The review found little empirical evidence that HCAIs are managed in hospices, and concluded that the management of HCAIs in hospices is a misnomer. The broad purpose of this study was not to judge infection prevention and control practices in hospices, but to trigger thought and debate, and to develop collaborative approaches to HCAIs.

The study recommends further qualitative research based on patient perceptions, on the impact of HCAIs, and on infection prevention and control strategies. This knowledge could be used to inform strategies and interventions for palliative care patients.

**Aim** To meet growing demand for dietetics with a newly created dietetic assistant post.

**Results** Following scoping and recruitment to the post, training was provided through case studies, supervision and e-learning. Since recruitment it has been possible to:

- Further develop resources including a range of ‘Handy Hints’ (printed and web-based)
- Provide timely first-line dietetic interventions for patients and carers.
- Better support the specialist nurses.
- Streamline the use of oral nutritional supplements saving costs for the CCG.

A tool to identify patients requiring referral to the specialist dietitian for complex management has been validated and introduced.

Patient feedback in the form of patient evaluation and outcome measures have demonstrated the positive impact of the new service.

**Conclusion** To our knowledge this is the first hospice-based dietetic assistant post in the UK. Supervised by the specialist dietitian, this post has been better able to meet patient’s needs. Similar posts across the UK would assist in meeting the growing demands of clients requiring supportive care who would benefit from diet modifications to maximise quality of life.