Glossary

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The words in the glossary have been included to explain their specific meaning in the context of these regulatory standards. The meaning might expand on or be slightly more nuanced than the dictionary meaning of some of these words.

Best interest decision: a decision made for and on behalf of a person who has been assessed as lacking capacity to make a decision at that time. This is one of the key principles underpinning mental capacity legislation across the United Kingdom.

Caseload: a caseload refers to the people served and all the activities involved in supporting people requiring care from community nursing services over a specified period in a specified locality.

Community assets: resources that can be used to contribute to developing and improving local health and wellbeing. It may include people and their knowledge, skill, networks and relationships, physical structures, local services, businesses, charities and funds.

Community nursing: care provided by nurses in the community including but not limited to nursing care provided where people live, at home or close to home, in adult social care settings, educational settings, primary care, community clinics, outreach centres, health and justice and other community settings or establishments.

Concordance: an agreement reached after negotiation between a person receiving care and a healthcare professional that respects the beliefs and wishes of the person, for example, in determining whether the plan of care is being carried out as agreed, or when and how medicines are to be taken.

Co-design: in health and care involves the equal partnership of representative professionals, people or groups of people who come together to design care pathways, develop new pathways and revise existing services, models or systems.

Co-produce: a partnership approach which brings people together to find shared solutions and involves partnering with people from the start to the end of any initiative or change that affects them.

Cultural competence: demonstrating the knowledge, skills and behaviours that are respectful of and responsive to the cultural needs of diverse people and communities when providing health and care services.

Determinants of health: includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Evidence-based care: care given that reflects up to date evidence in the area, making sure it takes into account the personal abilities, needs and preferences of the person. It also includes the nurse making a personal judgement based on experience, observations and the abilities, needs and preferences of the person when evidence is limited.

Health literacy: the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Holistic assessment: collection, analysis and sorting of multiple sources of observation and information about a person or people to inform interventions to improve health. The focus is on the whole person, not just a potential or actual illness.

Nominated person: in parts of the UK, the role of nominated person exists in mental health/capacity legislation. This is someone that an individual selects to represent them. If the person lacks capacity to nominate, an interim nominated person will be appointed by an approved mental health professional (AMHP) until the person has capacity to make their own nomination. In Scotland the equivalent term is 'Named person'.

People: individuals, groups or populations who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, nominated persons, also including educators and students and others within and outside the learning environment.

Person-centred: where the person is at the centre of decision-making, focusing care on the abilities and needs of a

person, ensuring that people's preferences, abilities, needs and values guide clinical decisions, and providing care and support that is respectful of and responsive to them.

Principle of presumption of capacity: one of the five key principles under the mental capacity legislation of the United Kingdom. The principle states that every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means we can't assume that someone can't make a decision for themselves just because they have a particular medical condition or disability.

Specialist practice: surpasses the expectation of the standards of proficiency for registered nurses in areas such as assessment, diagnosis, decision-making, care planning, coordination of care and care delivery specific to a particular person, context, setting or client group.

Transition of care: transitions of care are an integral part of a person's journey across health and care systems. Transition of care is recognised to pose risks for a number of reasons. Managing the coordination and transition of people safely and effectively from one place of care to another, or between different professionals, therefore requires effective collaboration to ensure seamless, risk-free, person-centred continuity of care. This may include: transition from children and young people services to adult care services, from primary and community focused care to specialist inpatient care provision, from home to adult social care, from home to hospice care or transfer of care from a professional in one discipline to another professional in a different profession.

Vulnerable people: people who may be vulnerable at a particular time and in particular situations (but not in others), due to their personal characteristic(s), situation(s) or neglect, and therefore at a higher risk of potential or actual harm. The type of harm may be emotional, physical, sexual, psychological, material or financial.