

Risk	Description	Likelihood	Impact	Mitigation	Residual Risk
Sampling bias in the focus group	Participants in the focus group are recruited through Solace, a support group for people with sickle cell disease. This means participants are self-selected, already engaged with peer support and potentially more confident in articulating their experiences than patients who are not connected to such groups.	Very high	Findings may over-represent the experiences of more engaged or confident patients and may not fully reflect the views of people who are less connected, less confident or more marginalised.	Exercise caution in generalisation of findings. Triangulate focus group data with Enter and View findings across wards and settings. Look for recurring themes rather than individual accounts. Clearly acknowledge this as a limitation of the research.	Medium
Exclusion of disengaged patients	Patients who have completely disengaged from healthcare services are unlikely to participate.	Very high	The experiences of people who have lost trust in services or avoid care altogether may be under-represented, potentially underestimating the severity of negative experiences.	Exercise caution in generalisation. Interpret avoidance of services as a finding in itself where described by participants. Triangulate with national evidence and patterns across settings; acknowledge as a limitation of the research.	Medium
Distress to participants in the focus group	Participants with lived experience of sickle cell disease may be unwell, in pain or recounting distressing experiences.	Medium-high	This may affect how long they are able to speak to us for, the depth of their responses and their emotional capacity to recount difficult experiences. This may reduce the depth and richness of data collected.	Participation is voluntary. Participants can stop anytime. Participants in the focus group can share in a peer-supported environment. Focus group facilitators and authorised representatives are experienced in holding sensitive discussions, allow participants to pause or opt out of questions and prioritise wellbeing over data collection. Analyse data thematically across participants rather than rely on any single account, mitigating the impact of shorter or partial contributions.	Low
Enter and View visits are a snapshot	Enter and view visits capture experiences at a single point in time.	Very high	Visits may not reflect variation in experience during periods of higher pressure, different staffing levels or different times of day or week.	Exercise caution in generalisation. Triangulate findings with focus group evidence and staff accounts. Look for consistency of themes across settings. Explicitly recognise this as a limitation of the research.	Medium
Distress to ward patients during EV visits	Participants with lived experience of sickle cell disease may be unwell, in pain or recounting distressing experiences.	Medium-high	This may affect how long they are able to speak to us for, the depth of their responses and their emotional capacity to recount difficult experiences. This may reduce the depth and richness of data collected.	Participation is voluntary. Participants can stop anytime. Authorised representatives are experienced in holding sensitive conversations and can maintain a patient-led, flexible approach. Analyse data thematically across participants rather than rely on any single account, mitigating the impact of shorter or partial contributions.	Low
Safeguarding	Patients may disclose unsafe care or serious harm.	Low	Failure to respond appropriately could place patients at risk or breach safeguarding responsibilities.	Brief facilitators and authorised representatives on safeguarding procedures; identify safeguarding leads and contact details in advance of focus group and Enter and View visits; record and escalate concerns in line with Healthwatch safeguarding policy.	Low
Desirability bias (patients)	Patients may feel reluctant to criticise care while still receiving treatment and being dependent on staff. Some may moderate their feedback due to fear of repercussions.	Medium	Patient feedback may understate problems or avoid direct criticism of staff or services.	Clearly explain Healthwatch's independence from the hospital. Reassure participants of anonymisation. Triangulate findings across patients and settings. Include staff's perspective to offer a balanced view.	Low
Desirability bias (staff)	Staff may present care in a more positive light than usual practice	Medium	Staff accounts may under-represent pressures, challenges or inconsistencies in care delivery.	Clearly explain Healthwatch's independence from the hospital, assure participants of anonymisation and cross-reference accounts across staff and settings. Balance staff's accounts with patient perspective.	Low
Risk to patient dignity and confidentiality	Risk of identifying individuals through quotes or detailed accounts.	Medium	Breach of confidentiality could cause distress or loss of trust.	Do not record personal identifiers; do not publish any detail that may enable identification of a patient; anonymise quotes; report findings at a thematic level. Refer to staff generically rather than by role or title.	Low
Risk to staff relationships and morale	Staff may feel criticised or blamed by findings.	Medium	Findings could negatively affect morale or relationships between staff and the organisation.	Frame discussions as learning-focused, not as performance management. Report staff perspective alongside patient's one to provide a balanced perspective. Frame recommendations as opportunities for improvement.	Low
Reputational risk	Findings could be perceived as negative or critical of local services.	Low	Potential damage to organisational reputation or defensiveness from stakeholders.	Highlight examples of good practice alongside areas of improvement to provide a balanced view. Contextualise findings within the all-parties 2021 parliamentary report. Frame recommendations as opportunities for improvement, proportionately and constructively.	Low