

Freedom of Information Act 2000 (Section 50)

Decision Notice

Date: 1 September 2010

Public Authority: Cardiff and Vale University Health Board
Address: University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Summary

The complainant requested copies of two "hospital investigations" into the treatment of a deceased individual. The public authority refused to respond to the request and stated that it was both vexatious and repeated. The Commissioner finds that the request was vexatious and did not therefore go on to consider whether it was repeated. The Commissioner finds that the authority correctly applied the provisions of the Act.

The Commissioner's Role

1. The Commissioner's duty is to decide whether a request for information made to a public authority has been dealt with in accordance with the requirements of Part 1 of the Freedom of Information Act 2000 (the "Act"). This Notice sets out his decision.

Background

2. The complainant's information request was made to Cardiff and Vale NHS Trust, which is now part of Cardiff and Vale University Health Board. All functions, including the handling of this request, were transferred to the new Health Board with effect from 1 October 2010. Although the request was made to the Trust before its functions were transferred to the Board it has been necessary to serve the Notice on the Board because the Trust no longer exists as a legal entity. For the

sake of clarity, references to the Board in this Notice refer to the Trust, as it was before 1 October 2010, and the Board since that date.

3. There is a history of correspondence between the complainant and the Board in relation to the treatment and subsequent death of the deceased individual. Over the course of a period of almost thirteen years the complainant has made (and continues to make) allegations of clinical negligence on the part of the Board and the clinicians who treated the deceased. The basis of her argument appears to be that a particular drug should have been prescribed to the deceased person and the fact that it was not amounts to negligence. The complainant has previously taken unsuccessful legal action against the Board and a number of clinicians.
4. The Board maintains that all information regarding its investigations into the complainant's "various complaints and allegations" has been disclosed to her. The complainant disputes this position.

The Request

5. On 15 September 2009, the complainant wrote to the Board referring to its refusal to let her "have the results of two hospital investigations" into the circumstances surrounding the death of a named individual. The complainant stated that she had first requested the reports in "late 2005". The complainant also referred to alleged negligence on the part of unnamed doctors.
6. On 24 September 2009, the Board responded to the complainant's request and stated that it had investigated "the various complaints and allegations" she had made about the circumstances of the death of a named individual and that it had previously provided her with the findings of those investigations. The Board went on to state that the complainant had persisted with her correspondence and enquiries "to the point where the Board has advised you that it will not enter into any more correspondence". The Board stated that its position had "also been explained to the satisfaction of the Public Services Ombudsman for Wales".
7. The Board went on to state that the complainant's request under the Act was considered "a vexatious and repeated request for information already provided to you". As such, the Board cited section 14 of the Act as the reason it was refusing to comply with the request. The Board stated that it was only responding to the complainant's letter of 15

September 2009 because she had not previously made a request under the Act.

8. The complainant wrote to the Commissioner twice on 1 October and again on 2 October 2009 expressing her dissatisfaction with the way the Board had handled her request. In line with the provisions of section 50(2)(a) of the Act, the complainant was advised that she should ask the Board to review its decision before bringing a complaint to the Commissioner.
9. On 15 October 2009 the complainant wrote to the Board expressing her dissatisfaction with the way it had handled her request and the Board responded On 21 October 2009. The Board maintained its position that the request was "repeated and vexatious".

The Investigation

Scope of the case

10. On 14 December 2009 the complainant wrote to the Commissioner to complain about the way her request for information had been handled. The complainant specifically asked the Commissioner to consider the Board's refusal of her request for the results of an investigation it undertook in relation to the death of a named individual. The complainant stated that she disputed the Board's view that she had previously been provided with the information she requested.

Chronology

11. On 19 May 2010 the Commissioner emailed the Board with some preliminary queries regarding this complaint and he received a telephone call in response. The Board maintained its position that the request was vexatious and repeated and it was agreed that the Commissioner would email the Board with a request for detailed arguments to support its position. This email was sent on 21 May 2010.
12. On 20 May 2010, the Commissioner wrote to the complainant to clarify that his investigation would focus on the Board's application of section 14 of the Act. On 21 May 2010, the complainant wrote to the Commissioner stating that she had not received the results of the investigations that she had requested.

13. The Commissioner received the Board's supporting arguments on 19 July 2010. During the course of his investigation, the Commissioner requested further information from the Board and this was provided on 4 August 2010.

Analysis

Substantive Procedural Matters

14. The full text of the sections referred to can be found in the Legal Annex at the end of this Notice. The Board has argued that the request is both vexatious (section 14(1)) and repeated (section 14(2)) and the Commissioner has assessed the application of these subsections separately for the purposes of this Notice.

Section 14(1) of the Act – 'vexatious requests'

15. Section 14(1) of the Act provides that a public authority does not have a duty to comply with a request where it may be considered vexatious. As a general principle, the Commissioner considers that this section of the Act is intended to serve as protection to public authorities against those who may abuse the right to seek information.
16. Although there is no rigid test or definition of vexatious requests the Commissioner has produced guidance to assist public authorities in this area. The Commissioner's guidance states the following:

"Deciding whether a request is vexatious is a balancing exercise, taking into account the context and history of the request. The key question is whether the request is likely to cause unjustified distress, disruption or irritation. In particular, you should consider the following questions:

- Could the request fairly be seen as obsessive?
- Is the request harassing the authority or causing distress to staff?
- Would complying with the request impose a significant burden in terms of expense and distraction?
- Is the request designed to cause disruption or annoyance?
- Does the request lack any serious purpose or value?"¹

17. The Commissioner is also mindful of the following Information Tribunal decisions:

¹ http://www.ico.gov.uk/what_we_cover/freedom_of_information/guidance.aspx

- In the case of *Coggins v Information Commissioner* (EA/2007/0130), the Tribunal considered that “the number of FOIA requests, the amount of correspondence and haranguing tone of that correspondence indicated that the Appellant was behaving in an obsessive manner”.
 - In the case of *Betts v Information Commissioner* (EA/2007/0109), the Tribunal considered not just the request, but the background and history to the request as part of a long drawn out dispute between the parties. The request was considered vexatious when viewed in context as it was a continuation of a pattern of behaviour.
18. It is important to note that while the above cases and guidance provide a useful guide to assessing whether a request is vexatious, they do not provide a prescriptive test. In arriving at his decision on such matters, the Commissioner will assess each case on its own merits and is mindful of the Information Tribunal's decision in *Mr J Welsh v the Information Commissioner* (EA/ 2007/0088)(at paragraph 26), in which it pointed out that the threshold for vexatious requests need not be set too high.

The Board's position

19. In reaching its decision to treat the request of 15 September 2009 as vexatious, the Board considered the history and context of previous correspondence with the complainant and other contact, such as court proceedings instigated by the complainant. A summary of the key points raised by the Board are set out below.
20. In correspondence with the Commissioner, the Board stated that in 1997 the complainant commenced issuing letters alleging medical negligence to various members of its staff, including clinicians involved in the treatment of the deceased individual. The Board stated that all allegations made within the complainant's correspondence have been considered by the Board and the courts and that on each occasion the court has ruled that the allegations made by the complainant were unfounded.
21. In addition, the Board stated that the complainant has issued letters to individual clinicians at their home addresses even after some had retired. The Board stated that some letters have been hand delivered to clinicians at their home addresses and that this had caused distress to their family members. The Board also stated that some correspondence had been addressed to family members of a clinician

and that the complainant had obtained, or had attempted to obtain, the home addresses of clinicians who were no longer resident in the UK in order to continue to correspond with them.

22. The Board argued that the available evidence demonstrates that the complainant has undertaken an extended campaign against all those involved in the care of the deceased individual and continues to do so after her complaints have been shown to be unfounded.
23. The Board also alleged duplicity on the part of the complainant and stated that she has previously issued letters in the name of somebody else pretending to be that person. The Board also stated that in seeking expert medical opinion the complainant omitted any information about the deceased individual's medical condition.
24. The Board argued that the volume of correspondence issued by the complainant has caused distress to not only those involved in the care of the deceased individual but to their family members. The Board's view is that the correspondence issued by the complainant becomes progressively more threatening and intimidating in nature.
25. The Board also views the request as an attempt to reopen issues which have been raised several times before and stated that it is in effect the pursuit of a complaint by other means.
26. The Board summarised its justification for treating the request as vexatious as follows:
 - the request could be considered obsessive,
 - the request has caused harassment and distress to staff and family members,
 - the succession of requests have had the cumulative effect of harassing the Board,
 - the repetition of requests, already answered, has no serious value,
 - the requestor knows that she has received all the information she has requested,
 - even when provided with the requested information the complainant is convinced that what she has been provided with is not accurate or not genuine and the Trust and subsequently the Board have attempted to conceal information.

The complainant's position

27. In a letter to the Commissioner of 21 May 2010 the complainant stated that she had not received any "results from the NHS trust". She also set out the reasons that she required the information; namely that she wanted to make claims against the indemnity insurance of the clinicians involved in the treatment of the deceased person.
28. The complainant also asked the Commissioner if he would help her contact individual clinicians and insurance companies to assist her with claims against the indemnity insurance of medical professionals involved in the care of the deceased individual. Such matters are outside the remit of the Commissioner.

The Commissioner's position

29. The Commissioner has considered the arguments presented by the Board under the points raised in paragraph 26, above. The Commissioner notes that these are roughly aligned with the five areas for consideration set out in his guidance on this matter (see paragraph 16, above).
30. Before addressing these points the Commissioner considered it useful to briefly set out the context and history of the complainant's dealings with the Board.

Context and history

31. Based on the evidence the Board has provided to the Commissioner and the content of the complainant's correspondence that accompanied her complaint to him, there is clearly a long history of correspondence between the parties in relation to the deceased individual, his medical history and events leading to his death. The earliest correspondence the Commissioner has seen is dated 10 May 1997, in which the complainant sought general information from a clinician employed by the Board in relation to certain medicines. From that date, the nature of the correspondence from the complainant focuses on the treatment of the deceased individual and the complainant's belief that the individual in question was not monitored and treated effectively and that this amounted to negligence. The Commissioner notes that the complainant has made a number of claims through the courts against the Board and various clinicians.
32. On the basis of the history and context of this matter, the Commissioner's view is that there is a clear link between the

complainant's dissatisfaction with the Board's responses to her allegations of negligence, the legal action she has taken and the request for information of 15 September 2009.

Could be the request be considered obsessive

33. The Commissioner accepts that at times there is a fine line between obsession and persistence and although each case is determined on its own facts, the Commissioner considers that an obsessive request can be most easily identified where a complainant continues with the request(s) despite being in possession of other independent evidence on the same issue. Further, the more independent evidence available, the more likely the request can be characterised as obsessive although a request may still be obsessive even without the presence of independent evidence.
34. The Commissioner notes that the Board's refusal of the request of 15 September 2009 was the first occasion that the complainant's requests for information have been considered under the Act, the provisions of which did not come into force until 1 January 2005 (approximately eight years after the complainant began corresponding with the Board in relation to the death of the deceased person). It might therefore be argued that, as the Board had not previously handled her request under the provisions of the Act, the complainant had been disadvantaged because she had not been afforded the opportunity to pursue her request through all the appropriate channels. However, the Commissioner is mindful that the purpose of section 14 of the Act is to protect public authorities from those who might abuse the right to request information. He does not consider that, given the history and context of correspondence between the Board and complainant in this case, the matter need have previously been considered under the provisions of the Act in order for the Board to apply section 14(1).
35. The Commissioner has therefore considered in more detail the nature of previous complaints that the complainant has made to the Board, the outcome of those complaints and the outcome of the legal action taken by the complainant. He has also considered the information that has previously been provided to the complainant by the Board.
36. It is clear to the Commissioner that in this case the complainant believes the Board to hold information over and above that already disclosed to her. It is relatively straightforward to summarise the opposing views of the complainant and the Board in this matter; the complainant believes that the Board has denied her access to the "results of two hospital investigations" into the death of the deceased individual. The Board maintains that all information regarding any

investigations it conducted has previously been requested by the complainant and disclosed to her and her legal advisors. The Commissioner has therefore considered whether any further information is held by the Board.

37. The Board has informed the Commissioner that the investigations that were conducted into the death of the deceased individual were as follows:
 - An autopsy.
 - An investigation into a complaint made to the Board by the complainant in December 1997.
38. The Board has stated that the only other relevant information it holds are the medical records of the deceased person and it informed the Commissioner that these have previously been disclosed to the complainant. The Commissioner does not consider the medical records to fall within the scope of the request, which was for information relating to "investigations".
39. The Board informed the Commissioner that because the autopsy presented no suggestion of medical fault there was no further investigation into the circumstances surrounding the death, other than that conducted following receipt in December 1997 of a complaint on the matter.
40. The Board provided the Commissioner with a copy of a letter from the complainant to its Consumer Relations Manager dated 11 December 1997, in which she expressed dissatisfaction with the treatment provided to the deceased person and asked that her concerns be dealt with as a formal complaint. Due to the age of the correspondence in question, the Board no longer has a copy of its response to that complaint but it has provided correspondence that, in its view, demonstrates that such a response was provided.
41. It is unclear why the complainant believes that the Board undertook further investigations into the circumstances surrounding the deceased person's death. She has not provided the Commissioner with any evidence to support her view that she has been denied access to two hospital investigations.
42. Based on the evidence he has seen, including letters to and from the complainant that refer to the Board's investigation of her complaints and civil Claim Forms she submitted to the courts, the Commissioner is of the view that it is clear that the complainant has had sight of the results of the autopsy (for example the Commissioner has seen a letter

from the Board to the complainant dated 8 May 1997 from which it is clear that the complainant has seen the results of the autopsy) and the outcome of the Board's investigation into her complaint of 11 December 1997 (for example the complaint sent a letter to a clinician on 2 February 1998 in which she refers to having received a "reply from 'hospital enquiries'" regarding her complaint about the circumstances leading to the death of the deceased individual).

43. The complainant clearly believes that subsequent investigations into the death of the deceased person were carried out by the Board but it is not clear why she believes this to be the case. The Board's response to the complainant's request of 24 September 2009 does state that "the various complaints and allegations you have made about the circumstances of your husband's death have been extensively investigated at all levels" and this does give the impression that there may have been more than one investigation. However the Commissioner has sought clarification of the number of investigations conducted by the Board and its response is as indicated in paragraph 37, above.
44. The Board's referral to "various complaints and allegations" may refer to the numerous letters that the complainant has issued to a number of its employees since May 1997 and the responses to those letters; many of which were clinicians' responses to the complainant's queries about the treatment of the deceased person. The Commissioner has not seen any evidence that the Board undertook investigations further to those referred to in paragraph 37, above, and he is minded to accept that on the balance of probabilities, no further relevant information exists. The Commissioner considers that his findings in this area support the view that the request can be seen as obsessive.
45. The Commissioner has been provided with a sample of the correspondence that has been passed between the Board and the complainant in relation to the treatment of the deceased individual. As previously stated in this Notice, the earliest correspondence the Commissioner has seen is dated 10 May 1997 and the latest is dated 21 October 2010. The Board's view is that the correspondence it holds is too voluminous to copy in full and that to provide a schedule detailing that correspondence would involve a significant amount of work. Given that correspondence has passed between the parties over a 13 year period, the Commissioner is mindful that to require the Board to provide a comprehensive schedule, or a complete copy of all relevant correspondence and information, could expose it to the burden that section 14 of the Act is designed to prevent. He has therefore based his decision on the sample of correspondence and arguments provided by the Board.

46. The Commissioner is particularly mindful of the time period over which the complainant has continued to correspond with the Board and individual clinicians (this despite being asked in October 1997 to deal with only the Board's Director of Corporate Services or its legal advisers). The Commissioner notes that, despite the Board setting out its position fairly early on in this matter, individual clinicians continued to respond directly to the complaint's correspondence and he considers that this may have confused the complainant and led her to believe that they were happy to engage with her. However, the Commissioner notes that the complainant continued to correspond with clinicians – at times through letters sent to their home addresses – after they stated that they could not help her further with her enquiries and after she became aware that at least one clinician had retired.
47. The Commissioner also notes that the complainant has brought a number of civil claims against the Board and individual clinicians, all of which – so far as the Board has been able to provide details of the outcomes – have been struck out on the basis that they failed to disclose reasonable grounds for bringing a claim. The Board provided the Commissioner with a copy of an attendance note from December 2008 that was provided by the Solicitor representing the Board in the above claims. The note confirms that the District Judge explained to the complainant that claims of clinical negligence were very difficult to prove. The judge also asked whether the complainant had any independent medical evidence to support her views and explained that she would need such evidence in order to explain why her view that a certain drug was not prescribed to the deceased person amounted to negligence "in light of the knowledge of the doctors at the time". It is clear from the correspondence that the Commissioner has seen that the complainant has no such evidence and the attendance note clarifies that this is the case.
48. The Commissioner has also been provided with a copy of a note of an "Experts Meeting" in June 2001 that considered questions submitted by the solicitors of the defendant in a civil claim of negligence (brought by the complainant against the deceased person's GP) and the complainant's solicitors. The Commissioner is not an expert in the area of clinical negligence but the findings of two independent experts was that the first "authoritative advice" on the use of particular drugs was issued by the Department of Health in 1997, whereas the complainant's claim related to treatment provided circa "November 1991 to early 1994". The Board argued that the findings of the Experts Meeting refute the complainant's claim of negligence. The Commissioner makes no comment on whether the evidence supports or refutes the claim of negligence but his view is that the issue at the

centre of this complaint has clearly been explored by independent sources. The Commissioner is not aware whether the complainant has been provided with a copy of the meeting report but it would be reasonable to assume that she had access to it through her solicitors.

49. The Commissioner is not in a position to determine whether civil claims have a likelihood of success but it is clear from the evidence he has seen that the complainant is aware that she has no evidence to support her claim that the Board and/or clinicians acted negligently. Despite this, it is clear that she continues to try to engage the Board in correspondence on this matter when it has clarified that it considers that it has answered her queries and complaints in full and has nothing it is able to add to the information already provided to her.
50. The Commissioner appreciates that the complainant's view is likely to be that the results of investigations she claims to have been withheld from her might provide her with new evidence with which to bring claims against the relevant parties but, as he set out previously in this Notice, he does not consider that, based on the balance of probabilities, further information exists. Indeed this is rather a circular argument and is the reason that he addressed this issue earlier in this Notice. The Commissioner's view is that the complainant has been informed by the Board on more than one occasion of its view that all information it holds relevant to the death of the deceased individual has been disclosed to her. He considers that the complainant's insistence that further information exists with no apparent supporting evidence to support her view could, in itself, be considered obsessive.
51. The Commissioner considers that it is clear from the evidence available to him that the complainant has no intention of discontinuing correspondence with the Board or individual clinicians until she is successful in proving medical negligence against the Board or the clinicians involved in the care of the deceased individual. As such, he believes that the complainant is using the Act to draw out matters that has already been addressed by the Board and the courts. The Commissioner's view is that the request of 15 September 2009, when taken in the context of the voluminous level of correspondence over approximately a 13 year period, can be reasonably be considered obsessive.

Is the request harassing the authority or causing distress to staff?

52. The Commissioner's guidance on vexatious requests states that when considering this issue, "the focus should be on the likely effect of the request (seen in context), not on the requester's intention. It is an objective test – a reasonable person must be likely to regard the

request as harassing or distressing. Relevant factors under this heading could include the volume and frequency of correspondence, the use of hostile, abusive or offensive language, an unreasonable fixation on an individual member of staff, or mingling requests with accusations and complaints.”

53. When considered in isolation, the request of 15 September 2009 could not be considered to be harassing the authority or causing distress to staff. However, in this case the context and history of the complainant’s correspondence with the Board is particularly relevant.
54. The Board has stated that the correspondence it has received from the complainant is voluminous. While the Commissioner has seen only a sample of the letters issued by the complainant, it is clear from the references contained in those letters that the sample he has received is only a small part of the full body of correspondence.
55. The Commissioner considers that - taking into account his view that the complainant’s approach could be considered obsessive, the likely effect of the requests for information, that on the balance of probabilities does not exist, and the repeated unsubstantiated allegations of negligence – the continued correspondence could be considered to amount to the harassment of the Board and the staff members who have to deal with the complainant’s correspondence.
56. Further, the Commissioner considers that the request formed part of a pattern of continued correspondence from the complainant to the Board that could be reasonably considered to have the effect of causing distress to its employees. The Commissioner’s view is based on the following evidence:
 - The complainant has written to the home addresses of a number of clinicians over a sustained period. For example, the Commissioner has seen evidence that the complainant has been writing to the home address of the clinician, who appears to be at the centre of her allegations of negligence, since 1998. This, after the Board had threatened in April 1998 to take a court injunction to stop her contacting staff at their home addresses.
 - The complainant and her relatives hand delivered letters to the home addresses of at least one clinician in 1998, causing distress to him and his family.
 - In 2004 the complainant wrote to the wife of the same clinician at his home address. The clinician’s wife played no role in the treatment of the deceased person and the sole purpose of the letter appears to be to obtain a response to previous correspondence the complainant sent to the clinician at his home address some years after he had retired.

The Commissioner considers that the complainant would have been well aware that her actions and the tone of the letter were likely to cause distress.

- The complainant has confirmed in letters she sent to the Board that she is seeking the addresses of clinicians who no longer reside in the UK in order to correspond with them regarding the matter of the death of the deceased person.
- The Commissioner considers that from September 1997, the language used by the complainant in her letters to the Board's employees has, at times, been unpleasant and would, in his opinion, be viewed by any reasonable opinion as likely to cause distress to the recipient. For example in one letter of September 1997 the complainant ends her letter to a particular clinician as follows; "...if he had been treated properly in the beginning he would still be alive today he was only 61 years old I leave this to your own conscience as you have to live with it now". In the same letter the complainant implies that she has been lied to regarding the treatment of the deceased person. This tone continues in a further letter of October 1997 to the same clinician.
- The Commissioner has seen further letters of a similar tone that have been addressed to other clinicians. For example, in a series of letters to one clinician the complainant uses increasingly threatening language. In one letter undated letter that appears to have been written in February 2000, the complainant wrote "if you want to clear your name then I must have an answer...". In July 2000 the complainant wrote in a letter to the same clinician; "I do suggest that you speak to [named clinician] about this or whoever is responsible for doing this [allegedly hiding medical records from the complainant], on 'sole' grounds that you are involved as a Senior Registrar (of attending [deceased individual] at clinic) – GMC will most probably have their own 'court' appearances, so from their findings I will probably meet you then, along with other negligent medical profession [sic] there is no doubt from what physicians have "said" that you are also, now negligent."

57. In summary, the Commissioner considers that the request of 15 September 2009, when seen in this context, has the cumulative affect of harassing the Board and causing distress to its employees. In arriving at his view, the Commissioner has taken into account the factors set out in the above bullet points.

Would complying with the request impose a significant burden in terms of expense and distraction?

58. The Commissioner's guidance states that when considering any burden imposed in complying with a request, consideration will need to be given not only to the cost of compliance, but also whether staff would be diverted or distracted from their usual work.

59. It is clear that in this case the complainant's correspondence to the Board has taken up a considerable amount of resources at various levels; for example, staff who to deal with her correspondence are distracted from their substantive roles and clinicians are distracted from their core duties of providing medical care. The Commissioner's view is that the pattern of behaviour demonstrated by the complainant is evidence to support the view that - even if the Board were able to locate further information relevant to her request - the complainant will continue with her correspondence until she is able to hold somebody personally accountable for the death of the deceased person.
60. While the Board did not focus on this area in its representations to the Commissioner, his view is that to expect the Board to continue to deal with the complainant's correspondence and requests would - given that there is no foreseeable end to such correspondence - impose on the Board a significant burden in terms of expense and distraction.

Summary of the Commissioner's position

61. The Commissioner's view is that the evidence he has seen is sufficient for him to determine that the complainant's request of 15 September 2009, when considered in the context and history of her contact with the Board, is obsessive and had the effect of harassing the Board and causing distress to its employees. The Commissioner also considers that to expect the Board to continue to deal with such matters would impose on it a significant burden in terms of expense and distraction. As such, the Commissioner considers that the Board appropriately applied section 14(1) of the Act.

Section 14(2) of the Act - 'repeated requests'

62. The provisions of section 14(1) do not oblige a public authority to comply with a request that is vexatious. As the Commissioner considers that section 14(1) of the Act was correctly applied he has not gone on to consider whether the Board correctly applied section 14(2).

The Decision

63. The Commissioner's decision is that the public authority dealt with the request for information in accordance with the Act.

Steps Required

64. The Commissioner requires no steps to be taken.

Right of Appeal

65. Either party has the right to appeal against this Decision Notice to the First-tier Tribunal (Information Rights). Information about the appeals process may be obtained from:

First-tier Tribunal (Information Rights)
GRC & GRP Tribunals,
PO Box 9300,
Arnhem House,
31, Waterloo Way,
LEICESTER,
LE1 8DJ

Tel: 0845 600 0877

Fax: 0116 249 4253

Email: informationtribunal@tribunals.gsi.gov.uk.

Website: www.informationtribunal.gov.uk

If you wish to appeal against a decision notice, you can obtain information on how to appeal along with the relevant forms from the Information Tribunal website.

Any Notice of Appeal should be served on the Tribunal within 28 (calendar) days of the date on which this Decision Notice is sent.

Dated the 1st day of September 2010

Signed

**Anne Jones
Assistant Commissioner**

**Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF**

Legal Annex

Vexatious or Repeated Requests

Section 14(1) provides that –

“Section 1(1) does not oblige a public authority to comply with a request for information if the request is vexatious”

Section 14(2) provides that –

“Where a public authority has previously complied with a request for information which was made by any person, it is not obliged to comply with a subsequent identical or substantially similar request from that person unless a reasonable interval has elapsed between compliance with a previous request and the making of the current request.”