

Witness Name: Cyrilia Knight

Witness Number: WITN7767001

Dated: 28 April 2025

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF CYRILIA KNIGHT

I provide this statement in response to a request under Rule 9 of the Inquiry Rules, dated 14 April 2025.

I, Cyrilia Knight, c/o Saunders Law will say as follows: -

1. I am a solicitor, Partner and Head of the Public Inquiries team at Saunders Law. I have been the Recognized Legal Representative for four core participants ("my clients") for the duration of this Inquiry.
2. As the Inquiry will recall, my clients were four men living with haemophilia during the hearings. Of this cohort, all contracted HIV and hepatitis C through infected blood, one has very recently died. He had submitted his application under the IBCA and was awaiting disbursement when he died.
3. My clients felt vindicated by Sir Brian Langstaff's report dated 20 May 2024 and welcomed the findings and recommendations made. For the first time in a long time they felt listened to, understood and hopeful for the future.
4. I have not yet provided substantive legal representation to any of my clients in respect of their claims to be submitted to the Infected Blood Compensation Scheme (the "Scheme"). Instead, I make this statement based on their instructions to me on the same.
5. Only two of my clients have been invited to submit a claim under the Scheme with the second cohort of clients called by the IBCA for claims assessment so far.

6. Each of my clients' physical health has been significantly impacted by their infection with contaminated blood. The nature of my clients' current physical health varies from person to person.
7. To date, my clients' experiences of the Scheme have been characterised by frustration. As noted above, one out of my two clients who were invited to submit applications has recently tragically passed away.
8. My client who recently passed away had submitted his application to the Scheme before he died. Prior to his death, my client had vocalised to me his concerns about the scheme. His main concern with the scheme was the lack of representation for Claimants. He was very clear that the Claimants required and should be entitled to fully funded independent legal representation. He was aware that his claim (and that of others) was complex, and his medical history associated with his infection spanned decades. He had explained this personal history to me as his RLR over many years. He did not feel it was appropriate for him to re-explain this history to a "caseworker", who would then advise him on the different limbs and value of his claim. He did not want to be unnecessarily retraumatised by rehearsing his personal medical circumstances again with a new caseworker.
9. My client was adamant that he (and others) required independent legal representation of choice rather than new caseworkers, not only because of the complexity of his claim, but also because of how he and others had been unfairly treated by the Alliance House organisations. That treatment made clear the fundamental importance of independent legal representation for him to feel able to effectively engage with the IBCA team via his lawyers and trust the contents of the scheme.
10. Now that my client has died, his children have been informed that, as their father has passed away after he submitted his claim, but before he was made an offer of compensation. Their father's claim has now been withdrawn. My client's children have been informed that they now need to submit a new claim when the time comes, as an estate claim. No date has been set by the IBCA for when invitations will be made to submit estate claims.
11. My client had spent time and effort before he passed away, likely during periods of illness, to draft and submit his claim. His children now must wait an unknown period of time before they must begin the application process again.
12. The death of my client demonstrates the real-life consequences of the slow pace and delays of the Scheme.

13. My other client who has been invited to submit an application has begun the process of doing so. He is immensely frustrated by the delays in the process and the lack of clarity and explanation on issues with the Scheme as it currently operates, and which require a common sense approach.
14. Those of my clients who have not yet been invited to submit their claims have been left in the dark as to when they might be invited to submit their own claims. The lack of clarity fosters anxiety about how long the delay will be for them. This anxiety is compounded by their health conditions. One of my clients noted that, on an interpretation of the IBCA newsletters, which contain updates about progress with the scheme, that payments will be made for all those Claimants who have registered for the scheme by 2031 (if the IBCA works at double its current speed) or 2028 (if the IBCA works at quadruple its current speed). I note that the IBCA have committed to pay the bulk of infected persons by the end of 2027 and to pay the bulk of affected persons by the end of 2029, but my clients are unsure how these targets will realistically be met.
15. In summary, my clients have expressed concerns about the Scheme. They are concerned about the length of time it is taking for claims to be processed and payments to be made. They are also concerned about the adequacy of the Scheme's provision for independent legal representation. I note that under the current proposed arrangements, the Claimants have to pay privately for legal representation in the event that they wish to appeal their offer of compensation. That cannot be right. Equally, it is important that Claimants have access to counsel's advice in relation to their claims, in addition to the assistance of solicitors.
16. My clients have concerns about the structure of the Scheme, to the extent that it may not be set up in a way to adequately compensate the Claimants for their loss. I will elaborate on this further in my clients written submission ahead of the hearing in May.
17. My clients are genuinely concerned that caseworkers might not be motivated to act in their best interests. That caseworkers may instead be motivated to keep the values of claims as low as possible, in order to minimise the final figure paid to the Claimants as part of the scheme, is a serious conflict of interest.
18. Notwithstanding that the Scheme now involves set tariffs and other bands for valuation, the claims which form part of this Scheme are often complex and high value. My clients consider it crucial that appropriate funding is allocated to enable independent lawyers adequate time to consider in detail the different aspects of a claim and its supporting

evidence. They believe that this will help to ensure that caseworkers do not miss or overlook any important information which might affect the value of a claim.

19. In closing, when thinking about the prospect of claimants dying before their claims are concluded, a practical measure that I consider could be implemented to address some of my clients' concerns is for the invitation of claims for submission to be informed by Claimants' proximity to death. The IBCA should already know the age of individual Claimants, as well as their diagnoses. All those claimants over the age of 75 could, for example, be prioritised for invitation.
20. I note that the IBCA is introducing an End of Life priority path for those Claimants with less than 12 months to live. This is a welcome development.
21. On top of that approach, the IBCA could devise a mechanism to allocate invitations for those who are "more likely to die sooner". This could be informed by factors including diagnoses, whether a Claimant has not achieved virus removal from the body and infection risk. For example, there will be those living with chronic infection (HIV+ and requiring treatment or HCV PCR+ with Cirrhosis or for whom HCV treatment is contraindicated or for whom successive treatment has failed). Although the IBCA should already have some of this information (because of interim payments made, the Skipton Fund etc), if they do not have this information for all those registered with the scheme, they can request it quickly in the same way that they request information about prognosis.
22. I do not profess to have a final version of any mechanism to allocate priority invitations, but I suggest that this is something that those involved with the management of the scheme can facilitate quickly. Those with a limited life expectancy due to infection deserve every effort to be made in this regard. It is imperative that the Scheme process is streamlined so that the Claimants can live out the remainder of their lives in the dignity that they deserve.

Statement of Truth

I believe the content of this statement to be true.

Signed.....

GRO-C

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Dated.....28 April 2025.....