

## Undetermined Mark Pathway Portsmouth City, Southampton City, SE Hampshire and SW Hampshire

This pathway is for non-mobile infants (infants aged 0-6 months) who are covered by the Coral Clinic in Portsmouth or the Magnolia Clinic in Southampton for in-hours child protection medical assessments. Please see page 5 of the HIPS Procedures document, '[Arranging a child protection medical](#)' for geographical areas covered by these clinics.

This pathway runs alongside the HIPS [Infant Bruising and Injury Protocol](#) and offers an alternative for infants **where healthcare practitioners think they are seeing a birth mark, or other potentially non-concerning mark**, but can't be sure it is not a bruise or injury. **If any practitioner thinks they are seeing a bruise or other concerning injury** the [Bruising and Injury Protocol](#) must be followed

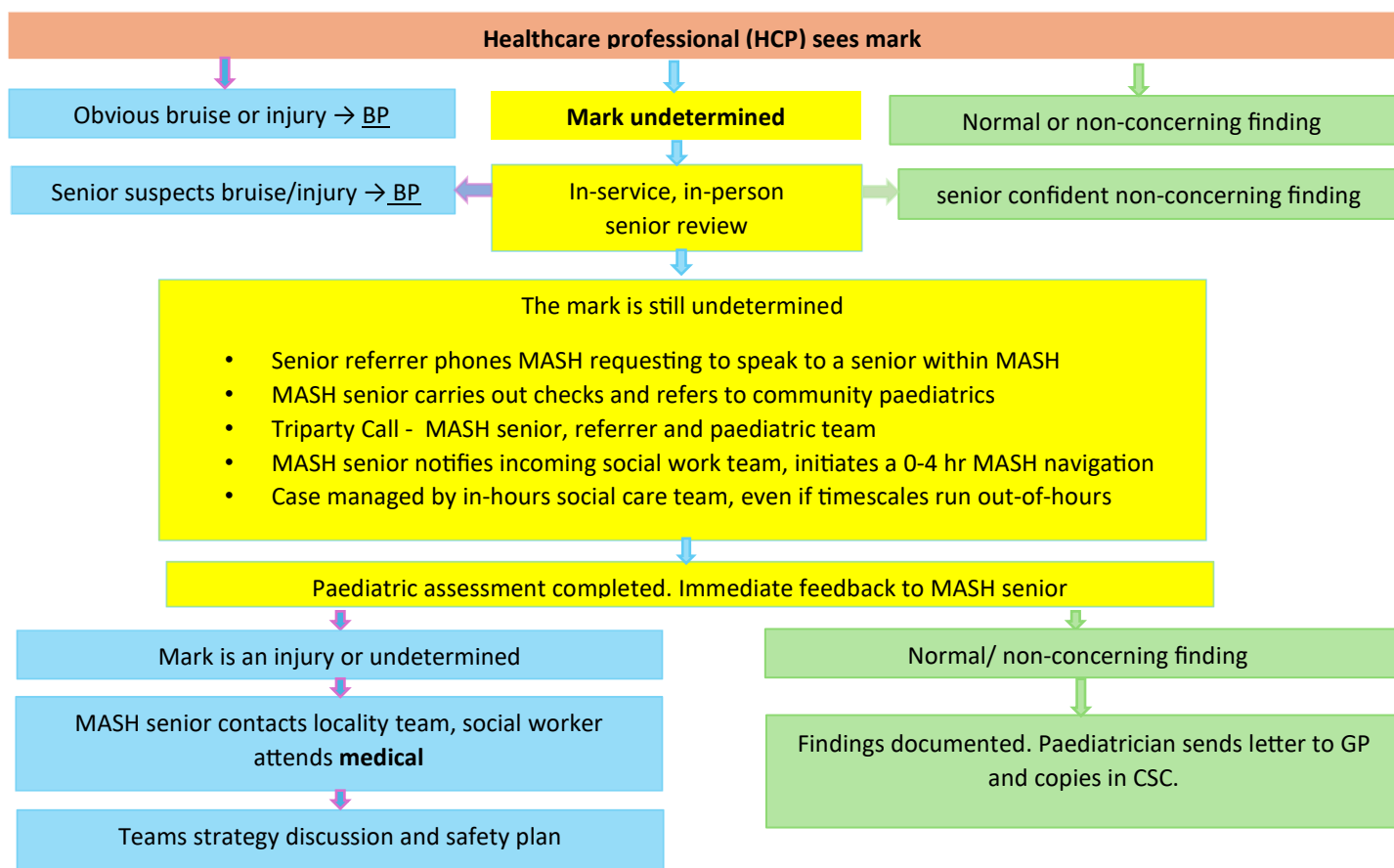
The pathway was piloted in Portsmouth in 2022-2023 and included:

- Body maps completed for all newborns, whether or not they have any skin markings
- In-service senior review within midwifery, health visiting and primary care teams
- MASH seniors, referrers and paediatric teams discuss together, and, if all are in agreement, paediatric assessment is conducted without opening a section47 assessment. The paediatricians feedback to in-hours children's social care (CSC) teams following assessment and decisions about any CSC or police investigations are made at this point.

The pathway was successful, resulting in significantly fewer referrals into MASH, a better experience for families whose infants don't have concerning injuries, and there was no evidence that injuries were missed or that there were delays in CSC and police investigations.

The pathway was rolled out to SE Hants and to Southampton City in 2024-2025 and implementation is planned in SW Hants from 1<sup>st</sup> December 2025, with implementation to be considered by Isle of Wight and North Hampshire teams in 2026.

### The pathway: summary (see over for detailed pathways for each MASH/CRS)



## Pathway for Portsmouth City Multi-Agency Safeguarding Hub (MASH)

Healthcare professional (HCP) sees a non-mobile infant with a previously unreported mark.

**Probable bruise or injury.** Follow [bruising and injury protocol](#)

HCP sees what they think is a birthmark, birth injury or other non-concerning mark, but need advice to be sure

The HCP is confident this is a **normal finding**, birth mark or birth injury. Mark documented on body map and in Personal Child Health Record.

**Senior finds probable bruise or injury.** Follow [bruising and injury protocol](#)

HCP seeks guidance and senior review; senior should see the infant in person ASAP the same day. 'Senior' = an experienced, registered professional. If senior sees the mark they don't need 2<sup>nd</sup> opinion

The senior is confident this is a **normal finding**, birth mark or birth/medical injury and documents as above.

**The mark is still undetermined.**

- HCP explains to person with parental responsibility that contact will be made with children's social care and urgent paediatric opinion sought to assess the mark.
- Health senior phones MASH **requesting to speak to a MASH senior** with their assessment. If the mark was discovered at a home visit, the phone contact should be made from infant's home/ area near home, rather than waiting for the HCP to go back to their base. An Inter-agency contact form should be completed as soon as possible afterwards.
- The MASH senior carries out system checks and makes referral made to Coral Clinic child protection on call team by submitting usual [request form](#) AND by phoning the paediatric on call team on 0300 300 2013 **requesting a Triparty call, giving phone numbers for referrer and MASH senior**
- Paediatric team set up Triparty Call with MASH senior and referring HCP for a joint decision on whether the bruising protocol or 'Undetermined Mark Pathway' should be followed. If concerns, default will be to follow [HIPS LSCP infant bruising and injury protocol](#). Risk factors must be discussed to decide if safety plan is required.
- During Triparty call paediatrician sets time for medical assessment within 4 hours of time of referral. The **referring health practitioner** conveys the time and location of the medical to the family.
- MASH senior notifies incoming social work team, initiates a 0-4 hr MASH navigation, and advises the social care team of the time of the medical with CPMS so that they can allocate a social worker to attend the hospital at short notice if required.
- MASH senior, locality social worker and paediatrician to share direct contact details **including mobile phone numbers, individual work and departmental email addresses** for case management purposes.
- **All MASH contacts received between 08:30 and 17:00 (16:30 on Friday) are managed by locality in-hours social care team until the paediatric assessment is complete, even if timescales run out-of-hours.**

Paediatric assessment completed. Immediate feedback to MASH senior from paediatrician by telephone and email.

Paediatrician finds that mark is an injury or is still undetermined.

MASH senior contacts locality team, who are on standby, for social worker to go to the medical assessment venue **immediately**

Teams strategy discussion with paediatrician, locality social work team manager and police. Safety plan is agreed for social worker to discuss with family.

Paediatrician finds mark is not of concern e.g., birthmark or birth injury, (or agreement that injury is

Findings are documented on a body map and in Personal Child Health Record.

Paediatrician calls MASH/social work senior and emails to convey their opinion. No PPOF is required.

Paediatrician writes a letter to the GP to advise of medical and findings.

## Pathway for Southampton City Childrens Resource Centre (CRS)

**Healthcare professional (HCP) sees a non-mobile infant with a previously unreported mark.**

**Probable bruise or injury.** Follow [bruising and injury protocol](#)

**Senior finds probable bruise or injury.**  
Follow [bruising and injury protocol](#)

The HCP sees what they think is a birthmark, birth injury or other non-concerning mark, but need advice to be sure

HCP seeks guidance and senior review. HCP should see the infant in person ASAP, the same day by 3pm. If senior sees the mark they don't need 2<sup>nd</sup> opinion. 'Senior' = an experienced, registered professional (for FNP – supervisor or SPOC)

The HCP is confident this is a **normal finding**, birth mark or birth injury. Mark documented on body map and in Personal Child Health Record.

The senior HCP is confident this is a **normal finding**, birth mark or birth/medical injury and documents as above.

### The mark is still undetermined

- HCP explains to person with parental responsibility that contact will be made with children's social care and urgent paediatric opinion sought to assess the mark.
- HCP makes immediate telephone contact to Childrens resource service (CRS) 02380 832400 (option 2 – professionals' line) requesting to **speak to information officer and clearly states contact is for the Undetermined Mark Pathway**. Name, DOB and NHS number of infant given. Online referral form is completed - state undetermined mark pathway is being followed.
- CRS complete care director checks including current/previous involvement with social care and assesses if any immediate actions are required to ensure the child's safety. If not, health professional can leave the family home or allow the family to leave the premises.
- Information officer discusses with Asst Team Manager in CRS and holds case as open contact to CRS. Referral made to Magnolia Clinic child protection on call team by submitting usual [request form](#) AND by phoning the paediatric on call team on 0300 123 6662, **requesting a Triparty call, giving phone numbers for referrer and CRS assistant team manager**
- Paediatric team set up Triparty Call with referring HCP and assistant team manager in CRS for a joint decision on whether the bruising protocol or 'Undetermined Mark Pathway' should be followed.
- If concerns, default will be to follow [HIPS LSCP infant bruising and injury protocol](#). Risk factors must be discussed to decide if safety plan is required.
- During Triparty call paediatrician sets time for medical assessment within 4 hours of time of referral. Confirms contact details for CRS, referrer and family (telephone and email).
- If case likely to run after 5pm confirm who will take over case from CRS perspective – out of hours contact and numbers shared.
- The **referring HCP** conveys the time and location of the medical to the family

Paediatric assessment completed. Outcome shared via telephone and email with CRS team (if out of hours- share with out of hours team) and with referring HCP

Paediatrician finds that mark is an injury or is still undetermined.

CRS team accepts referral on child's record and liaises with appropriate social care team **urgently** for social worker to be sent immediately to the venue where the assessment is being

Teams strategy discussion with paediatrician, locality social work team manager and police. Safety plan is agreed for social worker to discuss with family.  
Outcome sent to HCP (HV/FN/MW/GP generic email address)

Paediatrician finds mark is not of concern e.g., birthmark/birth injury or agreement injury is accidental

Findings are documented on child's electronic health record, a body map and in Personal Child Health Record. Record, stating rationale and assessment.

No PPOF is required

Paediatrician writes a letter to the GP to advise of medical and findings.

## Pathway for Hampshire Multi-Agency Safeguarding Hub (MASH) – SE Hants and SW Hants

**Healthcare professional (HCP) sees a non-mobile infant with a previously unreported mark.**

**Probable bruise or injury.** Follow [bruising and injury protocol](#)

**Senior finds probable bruise or injury.**  
Follow [bruising and injury protocol](#)

The HCP sees what they think is a birthmark, birth injury or other non-concerning mark, but need advice to be sure

HCP seeks guidance and senior review. HCP should see the infant in person ASAP, the same day by 3pm. If senior sees the mark, they don't need 2<sup>nd</sup> opinion 'Senior' = an experienced, registered professional (for FNP – supervisor or SPOC)

The HCP is confident this is a **normal finding**, birth mark or birth injury. Mark documented on body map and in Personal Child Health Record.

The senior HCP is confident this is a **normal finding**, birth mark or birth/medical injury and documents as above.

### **The mark is still undetermined**

- HCP explains to person with parental responsibility that contact will be made with children's social care and urgent paediatric opinion sought to assess the mark.
- HCP (senior) or Family Nurse phones MASH **+443707794240 TM. (08.30-3.30)** If the mark was discovered at a home visit, the phone contact should be made from infant's home/ area near home, rather than waiting for the HV /FN to go back to their base. If the contact is in a community setting the phone contact should be made from the venue
- MASH/ Family Help team manager carries out system checks and creates a contact –and makes referral made to relevant child protection on call team by submitting usual [request form](#) which contains contact details for the paediatric teams on the back page, AND by phoning the paediatric on call team **requesting a Triparty call, giving phone numbers for referrer and MASH senior MASH TM/Family Help TM**
- Paediatric team set up Triparty Call with MASH TM/ Family Help TM and referring HCP for a joint decision on whether the bruising protocol or 'Undetermined Mark Pathway' should be followed. If concerns, default will be to follow [HIPS LSCP infant bruising and injury protocol](#). Risk factors must be discussed to decide if safety plan is required.
- During Triparty call paediatrician sets time for medical assessment within 4 hours of time of referral. The **referring HCP** conveys the time and location of the medical to the family –
- MASH TM/ Family Help TM notifies incoming social work team, initiates 0-4 hr MASH information sharing, and advises the social care team of the time of the medical with CPMS so that they can allocate a social worker to attend the hospital at short notice if required.
- MASH TM/ Family Help TM, referrer locality SW worker and paediatrician to share direct contact details **including mobile phone numbers, SW work email, and departmental email addresses** for case management purposes.
- An Inter-agency referral form / contact form should be completed as soon as possible afterwards
- All MASH contacts received between 08:30 and 17:00 (16:30 on Friday) are managed by locality in-hours social care team until the paediatric assessment is complete, even if timescales run out-of-hours.**

Paediatric assessment completed. Immediate feedback to MASH TM/ Family Help TM from paediatrician by telephone and email.

Paediatrician finds that mark is an injury or is still undetermined.

CSC team on standby asks a social worker to go to the medical assessment venue **immediately**

Teams strategy discussion with paediatrician, locality social work team manager and police. Safety plan is agreed for social worker to discuss with family.  
Outcome sent to HCP (HV/FN/MW/GP generic email address)

Paediatrician finds mark is not of concern e.g., birthmark/birth injury or agreement injury is accidental

Findings are documented on a body map and in Personal Child Health Record.

Paediatrician calls MASH TM/FH allocated team and emails PPOF to convey their opinion.

Paediatrician writes a letter to the HCP (GP /HV /FNP/MW) to advise of medical and findings.