	Complete the training needs analysis, validate role mapping, establish the baseline and confirm governance.
Standardise	Implement consistent learning, supervision and competence evidence expectations.
Embed	Use reviews, audits and practice learning to shape the annual workforce development programme.
Develop	Support specialist capability, leadership development, career pathways and succession planning.
Assure	Report compliance, competence, supervision, workforce risk and learning impact through a defined assurance cycle.
Evaluate	Assess whether learning is accessible and changes knowledge, confidence, behaviour and practice.

6. Training and competency framework

Training requirements will be determined by role, responsibility, professional function, contact with children or adults at risk and safeguarding accountability. The competency matrix at Appendix 1 provides the organisation's high-level framework and will be validated through the training needs analysis.

Levels 3, 4 and 5

For specialist and leadership levels, formal training will contribute to competence but will not be treated as the sole evidence. Evidence may include participatory learning, practice application, supervision, audit, reviews, teaching, leadership, continuing professional development and system activity. Requirements will be proportionate to role and verified through management and professional arrangements.

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7. Learning and workforce development model

Learning method	Purpose
E-learning	Accessible and consistent awareness and mandatory learning.
Face-to-face training	Interactive discussion of complex issues and practical, case-based learning.
Virtual workshops	Flexible learning and knowledge sharing across teams and geographies.
Multi-agency learning	Understanding partner roles, thresholds, pathways and shared practice.
Case review and discussion	Application of learning to practice and identification of improvement.
Reflective practice	Professional curiosity, critical thinking and application to role.
Safeguarding supervision	Professional support, challenge, quality oversight and development.
Communities of practice	Peer support, networking and exchange of expertise.
Short thematic sessions	Focused response to emerging issues, legislation and review learning.
Reviews and audits	Translation of findings into practice and workforce improvement.

Learning resources and platforms

Resource	Strategic contribution
ESR	Mandatory learning and compliance reporting.
BOOST	Developing learning hub for events, resources and communities of practice.
NENC ICS Safeguarding Health Professionals Network and NHS Futures	System learning, guidance, resources and professional collaboration.
GP TeamNet	Primary care safeguarding pathways, guidance, policies and contacts.

Resource	Strategic contribution
ICB-wide safeguarding forum	Staff-focused updates, learning and professional development.
Partnership and national learning	Local safeguarding partnerships, NHS England, professional bodies and relevant agencies.

Operational access instructions, named contacts and live links will be maintained separately so that they remain current.

8. Safeguarding supervision and learning from practice

Safeguarding supervision

Effective safeguarding supervision will be available to staff whose roles require it. Arrangements will be proportionate to role, function and level of safeguarding responsibility and will support professional reflection, decision-making, quality assurance, workforce development, wellbeing and accountability.

- Eligible staff groups and expected frequency will be defined.
- Supervisors will have appropriate competence and support.
- Supervision will be documented and confidentiality requirements understood.
- Themes will inform quality assurance and development without compromising individual confidentiality.
- Access, uptake, gaps and exceptions will form part of assurance.

Learning from practice

The ICB will maintain a systematic process to capture, prioritise, translate, deliver, embed and evaluate learning from Safeguarding Adult Reviews, Child Safeguarding Practice Reviews, Domestic Abuse Related Death Reviews, rapid and thematic reviews, audits, complaints, incidents, quality intelligence and multi-agency activity.

Lived experience and co-production will be included where appropriate, with consent, safe participation, confidentiality, accessibility and support considered in the design of activity.

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9. Roles, responsibilities and provider assurance

Role	Core responsibility
Board / approving committee	Approve strategic direction and seek assurance on statutory duties, risk and delivery.
Executive Safeguarding Lead	Provide executive leadership, sponsorship, challenge and escalation.
Safeguarding Team	Set professional standards, advise on mapping, support specialist learning and supervision and provide assurance.
People and OD	Support the TNA, ESR, workforce information, appraisal and management processes.
Directorates and line managers	Own local implementation, enable participation, review evidence and address exceptions.
Individual staff	Complete required learning, maintain competence evidence, use supervision and apply learning.
Commissioning and Quality teams	Seek provider assurance and connect workforce risks with quality and contractual processes.
Provider organisations	Maintain appropriate arrangements for their workforce and provide assurance when required.

Commissioned provider assurance

The ICB will use a proportionate, risk-based approach to assurance about safeguarding workforce arrangements in commissioned services. Provider organisations remain responsible for the training, competence, supervision and performance management of their workforce.

- Contractual and service specification requirements.
- Quality schedules and provider reporting.
- Evidence of role-based training, competence and supervision arrangements.
- Intelligence from incidents, complaints, audits, reviews and partnership activity.
- Targeted assurance or improvement plans where risk is identified.
- Triangulation between safeguarding, quality, workforce and commissioning information.

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10. Governance, performance and success measures

Delivery will be overseen through established ICB safeguarding governance. Quarterly reports will focus on exceptions, while an annual report will provide comprehensive assurance on progress, outcomes and risk.

Assurance area	Measure of success
Mandatory learning	Compliance maintained in line with the ICB mandatory training target.
Role mapping	All in-scope roles mapped to approved requirements or an exception recorded.
Levels 3 to 5 competence	Current verified evidence or a time-bound development plan for relevant staff.
Safeguarding supervision	Eligible staff receive supervision at the frequency defined in the approved framework, with exceptions reported.
Learning from reviews	Accepted workforce-learning actions have an owner, due date and evidence of implementation.
Training impact	Priority learning is evaluated for reach, learning, application and practice impact.
Equity of access	Gaps in participation or completion have an action plan.
Specialist workforce resilience	Development, vacancy and succession risks are reviewed and escalated where appropriate.
Provider assurance	Identified provider workforce risks have proportionate assurance and improvement action.
Board assurance	Quarterly exception reporting and an annual comprehensive report are received through governance.

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11. Implementation and review

Phase	Key deliverables
Year 1: Establish and standardise	Complete TNA; validate role mapping; establish baseline; define supervision cohorts and frequency; agree Levels 3 to 5 evidence; confirm governance; develop all age role support.
Year 2: Embed and improve	Embed thematic learning; strengthen communities of practice; refine provider assurance; strengthen and promote access to boost and the NENC ICS Safeguarding Health Professionals Network and NHS Futures platforms.
Year 3: Evaluate and sustain	Evaluate impact; reassess mapping and supervision; repeat and refresh Training Needs Analaysis; identify priorities for the successor plan

Review

The plan will be reviewed annually through the assurance cycle and formally by September 2029, or sooner where required by legislation, statutory guidance, national competency frameworks, organisational change, safeguarding risk or significant learning.

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Appendix 1. ICB safeguarding competency requirements

Level	Indicative staff group	Core competence
Level 1: Awareness	All staff, including non-clinical, temporary staff, contractors and Board members as applicable	Understand responsibilities; recognise abuse, neglect and exploitation; know how to report concerns; understand confidentiality, information sharing and local procedures.
Level 2: Practice	Staff with direct or indirect contact with children, young people, adults at risk, families, carers or the public	Identify concerns and risk; respond to disclosures; record accurately; share information; escalate concerns; understand domestic abuse, exploitation, self-neglect and vulnerability.
Level 3: Specialist practice	Registered healthcare professionals and staff with specific safeguarding responsibilities	Assessment; risk analysis; multi-agency working; professional curiosity; managing complexity; applying legislation; supporting colleagues; reviews and audits.
Level 4: Leadership and management	Named professionals, safeguarding leads and relevant senior managers	Leadership and advice; supervision; quality assurance; organisational risk; implementing learning; governance and performance.
Level 5: Designated professional leadership	Designated nurses, doctors and other designated professionals where applicable	Strategic system leadership; expert advice; commissioning and service development; system assurance; professional leadership; regional and national influence.

Exact requirements, refresh arrangements and evidence will be validated against current intercollegiate and professional frameworks through the training needs analysis.

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Appendix 2. Indicative role-to-competency mapping

Staff group	Children	Adults	Rationale
All ICB staff	Level 1	Level 1	Basic responsibilities, recognition and reporting.
Staff with public contact	Level 2	Level 2	Additional knowledge to identify and respond appropriately.
Clinical advisers and clinical leads	Level 3	Level 3	Professional advice, oversight, assessment and partnership working.
Quality, Nursing and Clinical Quality teams	Level 3	Level 3	Quality assurance and oversight of commissioned services, validated by role.
Executive Safeguarding Lead	Specified through TNA	Specified through TNA	Executive leadership, governance, statutory assurance and decision-making.
Board members and NEDs	Specified through TNA	Specified through TNA	Strategic oversight, scrutiny, risk and assurance.
Named professionals	Level 4	Level 4	Professional leadership, expert advice, supervision and support.
Designated nurses / deputies	Level 4/5	Level 4/5	Strategic system responsibility, assurance and professional leadership.
Designated doctors	Level 4/5	Level 4/5	Expert clinical leadership, advice and system assurance.
Safeguarding leads	Level 4	Level 4	Lead activity, advice, governance, assurance and workforce development.

Assignments are indicative pending formal validation. Individual requirements may differ according to actual role, responsibility, profession and service need.