Neighbourhood healthcare maturity matrix

October 2025

About GGi

GGi is an independent consultancy dedicated to helping mission-driven organisations to improve their strategy, leadership and governance.

Since 2009, we have supported organisations committed to creating lasting value for society. To support our mission to help create a better, fairer world, we have developed a wealth of practical services, tools and insights that can be applied at every level of organisations.

Our approach to strategy, leadership and governance inspires confidence in people to do the right thing, to make the right decisions in the right way, and to be assured that systems are in place to make it difficult to fail.

introduction

This maturity matrix is designed to support NHS local place-based neighbourhood boards in hosted arrangements to self-assess whether they are appropriately applying the key principles of good governance practice.

It describes key elements of governance along the y-axis, and graduations of maturity along the x-axis. For each of the key elements, there are indicative statements so that organisations can self-assess their maturity.

The matrix outlines nine core areas for assessment:

- Agency
- Vision and strategy
- Structures / integration
- Neighbourhood leadership
- Relationships (within the neighbourhood and across the broader system)
- Capability development for board and management team
- Umbrella governance from host
- Risk and assurance systems
- Patient and community experience

To use the matrix:

1. **Assess current position** – For each key element, read across the maturity descriptions and identify the level that best reflects your current position.
2. **Confirm with evidence** – Ensure that you meet all the indicative statements for the level you select. Use available data, reports, and examples of practice to support your assessment.
3. **Set your improvement goal** – On the same row, draw an arrow to the right to the maturity level you aim to reach within the next 12 months.
4. **Develop an action plan** – Use the identified gaps between current and target maturity levels to plan specific actions for development – such as strengthening leadership, refining governance structures, or enhancing patient involvement.
5. **Integrate and monitor progress** – Revisit the matrix regularly (e.g., annually) to review improvements, update your assessment, and maintain alignment with host governance frameworks and the wider system.
6. **Engage stakeholders** – Use the results to prompt discussion between board members, executives, and host organisations – ensuring a shared understanding of progress and priorities.

MATURITY MATRIX TO SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF LOCAL PLACE-BASED NEIGHBOURHOOD BOARDS IN HOSTED ARRANGEMENTS

A maturity matrix developed by GGi

TO USE THE MATRIX: IDENTI1Y WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE RIGHT TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS

PROGRESS LEVELS ▶ / KEY ELEMENTS ▼	1 HIGHLY IMMATURE The unaware governing body	2 EMERGING MATURITY The awakening governing body	3 MATURING The focusing governing body	4 MATURING The envisioning governing body. Getting results	5 MATURING The aligned governing body	6 MATURE The structured governing body	7 HIGHLY MATURE The exemplary governing body
AGENCY ▶ (capacity to act independently and make choices).	Lacks agency and lets others control its actions. externally and rear-view focused. Not responsible for failure.	Externally focused. Others control its actions - regards itself as an actor	Internally focused and beginning to control its actions.	Has agency in its work and has developed a shared vision, goals and strategies.	High degree of agency, coordination and collaboration.	Understands and values the rights and responsibilities that comes with agentic leadership.	Highly agentic and benefits from exceptional leadership. It is internally and externally focused, forward looking.
VISION AND STRATEGY ▶	No clear vision, strategic direction or understanding of its roles and responsibilities. Lack of direction, disconnected decision-making, and an inability to inspire or guide the organisation.	Remains focused on past issues, lacking confidence, skills, and experience. Inconsistent, with frequent shifts in priorities and a lack of coherent long-term vision, causing confusion. First steps to developing a strategy.	Formulates a clear and strategic vision with goals and objectives using the JSNA and with input from the Health and Wellbeing Boards as first steps in creating a strategy. Still reacts to immediate issues rather than proactively planning.	An agreed strategy starts to turn goals into actionable steps that align with the overall vision. General strategic direction and oversight but still lacking in proactive innovation and overt linkage to JSNA.	Emphasises coherence and consistency with the vision across operations and with partners and has been shaped by the JSNA. Regular reviews and updates of strategic plans, though occasionally struggles with timely execution and responsiveness.	Visions integrated throughout processes and practices from the outset – not 'bolted-on'. Well defined objectives and robust planning processes, supporting the organisation to remain focused and adaptable.	Vison supports board to remain dynamic and responsive to changes while consistently achieving its goals. Consistently provides visionary and forward-thinking leadership, setting clear, long-term goals and effectively guiding the organisation towards achieving them.
STRUCTURES/IN TEGRATION ▶	Roles and responsibilities assumed but are not well defined.	Starts to recognise its importance and basic structures ie board, management team begin to form. Initial roles and responsibilities being defined.	Develops a clear structure. Committees or sub-groups established to focus on specific areas. Routine reports established.	Structures become more formalised, with clear reporting lines and accountability mechanisms. Neighbourhood values the legitimacy of the board.	Structures are robust and audited, with well-defined roles, responsibilities, and governance frameworks. Application of performance metrics. Values regular external reviews.	Effectively coordinates and manages its operations with a high level of integration across different functions.	Board is able to demonstrated value creation and other areas of impact on the organisation through its work.

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NEIGHBOURHOOD LEADERSHIP ▶	No clear leadership arrangements in place.	Managerial and board neighbourhood leadership in place. Executive sponsor from host agreed. Decisions sometimes unilateral with little involvement from key stakeholders.	Community and clinical involvement in leadership and direction starting to become apparent. Roles for governing body and management specified.	Shows competence in managing short term and rear-view leadership but lacks innovation and long-term planning.	Starting to deliver the vision and strategic plan. Managerial aspects of remit 'owned' by clinical leaders as well as managerial leaders.	Leadership seen as legitimate and well-respected within the neighbourhood. Constructive relationship with host. Difficult decisions taken and stick.	Neighbourhood leadership models ethical approach. Consistently demonstrates transparency and accountability.
RELATIONSHIPS ▶ (within the neighbourhood and across the broader system)	Unclear, unmanaged and simply based on prior and individual relationships .	Forums starting to be arranged for main relationships ie between partners, with the host, etc.	Regular reporting practice in place between key actors.	Trust and dependability starting to be apparent. Leadership attentive to relationships and difficult conversations not shied away from.	Relationship is generally positive, with occasional disagreements that are resolved through constructive dialogue and compromise.	Clear relationships that support the division of responsibilities, between oversight and strategic direction, and day-to-day operations.	Strong, collaborative relationships maintained, characterised by mutual respect, open communication and highly aligned strategic goals.
CAPABILITY DEVELOPMENT FOR BOARD AND MANAGEMENT TEAM ▶	Neglected development. no commitment to improving capabilities or knowledge.	Minimal focus on capability development, with training or development opportunities not valued as a priority.	Needs assessment done and development agenda starting to be identified. First steps at PDP. Occasional 'one off' board development activity.	Board and executive development activities more routine, but not joined up or connected within a neighbourhood O/D plan and largely internally delivered.	Facilitated board and executive development programmes in place. Agreement around board and executive skills and experience needed.	Structured approach to ongoing capability development based on what the neighbourhood needs. Succession plan in place.	Actively invests in continuous learning and development, leveraging advanced training programs, expert consultations and regular performance evaluations.
UMBRELLA GOVERNANCE FROM HOST ▶	Little understanding of implicit governance accountability and reporting to the host. Little articulation of what host needs as part of governance arrangements.	Host governance arrangements understood but tend to be applied in a rigid way to the neighbourhood. Little reporting to host.	Hosted systems show a degree of co-development and moving on from 'one size fits all'. Level of knowledge in host governance arrangements by board and executive team.	Business partners or similar arrangements to enable neighbourhood to best access benefits of host's governance arrangements. Regular quality, digital and financial governance reporting .	Neighbourhood benefits from hosts oversight, for example inclusion in internal audit studies and regulator preparedness arrangements.	Host governance policies routinely take into account the particular needs of functioning neighbourhoods. Host's governance not felt to 'get in the way' of neighbourhood's own agency.	Neighbourhood feels a participating part of the hosts governance arrangements – for example work used in 'deep dives' by assurance committees. Neighbourhoods able to escalate governance issues and get issues painlessly resolved.

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RISK AND ASSURANCE SYSTEMS ▶	Formal risk and assurance systems yet to be established.	The neighbourhood has set out its commitment to risk management, clinical quality and safety. There are metrics in place designed to provide assurance on compliance with national guidelines and applicable guidance, standards and targets.	Risk systems are aligned to neighbourhood There is a described and communicated system from front line to the board, which allows for the identification of risks to clinical and care quality, the monitoring of risk management actions and escalation.	Challenge on clinical issues debated in the executive and board. Potential internal and external system failures affecting clinical quality and safety are identified in risk registers and mitigated appropriately.	Issues are systematically identified and addressed without regulatory input. There are no surprises or resistance when data is requested, inspected or challenged. CIPs are quality tested. Few risk scores need change or challenge.	National clinical standards and targets are consistently achieved. Neighbourhood systems for tracking compliance and monitoring actions plans are in place and functioning. Risk scores are reducing. Information emerging through the risk system triangulates with other data from governance reporting.	The neighbourhood provides benchmark data externally and welcomes comparison and inspection. Other neighbourhoods visit to learn about our best practice approaches.
PATIENT AND COMMUNITY EXPERIENCE ▶	There are no agreed systems in place to understand patient or community experience.	The neighbourhood understands the importance of involving patients, carers, families and the local community in decision-making. This has been promoted in documentation.	There is a patient and public involvement plan in place. The neighbourhood executive see themselves as responsible for reviewing practice and performance on complaints management and learning.	Mechanisms are in place to ensure that patient feedback is routinely collected. Patients are carers are engaged and feel confident providing their feedback to the organisation.	Patient experience and complaints targets are being met. Patients report confidence in the responsiveness and effectiveness of the service experienced. Performance against service user involvement standards and outcomes is recorded and improving.	Development and improvement programmes routinely engage patients and this is demonstrably driving improvement. The neighbourhood can demonstrate that it learns from the triangulation of patient experience data with other quality measures and across services. Tangible benefits are evidenced.	Lessons on engagement and improvement are shared beyond the neighbourhood.

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