



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

INTERNAL MEMO

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**TO : MS. N NKOMO-RALEHOKO
MEC: GAUTENG HEALTH**

**FROM: DR D BARCLAY
AHOD: GAUTENG HEALTH**

**SUBJECT: RESPONSE TO LEGISLATURE QUESTION 5HL002
5HL002 REGARD TO THE CARDIOTHORACIC SURGERY DEPARTMENT
AT CHARLOTTE MAXEKE JOHANNESBURG HOSPITAL.**

(i) what vacant positions are there in this Department.

Response:

Cardiothoracic		
Job Title	Filled	Vacant
HOD		1
HOU	1	
Medical Specialist	1	2
Registrars	3	
Medical Officer	3	
Sessions	4	
Total	12	3

(ii) How do vacant posts, including those of anesthetists and full-time consultants, affect service delivery for patients.

Response:

Significant delays in surgical interventions

Substantial reduction in training and skills-development opportunities

RESPONSE TO LEGISLATURE QUESTION 5HL002

Increased risk of burnout for the sole specialist providing services

Noticeable decline in overall staff morale

(iii) How many staff have resigned since 1 January last year, and what were their positions?

Response:

JOB TITLE	VACANT POSTS
CHIEF CLINICAL TECHNOLOGIST GRADE 1	1
CLINICAL TECHNOLOGIST GRADE 2	1
HEAD CLINICAL DEPARTMENT PSYCHIATRY	1
HEAD CLINICAL UNIT PSYCHIATRY	1
HEAD CLINICAL UNIT SURGERY	1
HEAD CLINICAL UNIT NEUROLOGY	1
MEDICAL OFFICER GRADE 1	11
MEDICAL PHYSICIST GRADE 1	1
MEDICAL SPECIALIST GRADE 1 (ENT)	1
MEDICAL SPECIALIST GRADE 1 (PSYCHIATRY)	2
MEDICAL SPECIALIST GRADE 1 (OBSTETRIC & GYNEA)	2
MEDICAL SPECIALIST GRADE 1 (RADIOLOGY)	1
MEDICAL SPECIALIST GRADE 1 (OPHTHALMOLOGY)	1
MEDICAL SPECIALIST GRADE 1 (SURGERY)	5
MEDICAL SPECIALIST GRADE 1 (RADIATION ONCOLOGY)	1
MEDICAL SPECIALIST GRADE 1 (PEADS)	1
MEDICAL SPECIALIST GRADE 1 (INTERNAL MEDICINE)	1
MEDICAL SPECIALIST GRADE 1 (ANESTHESIA)	4
NA1 NURSING ASSISTANT GRADE 1	5
PHARMACIST ASSISTANT (POST-BASIC) GRADE 1	1
NUCLEAR MEDICINE RADIOGRAPHER GRADE 2	1
OCCUPATIONAL THERAPIST GRADE 1	1
PHARMACIST GRADE 1	1
PNA2 PROFESSIONAL NURSE GRADE 1	27
PNA6 CLINICAL PROGRAMME COORDINATOR GRADE 2	1
PNA6 OPERATIONAL MANAGER NURSING GRADE 2	2
PNA7 ASSISTANT MANAGER NURSING AREA	2
PNB1 PROFESSIONAL NURSE GRADE 1 SPECIALITY NURS	16
PND2 LECTURER NURSING GRADE 2	2
PNB4 ASSISTANT MANAGER NURSING (SPECIALITY UNIT)	2
PNB3 OPERATIONAL MANAGER NURSING (SPECIALITY UN	6
RADIATION ONCOLOGY RADIOGRAPHER GRADE 1	1
RADIOGRAPHER GRADE 1	5
PSYCHOLOGIST GRADE 1	2
REGISTRAR (MEDICAL)	7
SN1 STAFF NURSE GRADE 1	9
SPEECH THERAPIST AND AUDIOLOGIST GRADE 1	2
ADMINISTRATION CLERK	4
ADMINISTRATIVE OFFICER (CORE)	4
AUXILIARY WORKER	1
CLEANER	16
COMPUTER TECHNOLOGIST	1
FINANCIAL CLERK	1
FINANCIAL CONTROLLER	1
FOOD SERVICE AID	5
HUMAN RESOURCE CLERK	2
LAUNDRY WORKER	7
MATERIAL RECORDING CLERK	1
MESSENGER (CORE)	1
MIDDLE MANAGER (COMMUNITY LIAISON)	1
OPERATOR (CORE)	10
PORTER (CORE)	1
REGISTRY CLERK	1
STORE ASSISTANT	1
TOTAL	188

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(iv) What were the mortality and morbidity figures in the Department in 2025, and how do these compare with previous years and to the normally acceptable figures for such a Department;

Response:

The data reflects a consistent and significant year-on-year decline in mortality:

- **38.8% reduction** in mortality from 2023 to 2024
- **55.1% further reduction** from 2024 to 2025
- **Overall, 72.5% decrease** in mortality between 2023 and 2025

This demonstrates a substantial and sustained improvement in patient outcomes within the Department.

(v) Why are trainees not supervised when they operate, including reportable incidents occurred because of this in 2025;

Response:

- Trainees were not allocated cases that exceeded their level of competence, even in situations where a specialist was not physically present. The Head of the Clinical Unit remained continuously available and on call to provide guidance or intervene whenever complex issues arose. No reportable incidents in 2025 were attributed to trainees operating without appropriate oversight.

(vi) How many patients have been harmed or died while in the ICU because of registrars left on their own at night.

Response:

- The hospital has no recorded cases of patients being harmed or dying in the ICU as a result of registrars being left unsupervised at night. Specialists are contacted and respond whenever their expertise is required, ensuring that support is available for complex or deteriorating patients.

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(vii) What complaints have been received about the Head of Department/Clinical, including to the Vice Chancellor's office at the University of Witwatersrand.

Response:

No formal complaints were submitted by staff members. However, the facility is aware of a concern raised by the Vice-Chancellor of the University of the Witwatersrand. In this communication, it was noted that:

- The Faculty of Health Sciences has become involved due to the matter affecting both Registrars and Joint Staff.
- It was reported that the Department is experiencing significant dysfunction as a result of a breakdown in relationships among several staff members, including Registrars.
- The Vice-Chancellor expressed concern that this situation may have implications for patient care, surgical service delivery, theatre safety, and the broader clinical training platform.

(viii) what has been done and will be done to address these complaints as well as the staff vacancies and high morbidity and mortality figures.

Cardiothoracic Surgery:

- CMJAH advertised a vacant Medical Specialist post with a closing date of 28 November 2025. One suitable candidate applied and was appointed on 14 January 2026.
- A subsequent advertisement for another Medical Specialist post was issued on 23 January 2026, with a closing date of 6 February 2026.
- Shortlisting is scheduled for 12 February 2026, with a projected appointment date of 1 March 2026.

Anaesthesia:

- CMJAH has been actively recruiting Medical Specialists; however, no applications were received.

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- The institution initiated a headhunting process for sessional Medical Specialists on 1 September 2025, resulting in the appointment of eight candidates to date.
- On 14 November 2025, seven permanent Medical Specialist posts were advertised (closing date: 28 November 2025), but again no applications were received.
- These posts were subsequently re-advertised on 19 January 2026 as nine sessional positions and four permanent positions.
- The closing date for these posts is 5 February 2026, with shortlisting scheduled for 11 February 2026 and a projected appointment date of 1 March 2026.

(ix) How many patients are on the waiting list for cardiothoracic surgery, including the waiting times for the various procedures.

Response:

PROCEDURE	WAITING TIME / TREATMENT TIME	TOTAL NUMBER AWAITING SURGERY
Adult congenital heart disease	8 weeks	2
Coronary artery bypass	16 weeks	31
Valvular heart replacements	14 weeks	29
Aortic disease	14 weeks	10
Pericardial disease	4 weeks	2
Cardiac tumours	Emergency	0
Pulmonary endarterectomy	4 weeks	3

(x) Why has a commission of inquiry not been set up into the deaths of patients and alleged cover-ups in this matter?

Response:

- A commission of inquiry has not been established because the available data does **not indicate an abnormal or rising mortality trend** that would warrant such an intervention. On the contrary, the Department has demonstrated a **substantial and continuous improvement** in mortality

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outcomes over the past three year as demonstrated in response (IV). These results show a **marked improvement in patient outcomes**, with no evidence of systemic failure or elevated risk that would necessitate a formal commission of inquiry.

~~RECOMMENDED/NOT RECOMMENDED/RECOMMENDED WITH AMENDMENTS~~



DR MP SELEPE
ACOO: GAUTENG HEALTH
DATE: 03/03/2026

~~SUPPORTED/NOT SUPPORTED/SUPPORTED WITH AMENDMENTS~~



DR D BARCLAY
AHOD: GAUTENG HEALTH
DATE: 16.2.26

APPROVED/NOT APPROVED/ APPROVED WITH AMENDMENTS



MS. N NKOMO-RALEHOKO
MEC: GAUTENG HEALTH
DATE: 17/03/26