



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

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RESPONSE TO LEGISLATURE QUESTION 5. HL056

5HL056: WITH REGARD TO QUESTION 5HL002 CONCERNING CARDIOTHORACIC DEPARTMENT AT CMJAH

- (i) How many heart surgeries in the various categories were done in 2021, 2022, 2023, 2024, and 2025 respectively (please give separately for each year);

Response:

The number of cardiac surgical procedures performed is as follows:

YEAR	NUMBER OF PROCEDURES
2025	207(166 index + 42 redo)
2024	234 (168 index + 66 redo)
2023	237 (170 index + 67 redo surgeries)
2022	92 index operation + 44 redo (Numbers from July to December)
2021	Theatre book missing post fire incident

- (ii) What are the reasons for any decline in the number of surgeries done each year;

While overall surgical volumes have remained relatively stable, minor fluctuations are attributable to:

- Reduction in available theatre lists, primarily due to anaesthetic staffing constraints.
- Although there was a significant loss of senior cardiothoracic consultants over time, the minor fluctuations can barely be attributable to Cardiothoracic Staffing challenges
- The vacancy of key leadership posts, such and including the Head of Department position, do place undue workload on the Head of Clinical Unit, who has undertaken major tasks usually shared by the 2 positions.

Despite these constraints, the department-maintained continuity of service and no measurable decline in operative output.

- (iii) **How many patients died from the heart surgeries in each year in 1) above (please give separately for each year);**

Response:

YEAR	NUMBER OF DEATHS
2025	23
2024	27 (3 Pre operation)
2023	38 (8 Pre operation)
2022	11 Data from July to December
2021	Register missing post fire incident

- (iv) **What is the mortality rate for surgeries in 1) above expressed as a percentage for each year (please give separately for each year);**

Response:

YEAR	MORTALITY RATE
2021	Register missing post fire
2022	12% (July to December)
2023	21%
2024	19%
2025	14%

This reflects a progressive and sustained improvement in outcomes, with an overall ~34% reduction in mortality between 2023 and 2025.

This improvement is clinically significant, particularly in the context of:

- A high-risk surgical population
- A substantial number of redo and emergency cases
- Severe staffing and operational constraints

(v) Why did the department lie about a claimed 72.5% decrease in mortality between 2023 and 2025 and that there was "a substantial and sustained improvement in patient outcomes";

Response:

The department did not intentionally provide false information.

The previously reported figure of a 72.5% reduction, presumably resulted from a calculation error during the collation of preliminary, non-reconciled datasets.

Following verification using consolidated departmental records, the corrected data reflects a ~34% reduction, indicating real but previously overstated improvement.

(vi) Which person provided the false information in 5) above;

Response:

Presumably, it was a data collation and validation process issue, rather than deliberate misrepresentation by any individual.

The matter is being addressed by being afforded more time to strengthen the data governance and verification processes.

(vii) What is the sepsis rate for 2021, 2022, 2023, 2024, and 2025 respectively expressed both in numbers and as a percentage (please give separately for each year);

Response:

YEAR	%SEPSIS RATE
2021	Register missing post fire
2022	25.9%
2023	20.9%

2024	23.6%
2025	22.2

(viii) What accounts for any high rates of sepsis in patients.

Response:

The reported figures reflect overall morbidity rates, which include but are not limited to sepsis. This problem is not unique to Charlotte Maxeke Johannesburg Academic Hospital. It needs to be interpreted in line with national benchmarks.

These morbidity metrics encompass:

- Post-operative infections (including sepsis)
- Re-explorations for bleeding
- ECMO cannulations
- Other major post-operative complications

Accordingly, the morbidity rate should not be interpreted as a pure sepsis rate, and the actual incidence of sepsis is likely lower than initially reflected.

(ix) What action will be taken against the person or persons who provided the wrong and misleading information in question 5. HL002; and

Response:

The focus is on system-level correction rather than individual sanction, as the available evidence indicates a either a calculation error rather than intentional misconduct, or it might just as well be a media sensationalism.

Corrective actions will include:

- Strengthened data validation protocols
- Implementation of centralised reporting systems
- Enhanced internal review prior to submission
- Cardiac surgery in the face of staff shortages should be afforded ample time for collation and verification of data

(x) What action will be taken to rectify identified deficiencies in the Cardiothoracic Department to ensure patient treatment and safety is given the top priority?

Response:

The department has implemented and continues to implement the following measures:

- Collaborative efforts are taken between the data management and clinical team for a centralized information hub platform.
- Access granted to departments' databases for all procedures performed and will be onboarded onto the TTG.
- Ongoing recruitment efforts for cardiothoracic and anaesthetic staff
- Engagement with stakeholders to restore full theatre capacity
- Strengthening of clinical governance and outcome monitoring systems

Yours faithfully,



Ms. Faith Mazibuko, MPL

Member of the Executive Council: Gauteng Department of Health and Wellness

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