Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Friday, 3 July 2026

Virtual Meeting

Name of Registrant:	**Enkele Bonyeme**	
NMC PIN:	09K0634E	
Part(s) of the register:	Registered Nurse – Sub part 1 Adult Nursing (October 2012)	
Relevant Location:	Waltham Forest	
Type of case:	Lack of competence	
Panel members:	Pamela Johal Fawzia Zaidi Beverley Blythe	(Chair, lay member) (Registrant member) (Lay member)
Legal Assessor:	Trevor Jones	
Hearings Coordinator:	Catherine Blake	
Order being reviewed:	Conditions of practice order (30 months)	
Fitness to practise:	Impaired	
Outcome:	**Striking-Off order to come into effect at the end of 5 August 2026 in accordance with Article 30 (1))**	

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mrs Bonyeme's registered email, and home address by recorded delivery on 22 May 2026.

The panel had regard to the Royal Mail 'Track and trace' printout which showed an attempt being made to deliver the Notice of Meeting to Mrs Bonyeme's home address on 23 May 2026.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 22 June 2026 and inviting Mrs Bonyeme to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mrs Bonyeme has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to make a striking-off order. This order will come into effect at the end of 5 August 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 30 months by a Fitness to Practise Committee panel on 5 January 2024.

The current order is due to expire at the end of 5 August 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

'That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

1) Between January & February 2018;

1.1) Did not know where to place a bladder screening machine probe to ascertain how much urine was still in the bladder. ***[Proved]***

1.2) Did not know which equipment was required to perform a catheterisation, namely;

1.2.1) A catheter pack. ***[Proved]***

1.2.2) Saline. ***[Proved]***

1.2.3) A catheter bag. ***[Proved]***

1.2.4) An apron. ***[Proved]***

1.2.5) Gloves. ***[Proved]***

1.3) Did not know how to follow an aseptic technique for catheterisation. ***[Proved]***

1.4) Did not adequately communicate the catheterisation procedure to an unknown patient. ***[Proved]***

1.5) Did not gain consent prior to catheterisation for an unknown patient. ***[Proved]***

2) On 12 February 2018 after spilling a bottle of Oral Morphine Sulphate;

2.1) Wiped the spillage up with a tissue. ***[Proved by admission]***

2.2) Did not use a syringe to clear the spillage. ***[Proved by admission]***

2.3) Did not account/measure the amount of the Oral Morphine Sulphate which had been spilled. ***[Proved by admission]***

3) On 13 February 2018 for one or more patients did not complete patient tasks, including;

3.1) Administering urgent I/V medication. ***[Proved by admission]***

…

3.3) PRN Enemas. ***[Proved]***

3.4) Trial without catheter. ***[Proved by admission]***

3.5) Lying/standing blood pressure monitoring. ***[Proved]***

3.6) Catheter insertion. ***[Proved by admission]***

4) Did not achieve/complete the action plan put in place by your employers on 1 March 2018, in that you were unable to demonstrate proficiency in areas of;

4.1) Medication administration. ***[Proved by admission]***

4.2) Controlled drugs. ***[Proved by admission]***

…

4.4) Timely/prompt patient care. ***[Proved]***

4.5) Timely/prompt clinical interventions. ***[Proved]***

4.6) Punctuality. ***[Proved by admission]***

4.7) We care values. ***[Proved]***

5) On or around 5 April 2018;

5.1) Were unable to give handover to colleague A without a handover sheet. ***[Proved by admission]***

5.2) Took three hours to complete a drug round for 5 patients. ***[Proved by admission]***

5.3) Did not adequately check medication blister packs before dispensing the medication, in that you;

5.3.1) Did not check the medication name. ***[Proved]***

5.3.2) Did not check the dose. ***[Proved]***

5.3.3) Did not check the expiry date. ***[Proved]***

5.3.4) Only checked the box the blister pack was taken out of. ***[Proved]***

5.4) In relation to an unknown patient who required an enema, did not;

5.4.1) Explain the enema procedure to the patient. ***[Proved]***

5.4.2) Inform the patient that they were required to lie on their left side. ***[Proved]***

5.4.3) Inform the patient why they were required to lie on their left side. ***[Proved]***

5.4.4) Inform the patient that an object would be inserted into their rectum. ***[Proved]***

5.4.5) Explain the consequences of the enema procedure. ***[Proved]***

5.4.6) Obtain consent from the patient to perform the enema procedure. ***[Proved]***

5.5) Did not adequately advise an unknown patient that they needed to chew/suck a Calcichew tablet. ***[Proved]***

5.6) In relation to an unknown patient who required a bladder scan, did not;

5.6.1) Provide adequate advice to the patient about the bladder scan procedure. ***[Proved]***

5.6.2) Obtain consent from the patient to perform the bladder scan procedure. ***[Proved]***

5.7) In relation to an unknown patient who suffered from a syncope event, did not;

5.7.1) Provide an indication that you would re-check the patient's observations. ***[Proved]***

5.7.2) Explain to the patient why it was important that they drank/hydrated. ***[Proved]***

5.8) Were unable to demonstrate an adequate understanding about;

5.8.1) A mental capacity assessment. ***[Proved by admission]***

5.8.2) Deprivation of liberty safeguarding. ***[Proved by admission]***

5.8.3) When bedrails should/should not be used. ***[Proved]***

5.8.4) Where to find the bed rail assessment tool. ***[Proved]***

6) On or around 11/12 April 2018, did not administer 1 litre of N/Saline to Patient A as prescribed. ***[Proved by admission]***

7) On 11 May 2018 did not pass a medicines management drug assessment. ***[Proved by admission]***

8) Did not achieve/complete the action plan put in place by your employers on 21 June 2018, in that you were unable to demonstrate proficiency in areas of;

8.1) Medication administration. ***[Proved by admission]***

8.2) Controlled drugs. ***[Proved by admission]***

…

8.4) Shortcomings in patient care/clinical intervention. ***[Proved]***

8.5) Delays in patient care/clinical intervention. ***[Proved]***

8.6) Lack of knowledge around clinical policies. ***[Proved]***

8.7) Punctuality ***[Proved by admission]***

9) On or around 2 July 2018 recorded inaccurate information surrounding the skin integrity of an unknown Patient. ***[Proved by admission]***

10) Between 4 May 2018 and December 2018 you worked in a supernumerary/HCA capacity. ***[Proved by admission]***

11) Between July-December 2018, on one or more occasion were unable to demonstrate an adequate understanding of;

11.1) The duty of candour. ***[Proved]***

11.2) The deprivation of liberty safeguarding. ***[Proved]***

11.3) Root cause analysis. ***[Proved]***

11.4) The perfect ward application. ***[Proved]***

12) During a supervised drug round on 20 July 2018;

12.1) Had to be prompted to check a patient's identity. ***[Proved]***

12.2) Had to be advised to keep your signature legible. ***[Proved]***

12.3) Did not adequately listen to an unknown patient's concerns about being administered tramadol. ***[Proved]***

12.4) Did not escalate the patient's concerns around tramadol to their doctor/pharmacist. ***[Proved]***

12.5) Inappropriately left tramadol on an unknown patient's bedside table. ***[Proved]***

12.6) Did not lock/put away the tramadol in a secure cupboard. ***[Proved by admission]***

12.7) Incorrectly stated that Acrete D3 was being administered for osteoporosis and hypothyroidism. ***[Proved]***

12.8) Did not understand how to search through the British National Formulary. ***[Proved]***

12.9) Failed to administer a diabetic patient's medication before they had finished breakfast. ***[Proved]***

12.10) Between 08:25 and 10:30 only administered medication to 2/3 out of 5 patients assigned to you. ***[Proved]***

12.11) Before seeing each patient did not;

12.11.1) Wash your hands/use a washing station ***[Proved]***

12.11.2) Use alcohol/hand gel to clean your hands. ***[Proved]***

12.12) Left the drug trolley;

12.12.1) Open/unlocked. ***[Proved]***

12.12.2) Unattended. ***[Proved]***

13) During a trial drug round on 25 October 2018, were only able to attend three out of five patients in one hour to administer medication. ***[Proved by admission]***

14) During a round on 26 October 2018;

14.1) Were not able to attend to 5 patients within an hour. ***[Proved]***

14.2) Did not record you signature after administering antibiotics to an unknown patient. ***[Proved]***

14.3) After identifying unsecured Nicotine patches;

14.3.1) Did not lock the patches away in the patient's drug pod. ***[Proved]***

14.3.2) Did not report the unsecured patches to the Ward Manager. ***[Proved]***

15) During a drug round on 30 October 2018;

15.1) Were unable to attend 5 patients within an hour. ***[Proved by admission]***

15.2) Had to use the British National Formulary for each patient on the drug round. ***[Proved]***

15.3) Were unable to explain to an unknown patient that an anti-depressant tablet was being administered to them, to treat depression. ***[Proved by admission]***

…

16) On 29 November 2018 did not adequately check the suction equipment for an unknown patient in Bed 6. ***[Proved]***

17) On or around 7 September 2018 failed a drug theory test. ***[Proved]***

18) On or around 11 October 2018;

18.1) Failed part 2 of the drug calculation test. ***[Proved by admission]***

18.2) During a supervised drug round;

18.2.1) Took 40 minutes to administer 3 tablets to an unknown patient. ***[Proved]***

18.2.2) Took 35 minutes to administer 2 tablets to an unknown patient. ***[Proved]***

18.2.3) Were unable to explain to an unknown patient/supervisor that rifampicin was being administered to treat tuberculosis. ***[Proved by admission]***

18.2.4) Were unable to explain to an unknown patient/supervisor that pyridoxine was being administered to treat tuberculosis. ***[Proved by admission]***

18.2.5) Were unable to explain to an unknown patient/supervisor that ethambutol was being administered to treat tuberculosis. ***[Proved by admission]***

18.3) Did not know what checks needed to be completed for an unknown diabetic patient before administering them drugs/insulin. ***[Proved]***

18.4) Did not administer an unknown diabetic patient a pre-breakfast tablet. ***[Proved]***

18.5) Had to refer to the British National Formulary on one or more occasion when administering drugs. ***[Proved]***

AND in light of the above, your fitness to practise is impaired by reason of your lack of competence.'

The original panel determined the following with regard to impairment:

'The panel determined that the facts found proved involved wide-ranging areas of nursing practice, and that Mrs Bonyeme has repeatedly failed, for over a year, to demonstrate the necessary standard required of a Band 5 nurse. The panel considered the evidence from witnesses who were able to demonstrate and share their experiences of the impact of the way care was delivered by Mrs Bonyeme.

The panel was of the view that the concerns found proved are very serious and included failures to correctly check a suction machine, which was later needed in an emergency situation, and incorrectly administering a diabetic patient's medication. The risks were only mitigated because Mrs Bonyeme was supernumerary and under supervision, so there is no evidence of actual harm occurring. The panel also considered that the nature and environment of the ward meant that, prior to her being placed on an improvement plan, there was a potential risk for Mrs Bonyeme to be left in charge.

The panel also had regard to Witness 3's evidence, who stated the following when they described their observation of Mrs Bonyeme's medication administration:

> "I have done many, many, many, many reviews in my career and I remember this one and it stands out because it was such an extraordinary horrendous review to be doing, to be honest, because it was a member of staff who was a qualified nurse, but I was having to review her as if she was a student nurse and the input that I was giving was as if she was a student nurse."

The panel considered that Mrs Bonyeme was given significant support over a prolonged period of time and was assessed by a number of different senior nurses, but that despite this there was little improvement in her performance and there remained significant deficiencies in her practice. The panel noted the evidence that at times Mrs Bonyeme was unwilling to ask for help or admit to not knowing

something. Mrs Bonyeme also failed to adequately explain procedures to patients, including those which were invasive and could be potentially distressing such as bladder scanning, catheter insertion and administration of an enema. The panel noted that at times, a senior supervising nurse was required to intervene because a patient did not understand what was happening and was becoming visibly distressed. Witness 3 informed the panel that despite the patients' obvious lack of understanding and distress, Mrs Bonyeme had not altered her approach or communication. The panel therefore determined that the wide-ranging nature of incidents is very serious and that they amounted to a fair sample of serious and fundamental competency issues over a year.

Taking into account the reasons given by the panel for the findings of the facts, the panel has concluded that Mrs Bonyeme's practice was below the standard expected of the average registered nurse acting in Mrs Bonyeme's role.

In all the circumstances, the panel determined that Mrs Bonyeme's performance demonstrated a lack of competence.'

The original panel determined the following with regard to sanction:

'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness and wide-ranging nature of the concerns. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Bonyeme's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mrs Bonyeme's lack of competence was not compatible with the imposition of a caution order, in view of the public protection and public interest issues identified.

The panel next considered whether placing conditions of practice on Mrs Bonyeme's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. Although the panel noted that Mrs Bonyeme had been unable to successfully complete the action plans imposed on her by her then employer in 2019, it recognised that these events occurred a significant period of time ago [PRIVATE]. Taking everything into account, as part of its findings in the fitness to practise stage the panel has determined that the concerns found proved may be capable of being remediated through sufficient further training and supervision.

Balancing all of these factors, the panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order would be inappropriate at this stage as, although it would protect the public, a period of suspension would be unlikely to serve to strengthen Mrs Bonyeme's practice. The panel concluded that Mrs Bonyeme's practice may be remediated through further training and support. It determined that although the conditions may be stringent, imposing a conditions of practice order is the most appropriate way to protect the public with a view to strengthen Mrs Bonyeme's practice.

Having regard to the matters it has identified, the panel has also concluded that a conditions of practice order will mark the importance of maintaining public

confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

> *'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.*
>
> 1. *You must limit your nursing practice to one substantive employer. If this is an agency, you must only work in one setting for one organisation.*
>
> 2. *You must ensure you are directly observed by another registered nurse anytime you are working when undertaking the following tasks until such a time you are signed off as competent by your supervisor and confirmed in writing by your supervisor to your NMC case officer:*
>   a) *Storage and administration of medications;*
>   b) *Administration of enemas;*
>   c) *Catheterisation; and*
>   d) *Bladder scanning.*
>
> 3. *At any time you are working as a registered nurse, you must place yourself and remain under the indirect supervision of a nominated person, your 'supervisor', who must be a registered nurse of Band 6 or above.*
>
> 4. *You must meet fortnightly with your supervisor or nominated deputy to discuss your progress and performance with specific reference to:*

a) Storage and administration of medications;

b) Administration of enemas;

c) Catheterisation;

d) Bladder scanning;

e) Infection control;

f) Knowledge of policies and practices;

g) Keeping up to date with clinical developments;

h) Communication with colleagues and patients, including duty of candour; and

i) Safeguarding including Deprivation of Liberty Standards.

5. Prior to any review, you must obtain and send to your NMC case officer a report from your supervisor or nominated deputy outlining your progress and performance with specific reference to:

a) Storage and administration of medications;

b) Administration of enemas;

c) Catheterisation;

d) Bladder scanning;

e) Infection control;

f) Knowledge of policies and practices;

g) Keeping up to date with clinical developments;

h) Communication with colleagues and patients, including duty of candour; and

i) Safeguarding including Deprivation of Liberty Standards.

6. You must work with your supervisor or nominated deputy to create a personal development plan (PDP). Your PDP must address the concerns relating to the charges found proved including but not limited to:

a) Storage and administration of medications;

b) Administration of enemas;

c) Catheterisation;

d) Bladder scanning;

e) Infection control;

f) Knowledge of policies and practices;

g) Keeping up to date with clinical developments;

h) Communication with colleagues and patients, including duty of candour; and

i) Safeguarding including Deprivation of Liberty Standards.

7. *You must:*

   i. Send your case officer a copy of your PDP within the first six weeks of employment as a nurse.

   ii. Send your case officer a report from your supervisor or nominated deputy every three months. This report must show your progress towards achieving the aims set out in your PDP.

8. *You must keep us informed about anywhere you are working by:*

   a) Telling your case officer within seven days of accepting or leaving any employment.

   b) Giving your case officer your employer's contact details.

9. *You must keep us informed about anywhere you are studying by:*

   a) Telling your case officer within seven days of accepting any course of study.

   b) Giving your case officer the name and contact details of the organisation offering that course of study.

10. *You must immediately give a copy of these conditions to:*

    a) Any organisation or person you work for.

    b) Any agency you apply to or are registered with for work.

c) Any employers you apply to for work (at the time of application).

d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

11. You must tell your case officer, within seven days of your becoming aware of:

a) Any clinical incident you are involved in.

b) Any investigation started against you.

c) Any disciplinary proceedings taken against you.

12. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

a) Any current or future employer.

b) Any educational establishment.

c) Any other person(s) involved in your retraining and/or supervision required by these conditions'

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Bonyeme's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. It noted that it has not seen any new material from Mrs Bonyeme.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mrs Bonyeme's fitness to practise remains impaired.

The panel has seen no information from Mrs Bonyeme since the substantive order was made, and no evidence of engagement. There is nothing to suggest that she has complied with the conditions or is practising as a nurse at all, and therefore no record of safe practise without further incidents. The panel considered the substantive conditions of practice currently in place and was satisfied that they were workable.

The panel has seen no evidence that Mrs Bonyeme has taken steps to strengthen her practice such as additional training in the areas of concern. There is nothing to suggest that she has taken any steps to maintain her nursing skills or knowledge in the period since the substantive order was imposed. It noted that Mrs Bonyeme's lack of competence occurred over nine fundamental areas of nursing practice.

Further, the panel noted that the original panel found that Mrs Bonyeme had insufficient insight into her lack of competence. At this meeting, the panel had nothing from Mrs Bonyeme to indicate that her insight has developed in any way since the substantive order was made.

The original panel determined that Mrs Bonyeme was liable to repeat matters of the kind found proved. Today's panel has received no information that Mrs Bonyeme's practice has in any way strengthened or improved since the substantive order was first imposed. In light of the lack of any information received, the panel determined that Mrs Bonyeme is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and

upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Bonyeme's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Bonyeme fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate given the lack of competence found proved, and the public protection issues identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict Mrs Bonyeme's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Mrs Bonyeme's lack of competence was to such an extent that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further or varied conditions of practice order on Mrs Bonyeme's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. However, the panel noted that it has seen no information as to whether Mrs Bonyeme has worked under the current conditions in the last two and a half years since they were imposed. The panel has no evidence of insight or further training to suggest that Mrs Bonyeme has strengthened her practice, nor any indication that she intends to return to nursing practice. The panel considered that 30 months was a sufficient period of time for Mrs Bonyeme to engage with the NMC and take steps towards remediating her practice, and has not. Accordingly, the panel was not satisfied that a further period under conditions of practice would serve any useful purpose. On this basis, the panel concluded that a conditions of practice order is no longer appropriate in this case.

The panel next considered imposing a suspension order. The panel noted that Mrs Bonyeme has not provided evidence of remorse or reflection into her lack of competence, nor of steps taken to strengthen her practice. Mrs Bonyeme has not engaged with the NMC or responded to requests for further information about her current situation since the imposition of the substantive order. The panel has taken account of the NMC Guidance at SAN-3, and concluded that there is no evidential basis upon which it could reasonably conclude that a period of suspension would be likely to achieve a materially different outcome. In these circumstances, suspension would merely delay the inevitable regulatory outcome without advancing the objectives of public protection or maintaining confidence in the profession.

The panel determined that it was necessary to take action to prevent Mrs Bonyeme from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. The panel recognised that a striking-off order is the most restrictive sanction available. It carefully balanced the impact of removal from the register upon Mrs Bonyeme against the need to protect the public and maintain confidence in the profession. Having undertaken that balancing exercise, the panel concluded that the seriousness of the continuing impairment, the prolonged absence of any evidence of remediation and the failure of the conditions of practice order to achieve its intended purpose meant that no lesser sanction would adequately meet the regulatory objectives.

The panel therefore directs the registrar to strike Mrs Bonyeme’s name off the register.

This striking-off order will take effect upon the expiry of the current conditions of practice order, namely the end of 5 August 2026 in accordance with Article 30(1).

This will be confirmed to Mrs Bonyeme in writing.

That concludes this determination.