



**IN THE FIRST-TIER TRIBUNAL
GENERAL REGULATORY CHAMBER
(INFORMATION RIGHTS)**

Appeal No: EA/2012/0262

ON APPEAL FROM:

**The Information Commissioner's Decision Notice No: FS50449652
Dated: 26 November 2012**

Appellant: Daphne Havercroft

Respondent: The Information Commissioner

Heard at: Bristol Civil Justice Centre

Date of Hearing: 26 April 2013

Before

Christopher Hughes

Judge

and

Jacqueline Blake and Suzanne Cosgrave

Tribunal Members

Date of Decision: 17th June 2013

Attendances:

For the Appellant: in person

For the Respondent: did not attend

Subject matter:

Freedom of Information Act 2000

Cases:

Information Commissioner v Dransfield & Devon County Council [2012] UKUT 440
(AAC)

DECISION OF THE FIRST-TIER TRIBUNAL

The Tribunal upholds the decision notice dated 26 November 2012 and dismisses the appeal.

Dated this 17th day of June 2013

Judge Christopher Hughes

[Signed on original]

REASONS FOR DECISION

Introduction

1. Concerns were expressed about the quality and appropriateness of pathology services in Bristol from about 2007 onwards. University Hospitals Bristol NHS Trust (“UBT”) commissioned a review of its pathology services in 2009 under an independent chair which reported in December 2010. NHS Bristol also conducted an inquiry into its role. The Appellant in these proceedings (“Mrs Havercroft”) was involved in the process by which these concerns became a public issue. She was dissatisfied with the outcome of the UH Bristol NHS Trust inquiry and published her own response to the report in January 2011. From material she has placed before the Tribunal the Inquiry cost the NHS £720,000.
2. There was in existence during this period a Lay Reference Group convened by the NHS to liaise with the NHS project sponsor for the Pathology Services Review, Mrs Havercroft served as a member of this group. The body had a history of disputes both internal and with staff at NHS Bristol and at the start of September 2011 that body was closed by NHS Bristol. In September 2011 she was involved in setting up a group called South West Whistleblowers Health Action Group which campaigned about issues raised by the inquiry and its outcomes which included the reorganisation of services. Neither of the health scrutiny committees of the relevant local authorities (HOSCs) chose to refer the proposed service changes to the Independent Reconfiguration Panel which advises Health Ministers in England on such matters.

3. On 19 November 2011 Mrs Havercroft wrote to Bristol NHS Primary Care Trust making a FOIA request. She had had sight of a letter written by the Director of Commissioning to the Medical Director of North Bristol NHS Trust (“NBT”) on 28 June 2010 requesting information and copied the letter as her request. The letter sent by the Director of Commissioning as transcribed by Mrs Havercroft read:-

“I am writing to request a visit to the breast service, including pathology as part of my induction process in my new role as co-director of Commissioning for NHS Bristol...

In addition to the above it would be helpful to have some background data and information that would inform my visit. Items that would be helpful include:

- *details of the proposals for pathology within NBT including the rationale for the proposals as a whole and individual elements*
- *accreditation documents for pathology (I have a summary of the recommendations but not the full report);”*

In the Director’s letter there then followed requests for operation policies and protocols, audit reports, clinic schedules and job plans. The Director’s letter continued:-

“any other documents you think would help me understand the services involved”

Mrs Havercroft having quoted this continued her letter:-

“1. Under the Freedom of Information Act, please provide the information that {the Director}.... received from NBT in response to this request.

Under the Freedom of Information Act, please provide the information that {the Director}... received from University Hospitals Bristol NHS Trust in response to the same request she doubtless made to that Trust."

4. NHS Bristol responded on 12 December 2011. It refused to provide the information stating that the request was vexatious and relying on section 14(1) FOIA which provides that a public authority does not have to deal with a request for information if the request is vexatious. The internal review conducted by NHS Bristol came to the same conclusion and informed her of its decision on 9 January 2012.

The complaint to the Information Commissioner

5. Mrs Havercroft was dissatisfied by this decision and complained to the Respondent in these proceedings the Information Commissioner (the "Commissioner").
6. In his decision the Commissioner reviewed the case in the light of the guidance he has given on the meaning of vexatious in connection with FOIA. His approach is to consider the history and context of the request and to consider a number of factors in concluding whether or not a request is vexatious. These are whether the request:-
 - would create a significant burden in terms of expense and distraction;
 - is designed to cause disruption or to be annoying;
 - has the effect of harassing the public authority;
 - can otherwise fairly be characterised as obsessive or manifestly unreasonable;
 - and
 - clearly does not have any serious purpose or value.
7. The Commissioner reviewed the history of correspondence and requests from the complainant and a pressure group with which she is closely associated. He gave details of the quantities of correspondence and the effect which NHS Bristol said that it had received and had been posing a significant burden which would have been exacerbated if it had responded to this request. In reply to the Commissioner Mrs Havercroft had disputed the assessment of the quantity of correspondence and the time period over which it had been sent. She argued that she had simply asked

for the same information which the NHS Bristol Director of Commissioning had requested from the two provider trusts and it would not be a burden to supply that information which the Director had received. NHS Bristol indicated that as 18 months had elapsed since the request was made it was unlikely that it could be easily collated and that a considerable number of members of staff were involved in dealing with the complainant's requests on a daily basis. The Commissioner concluded that the request would have caused a significant burden.

8. The Commissioner also concluded that it was reasonable for NHS Bristol to conclude that this was having a harassing effect on it and some of its staff. In the light of the report of the independent enquiry and the actions being taken both in that trust and by NHS Bristol, and the volume of information that NHS Bristol had provided to her:-

"as a consequence, he has determined that it was reasonable for NHS Bristol to form the view that the request of 19 November 2011 was obsessive ."

9. On the other criteria which he had laid out the Commissioner did not make findings adverse to Mrs Havercroft. He concluded that NHS Bristol had properly demonstrated that the request was vexatious and that it had correctly applied section 14.

The appeal to the Tribunal

10. In her appeal Mrs Havercroft argued:-

"In reaching his decision, the Commissioner has not fully considered the history and context of the request in relation to NHS Bristol's responses. Nor has he considered what this reveals about the wider pattern of NHS Bristol's behaviour and the related and collusive behaviour of other NHS organisations in the south-west.

...

The Commissioner was not in a position to take into account the full history of this complaint because it goes back to 2007. It appears that NHS Bristol did not make the Commissioner aware of this. The Commissioner's decision notice indicates that he based his decision primarily on correspondence between 9th July 2011 and 19th

November 2011. this period of time provides only a partial picture of the whole pattern of behaviour of NHS Bristol which is relevant to fair and objective consideration of the complaint."

11. In her lengthy and discursive appeal statement she set out a detailed history of events around pathology services in the Bristol area. She argued that the burden on the public authority argument was implausible. With respect to the Project Board she had served on she stated that there had been plans to involve her in some aspects of the implementation of the project :-

"However the meetings proposed did not materialise and the information that she {a senior NHS official} said would be shared with me was never provided.

At the start of 2011 the NHS abandoned Patient and Public involvement in the project. It was anticipated that it would recommence in 2011, but this did not happen. Consequently I decided that the only way for me to obtain the information I was expecting to see in 2010 was to request under the FOIA and decided on 19 November 2011... "

12. With respect to the correspondence from 9 July 2011 to 19 November 2011 she stated:-

"Most of it consists of letters between me and the then chair of NHS Bristol. It forms part of the evidence to support the complaint made by me and other members of the public about NHS Bristol to the Parliamentary and Health Service Ombudsman . The complaint relates to NHS Bristol's conduct towards patients and the public and the adverse effect its behaviour has had on us. This includes what we regard as the authority's attempt to obstruct our rights under article 10 of the European Convention on Human Rights "Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers."

13. With respect to the finding as to the harassing effect of her requests and her allegations about the professional conduct of members of staff; she suggested that NHS Bristol could have investigated the allegations in an open and transparent manner . She had now made complaints on this issue as to the Commissioner and to PHSO. She asserted that the Independent Reconfiguration Panel had advised NHS Bristol:- *"to work through the issues with the South West Whistleblowers Health*

Action Group” in support of that contention she attached a letter from that body which advises Ministers on NHS reorganisation. The relevant parts of the letter state:-

“ since the issues you have raised have not been referred to the Secretary of State by a local health overview and scrutiny committee (HOSC) the Panel is unable to consider the matter formally, however I hope the following informal comments will be of some help .

The first issue raised in your documentation involves an enquiry into patient safety concerns undertaken by University Hospitals Bristol NHS Foundation Trust. This is not a matter for the IRP and would, I assume, be more appropriate to the Care Quality Commission which I note is referenced in the paperwork. Alternatively it would be open to either of the relevant HOSCs you mentioned to examine the issue if they wish.

The second issue you raise concern is the quality of public consultation undertaken during reviews of breast care and pathology services to Bristol and the surrounding area. I do not have a complete knowledge of past events but I understand work on these reviews dates back a number of years and the services have been relocated to Southmead Hospital. The key point now appears to be one of developing and maintaining effective involvement and engagement between the NHS and HOSCs and other interested parties. Rather than revisiting history, it may be better for all parties to focus on moving forward in the best interests of patients.

... The Panel would encourage all parties in this case-NHS bodies, local HOSC's and representatives of service users-to engage with each other in an open and constructive manner to work through outstanding issues."

14. It may be noted about a document which Mrs Havercroft relied on as supporting her case on a key issue actually contradicted what she asserted in three significant ways: The IRP had not advised NHS Bristol with respect to engaging with her pressure group; it had made no mention of the pressure group whatsoever , it had been general informal advice to her not to NHS Bristol, and it had advised her to look forward and not to look back- it had not supported pursuing disciplinary action. Indeed although in her appeal she has inaccurately represented the actual nature of the letter from the IRP, at the time (6 April 2012) she responded:-

“We agree that all parties, NHS bodies, HOSCs and service users should engage in an open and constructive manner to work through the issues. Unfortunately other parties have shown no inclination to do so yet, though I think some HOSC councillors wish to, but they are currently in the minority.

We note your comments that, rather than revisiting history, it may be better for all parties to focus on moving forwards in the best interests of all parties. Unfortunately, in this case, it is impossible to the history to be left in the past. It is being carried forward into the present and the future by the NHS's refusal to acknowledge and deal with the very serious irregularities in the conduct of the enquiry into histopathology misdiagnoses that have serious implications of patient safety.”

15. With respect to whether or not the request can be characterised as obsessive or manifestly unreasonable she claimed that she had documentary evidence to demonstrate that NHS Bristol was trying to avoid answering awkward questions, the issues she was raising had not been fully considered and debated and she claimed:-

“a considerable amount of documentary evidence exists to support strong public suspicions of serious wrongdoing by NHS Bristol and other NHS organisations in the South West .”

The question for the Tribunal

16. The question the tribunal has to resolve is in essence a simple one; was the request in its context vexatious as the Commissioner found or is there a justification for Mrs Havercroft’s view that the public interest in disclosing the information requested in November 2011 outweighed any difficulty or inconvenience (which in any event she views as slight) that compliance with the request would cause to NHS Bristol.

Evidence

17. The bundle provided significant evidence as to the grounds for the concerns of NHS Bristol which led them to conclude that the request of 19 November 2011 was vexatious. During the period 4 May /2010 – 1 Feb /2011 there were 19 requests for information from Mrs Havercroft to NHS Bristol. In the following months there was a fallow period with only 2 requests, then there were approximately nine in the

period 9 July 2011 to the middle of November. These requests were very varied in nature:-

- some were seeking straightforward information which was easily provided: 7 July 2010 *“The attached specification, produced by NHS Bristol, refers to a modest attendance allowance for meetings. Please confirm the sum of the attendance allowance. Under the Act, the reply is due by 4th August”*
- some were long and complex and seeking to advance her arguments as well as seeking information such as 4 Jan 2011 (bundle page 173/4)
- some were seeking information about how NHS Bristol was responding to her questioning.

18. In addition to the requests there was associated correspondence seeking reviews of the replies or disputing the information provided in them.

19. Turning more specifically to the period from July 2011 onwards; her correspondence addressed to the FOIA contact point at NHS Bristol included:-

- A request for detailed information concerning the new pan-Bristol breast care service, plans for public consultation and information about the Office of Government Commerce review of the process
- A request for a review of the response,
- A request for detailed information about all breast clinics, the services they provided, referral patterns and approach to the use of tissue biopsy,
- A request for a review of the response
- A request for transcripts of interviews of six people who had given evidence to the Histopathology Review
- A request for a review of the response, coupled with further requests,
- A 3 ½ page request for information referred to in or underpinning a report presented to the Trust Board in April 2011, including 4 years of Governance Committee papers, 4 years of risk registers and a list of 23 (out of 36) documents listed in the 4th Appendix to the report
- A request for a review of the response

- A request for documentation concerning her attendance at a meeting including any report of what she had said,
- A request seeking information about the Professional Executive Committee and its working and lay involvement
- A request for information concerning a challenge she had made concerning the accuracy of minutes
- A request for a review of the response,
- A request for the draft minutes of a Project team meeting,
- A request for a review of the response,
- 29 October a 14 point request seeking multiple and various documents apparently relating to a “Healthy Futures Programme Board”

20. In a response to the Commissioner concerning Mrs Havercroft’s complaint, NHS Bristol’ FOI manager commented:-

“ it is difficult to state exactly what percentage of my time was taken up between July - November 2011 dealing with requests from Mrs Havercroft, however I can confirm that I was working on correspondence from Mrs Havercroft , including freedom of information requests and correspondence with several members of staff and the chair, on a daily basis at this time and it was having an impact on the rest of my workload ...

at this time there were multiple members of staff from NHS Bristol involved in dealing with Mrs Havercroft's requests on a daily basis this included CEO, Chair, if you added up all of the time taken from all of these people, it would have exceeded a whole time equivalent role.

at the time of November 2011, most of the direct personal accusations made by Mrs Havercroft were either to other lay representatives, or to the individual e-mail accounts of the individuals involved, the vast majority of these had not been kept, due to the distress that it was causing to staff members. Also prior to the Lay Reference Group being dissolved in September 2011, several members of staff and lay representatives had verbal encounters with Mrs Havercroft. “

21. The gap in the evidence caused by the destruction of distressing e-mails by the staff who received them has to a significant extent been filled by Mrs Havercroft. Shortly before the hearing Mrs Havercroft produced a supplemental bundle of 136 pages containing her submissions and additional correspondence, much of it relating to the period July – November 2011. She felt that it was necessary for the Tribunal to have a fuller picture than that provided by the considerable bundle provided by the Commissioner. Much of it records her complaints against various individuals in NHS Bristol and how NHS Bristol responded to her. She also included a detailed note from the co-Chair of the Lay Reference Group (which appeared to have been edited by her) and detailing what had gone wrong with the Group and containing illuminating comments, (which she had chosen to put before the Tribunal) (supplemental bundle pages 70-75):-

“ from the outset, the relationship between the review and the Histopathology Enquiry (the report having been published late in 2010) had been highly contentious DH made it clear, even before the report was published that in her view the enquiry had not been a fair and honest and the report when published merely served to reinforce her opinion. She was adamant that there needed to be a further investigation into the process of the enquiry, and was determined that the LRG be involved

The use of extensive, complex e-mails by DH was not a new “tactic”. It had been used by her in previous dealings with the NHS, and its disruptive and demoralising effect was well-recognised, yet nothing was done by senior personnel to curb (sic) DH in this process. Strenuous efforts were made by the LR G and by others (e.g. South Gloucester LINK) to placate DH and to support her in her call for an enquiry into the process of the Histopathology Enquiry that was independent of the Pathology Review in general and LRG in particular. This included letters to NHS Bristol and to UHB among others from both the LR G and from South Gloucester LINK. I even, at the request of South Gloucester LINK, drafted a letter to MPs for DH justifying her call for an enquiry.

All this proved to be of no avail and matters really came to a head in May LR G meeting, which I chaired. DH raised issues that I felt were not appropriate business of the LRT and I, essentially, refused to give her a platform to speak about them. ...

It was following this May meeting of the LRG that DH started to try to make a case to undermine my presence and role on the LRG. This campaign included trying to involve South Gloucester LINK , however they proved very supportive of me, and essentially confirmed completely my stance. Unsurprisingly, this did nothing to placate DH, rather the "campaign" intensified, reaching its climax in the weeks running up to the demise of the LRG. The campaign against me took the now familiar form of e-mails that were pages long, quotes used out of context, contorted half-truths, and other tactics familiar to all those that have met with her displeasure. This had happened to me before, and I had dealt with it previously by answering the first stream of e-mails, including in my answer a clear statement that I would ignore all future related e-mails. This has proved a successful tactic in the past, but not this time.

Over a period of five days, I received or was copied into almost a dozen e-mails, all of which were derogatory in some way, and several of which were abusive and quite vicious. At that point [edited] protect me from further harassment , something that had previously been offered to me, but which I had refused in order to try to protect both the future success of the review and its LR G, and also the reputation of South Gloucester LINK.

Lesson 9: all those who have worked with DH (or, indeed, against her !) Will agree that she has enormous drive, efficiency, skill, determination and perseverance. She is incredibly well-organised and informed. The tragedy is that, in this case as, I understand in previous cases all the superb, potentially constructive and useful personal attributes were turned into a destructive force rather than emerging as a constructive asset, despite the best efforts of many of us The danger of this happening was recognised from the start, and it should have been appreciated that the LR G was doomed to ultimate failure unless some means of successfully channelling DH could be generated. Sadly this did not happen, and the utterly predictable eventual demise of the LRG has been the result of this failure."

22. From her oral evidence it is clear that Mrs Havercroft has devoted considerable energy and ingenuity over the years to pursuing her cause. She has raised her concerns with the Trust, the Care Quality Commission, Monitor, PHSO. She had spoken to the police, who had referred her back to the regulators. She stated that she was trying to put a jigsaw together;- " to see where we can go and where the gaps

are” In her evidence she covered a wide range of issues. She had made requests under FOIA to advance her concerns. This had included a request under an assumed name (main bundle p.339) *“I made a request as {another name} to see if I would get it under another name”*. She agreed that she had made a large number of FOIA requests and had carried on an extensive correspondence.

23. She felt that it was important for the NHS to show what the starting point of services was if the NHS were to state that it would improve. She agreed however that this request did not go to establish that baseline performance. The letter on which she had based her request had been provided to her by a consultant surgeon and she had thought the Director of Commissioning had phrased the request very well. She stated it was a:- *“bit of an odd one, a very simple request that they either had or did not, I was surprised they seized on that one.”* She explained the purpose of certain requests: *“some are related to finding out what people did when they found out about pathology”*. On questioning she was not aware what “accreditation” meant.
24. She indicated that she had fallen out with the co-Chair of the Lay Reference Group because she felt that he had not been transparent. In exploring the detail of the request she agreed that she had been able to enter into correspondence with the GMC inviting it to consider revisiting previous decisions with respect to complaints against clinicians under rule 12 of its procedure, and to write a detailed letter to the Royal College of Pathologists (RCPath) about the investigation of pathology services without the benefit of seeing the audit reports noted in the request. She told the tribunal that in her view the public interest is about the withholding of information required to give the public a realistic view of how safe Bristol is, and that if the NHS had been auditing and acting on those audits there would have been no need for an inquiry. *“What we ended up doing was setting a lot of hares running to see what we can find out.”*

Legal analysis

25. The key provision in FOIA is Section 1 which is headed **“General right of access to information held by public authorities”**. It provides that any person making a request for information to a public authority is entitled:
- “(a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and

(b) if that is the case, to have that information communicated to him.”

However these rights are not absolute and are made subject to various other provisions of FOIA, including section 14:-

Vexatious or repeated requests:-

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

26. The Upper Tribunal (whose decisions on questions of law are binding on this Tribunal) interpreted the meaning of S.12 FOIA in *Information Commissioner v Dransfield & Devon County Council [2012] UKUT 440 (AAC)*. In that case the Upper Tribunal held that “vexatious” meant “manifestly unjustified, inappropriate or improper use of a formal procedure” – in this case the Freedom of Information Act 2000 (FOIA), and that it was helpful to consider whether a request was vexatious by considering four (non-exhaustive) broad issues or themes: –

- (1) the burden (on the public authority and its staff);
- (2) the motive (of the requester);
- (3) the value or serious purpose of the request; and
- (4) any harassment or distress (of and to staff).

27. While this is a helpful exposition of the law the Tribunal explicitly stated that:-

“However, these four considerations and the discussion that follows are not intended to be exhaustive, nor are they meant to create an alternative formulaic check-list. It is important to remember that Parliament has expressly declined to define the term “vexatious”. Thus the observations that follow should not be taken as imposing any prescriptive and all encompassing definition upon an inherently flexible concept which can take many different forms.”

28. It may be seen that the decision of the Commissioner, although based on the Commissioner’s somewhat formulaic list, was looking at the sort of issues which the Upper Tribunal has identified as relevant to the decision-making.

29. Although Mrs Havercroft has mentioned article 10 of the European Convention on Human Rights she did not explore further how it was relevant to this case. The Tribunal concluded, that given the circumstances including the extensive provision

of information to her and the dubious value of this material to her, that there was no merit in the bare assertion which she made.

Conclusion and remedy

30. In cases where the public authority has argued that the request for information is vexatious there is, for the Commissioner, and subsequently for this Tribunal, a simple question – when all the evidence is weighed and the circumstances investigated – is the burden which dealing with the request places on the public body disproportionate to the public good which flows from the disclosure of the material. Public bodies are responsible for the delivery of vital services and the use of large sums of public money: they are under a duty to deliver those services effectively and use their resources economically and efficiently. In carrying out their roles they must be publicly accountable and the FOIA regime is intended to enhance that accountability. However there are many aspects to accountability, and FOIA is not the sole means, nor can it substitute for the others. The primary function of public bodies is the delivery of services and if management time and resources are disproportionately spent in dealing with FOIA requests then those services, and the decision-making around the delivery of services, may suffer to the detriment of the public. In considering the question of whether a request is vexatious not only does the potential detriment of devoting time, energy and money to the provision of the information requested need to be considered but also the public benefits which might flow from acceding to the request. A balance needs to be struck.
31. From an inspection of the numerous requests, correspondence and the account of the time expended in dealing with Mrs Havercroft's requests under FOIA in the previous months the Tribunal has no doubt that the Commissioner was entirely correct in identifying the very significant burden that her requests had placed on NHS Bristol and was also satisfied that the time taken to deal with this request would also (despite Mrs Havercroft's protestations) be very burdensome, she had already consumed the time equivalent of a member of staff for some months.
32. Over the whole of this requests hangs another fundamental issue; the misuse of the process. As is fully documented Mrs Havercroft disagrees with the outcome of the inquiry into pathology services conducted by UH Bristol. She has sought to advance her views by any means available. This has included complaining to the police and

all the regulatory bodies available. This has included trying to drive and co-opt other bodies (for example the Lay Reference Group sponsored by the NHS Bristol) to do so. When the LRG failed to perform as she wished she turned against the co-Chair as documented by his statement which she chose to provide to the Tribunal. Since NHS Bristol did not act as she wished she pursued it with a range of time consuming requests, and wore down its staff with criticisms and complaints, similar to the complaint against the co-Chair of the LRG. In oral evidence she indicated that she had complained to the relevant Standards Committee about him (he is a councillor) because he had not tried to get the relevant HOSC of which he was a member to refer the service reconfiguration to the IRP. She had sought to make complaints against numerous individuals who had not proved pliant to her will.

33. The request in question was not thought about, it was simply adopted as a good idea since the Director of Commissioning had asked for it a year and a half previously. She did not understand some of the things she had asked for and it is possible she already had some of the information in a different form. Her comments to the Tribunal were illuminating, she was “setting hares running”; she made a request under a false name. The motive in making the request was primarily to put pressure on NHS Bristol, not to obtain useful information. Indeed the use which she identified for the information – to pursue complaints to the GMC and RCPATH, she was able to advance without the information requested.
34. It is clear that the motive behind the request was to harry NHS Bristol, there was no serious purpose to the request in seeking information and all the documentary evidence shows a systematic pattern of harassing individuals who are unable or unwilling to comply with her demands. In evidence we heard that she had not directed the requests to those Trust who had the originated the information but to NHS Bristol who would have been a recipient of it, though Mrs Havercroft did tell the tribunal she had subsequently also asked the two Trusts i.e. UBT and NBT for the information.
35. There was no significant public interest behind her request; the inquiry had been held and published its report. Action was being taken to improve services. The process of making multiple requests for information was not seeking to illuminate the public; rather it was attempting to substitute Ms Havercroft’s own views for all normal mechanisms of scrutiny, accountability and management. Mrs Havercroft

clearly has considerable ability but little insight, she appears to relish the power that asking questions clearly gives, but in her case it is destructive, irresponsible, timewasting and demoralising.

36. This request was a gross misuse of FOIA. The decision of the Commissioner was the only possible decision to which he could come given the weight of evidence before him and the even greater weight of evidence before this Tribunal

37. Our decision is unanimous

Judge Christopher Hughes

[Signed on original]

Date: 17th June 2013