



Quality Improvement in Health Care

ANNUAL REPORT
1ST JULY 2016 - 30TH JUNE 2017

Making health care safer and better



Leading the transformation of
healthcare quality and safety globally



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A WORD FROM THE CHAIR



Since 2002, COHSASA has been consistently accredited by ISQua by maintaining standards. Its current award is valid until late 2018. The standards for hospitals, palliative care and surveyor training are also currently ISQua accredited.

The Board of The Council for Health Service Accreditation of Southern Africa NPC is mandated to carry out the mission of the organisation which is to assist healthcare facilities in Africa and other developing countries to deliver quality health care to their clients through sustained improvement using internationally recognised standards, patient safety principles and operational research. Since 2002, COHSASA has been consistently accredited by ISQua by maintaining standards. Its current award is valid until late 2018. The standards for hospitals, palliative care and surveyor training are also currently ISQua accredited.

Since 1995, 813 awards for both full accreditation and graded recognition have been awarded to facilities in the public, private and not-for-profit sectors across Africa in the following countries: South Africa, Botswana, Nigeria, Lesotho, Rwanda, Namibia, Swaziland, Malawi and Uganda. 259 facilities received a total of 541 Full Accreditation awards. Some facilities have been accredited more than once, so 276 two-year awards have been awarded to 241 facilities, 235 three-year awards have been given to 124 facilities and 30 four-year awards to 29 facilities. Several facilities have been accredited 5 or 6 times over the years.

Over the past year COHSASA has continued to grow its global influence and contribution to improving quality in healthcare and Ms Jacqui Stewart, our CEO, has done us proud by serving on the following bodies: African communities of practice (ISQua), the ISQua Accreditation Council, Lancet Commission for High Quality Health Systems (South Africa) and the Planning and Programme Committee for the ISQua Conference in Malaysia in 2018. Jacqui has participated in conferences nationally and internationally. Of note is the ISQua Conference in Tokyo and Africa Health 2017, an international conference hosted in South Africa. We thank Jacqui and her very competent, hard-working team for their commitment and dedication to COHSASA.

It is with regret that we had to say goodbye to some loyal and dedicated directors and we thank them for their commitment. We have also been fortunate to have welcomed new board members to take forward the important work of the board by ensuring that COHSASA maintains its role and upholds its values which inform and inspire COHSASA's activities, defining who we are and how we operate.

SHARON SLABBERT
CHAIRMAN

ABOUT US

Our Vision

To be the leading, internationally recognised healthcare quality improvement and accreditation organisation.

Our Goals

To develop, implement, adapt and improve cost effective, integrated quality improvement, patient safety and accreditation programmes for public and private healthcare facilities in developing countries.

To maintain ISQua accreditation for COHSASA, its surveyor training programme and selected standards.

To ensure that COHSASA and its programmes are financially and operationally sustainable.

To maintain, protect and continuously upgrade COHSASA information systems to support the COHSASA programmes and operations.

To be recognised both nationally and internationally as a leader in strengthening health care delivery systems in developing countries.

To be a recognised research partner in the field of healthcare quality improvement.

To build and maintain sustainable financially viable partnerships.

To be a professional provider of skills development programmes to support the COHSASA mission and vision.

Our Mission

To assist healthcare facilities in Africa and other developing nations to deliver quality healthcare through sustained improvement, using internationally recognised standards, patient safety principles and operational research.

Values

The following values inform and inspire COHSASA's activities, defining who we are and how we operate:

- Grounded in Africa
- Teamwork
- Commitment
- Professionalism
- Social responsibility
- Equity and diversity

A WORD FROM THE CEO



COHSASA is beginning to work with different clients on a wider range of assignments in keeping with our stated strategy that diversification is necessary to build resilience. This will ensure our sustainability into the future.

This past year has been particularly exciting as COHSASA forged closer relationships with new research partners and other enterprises that complement our approach.

Awareness of COHSASA and its products and services continues to grow. We had a strong corporate presence at Africa Health 2017 and chaired the Quality Management Conference there. Two papers were presented at the ISQua conference in Tokyo in October 2016, one on accreditation and health outcomes and second on the comparison between public and private hospitals in the COHSASA accreditation programme.

In June 2017, I delivered a paper titled 'Accreditation of healthcare facilities in Africa', at the annual South African Society of Occupational Medicine (SASOM) Congress in June at the Protea Hotel by Marriott, Oliver Tambo International Airport, Kempton Park, Gauteng.

COHSASA is beginning to work with different clients on a wider range of assignments in keeping with our stated strategy that diversification is necessary to build resilience. This will ensure our sustainability into the future.

I was delighted to be appointed to the Lancet National Health Commission on High Quality Health Systems. This contributes to the Global Commission, an independent initiative, hosted by the Harvard School of Public Health in Boston. I believe that this will contribute to the future implementation of the National Health Insurance (NHI), the cornerstone of which will be quality. COHSASA can make a significant contribution to this important national policy.

COHSASA captured an enviable prize we have been striving to win for many years: to host the annual ISQua conference, arguably the most important global conference concerned with quality and safety in health care – in Cape Town in 2019.

This is the first time the conference will be held in Africa. Given the worldwide focus on delivering patient-centred health care safely and cost-effectively, we are glad that we have managed to turn the spotlight on Africa.

I am confident that the future is bright for our mission. COHSASA staff are geared towards this and go forward with great hope that we can and will make a difference to healthcare throughout the continent of Africa.

JACQUI STEWART
CEO OF COHSASA



The CEO of COHSASA, Jacqui Stewart (left), chaired the Quality Management Conference at Africa Health in 2017 with speakers from several African countries.

COHSASA was one of 540 companies from 18 different countries to host an exhibition for three days at the largest health conference on the continent, Africa Health 2017. Quality Advisor Chris Bloem (below right in picture) talks to a group of potential clients at the COHSASA exhibition stand.



SUMMARY INFOGRAPHIC

OUR PROGRAMMES

The Council delivers programmes for quality improvement, accreditation and patient safety. There is a strong focus on building local capacity in all the programmes.

Quality Improvement and Accreditation

The quality improvement and accreditation programmes are standards-based and focus on the systems and processes that are required in healthcare facilities to enable the staff to operate optimally. The programmes are tailored to meet the needs of the clients, depending on where they are starting on their quality journey and how long it may take them to achieve accreditation. Some clients enter a self-evaluation programme after they have received initial training and had a baseline survey conducted to give them an objective, accurate evaluation of their situation in terms of compliance with the standards.

The self-evaluation programme is supported by the COHSASA web-based quality information system, CoQIS. The clients are trained to capture the standard compliance data and develop quality improvement projects and plans in CoQIS, which they can then monitor and manage as they progress in the programme.

Other clients need more support to start the quality improvement programme and have more on-site visits

from our quality advisers, who guide and assist the healthcare team to develop the skills they need to manage their quality improvement activities.

A hybrid programme enables clients to carry out self-evaluation of their standard compliance and quality improvement activities as well as receive on-site support visits, until they are confident that they can assess their standard compliance accurately and implement effective quality improvement projects.

Patient Safety

The Council offers a web-based incident reporting, monitoring and management system called PatSIS. Incidents are reported by facility staff through a call centre staffed by registered nurses, who capture all the details of the incidents into PatSIS. As soon as an incident is captured, the relevant staff at the facility are notified so that they can begin a full investigation. If the incident is very serious a text message is sent to the relevant staff and the senior management. The facility staff are trained to use PatSIS to monitor and manage the incidents and to ensure that there is learning from each adverse event or near miss to reduce the chance of re-occurrence.

During the past financial year Full Accreditation Awards have been conferred on

20
FACILITIES

7 FACILITIES RECEIVED
2 YEARS' FULL ACCREDITATION

10 FACILITIES RECEIVED
3 YEARS' FULL ACCREDITATION

3 FACILITIES RECEIVED
4 YEARS' FULL ACCREDITATION

14 253 incidents have been reported in the PatSIS system since April 2013.

COHSASA organic website traffic in mid-June 2017 had increased by 72.5% over the previous year and queries on the website increased by 22%.

Since 2002, COHSASA has been consistently accredited by ISQua by maintaining standards. Its current award is valid until late 2018. The standards for hospitals, palliative care and surveyor training are also currently ISQua accredited.

In the past 22 years of operation

813

awards for both full accreditation and graded recognition have been awarded to facilities in the public, private and not-for-profit sectors across Africa in the following countries: South Africa, Botswana, Nigeria, Lesotho, Rwanda, Namibia, Swaziland, Malawi and Uganda

The survey unit conducted

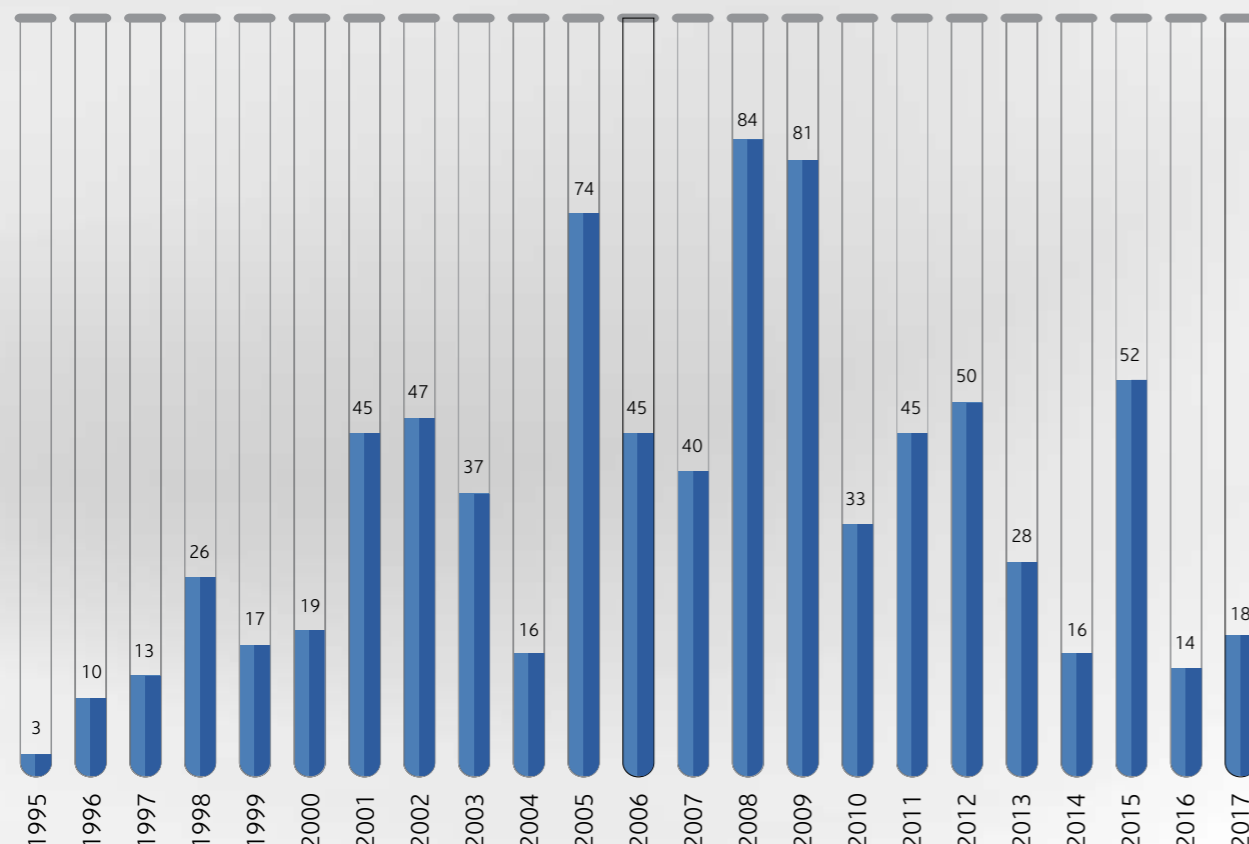
60

surveys for 15 clients of which 26 were accreditation (external) surveys. 37 inspections were carried out on behalf of third party clients.

ACCREDITATION AWARDS

History of accreditation and graded recognition awards per year

(1995 to August 2017 = 813 awards across 425 facilities)



Healthcare facility accreditation is our core business. During the past financial year, accreditation awards have been conferred on 20 facilities. A total of 40 facilities were presented to the COHSASA Technical Committee and Board for a decision on their accreditation status.

- 20 received Full Accreditation, of which:
 - 10 received 3 years' Full Accreditation
 - 7 received 2 Years' Full Accreditation
 - 3 received 4 Years' Full Accreditation
- 3 received Graded Recognition at Entry Level
- 2 received Focus Surveys
- 1 received Conditional Accreditation
- 14 facilities were found to comply with the accreditation standards post accreditation during interim surveys.

Full Accreditation Awards

Client Name	Facility Name	Number of Facilities
Mediclinic	Mediclinic Brits	8
	Mediclinic Cape Gate	
	Mediclinic Cape Town	
	Mediclinic Durbanville	
	Mediclinic Hermanus	
	Mediclinic Legae	
	Mediclinic Morningside	
	Mediclinic Worcester	
Botswana Ministry of Health and Wellness	Mahalapye Hospital	3
	Nkoyaphiri Clinic	
	Scottish Livingstone Hospital	
Chevron Nigeria Ltd	Chevron Hospital, Gbagada	2
	Chevron Hospital, Warri	
Cure Day Clinic Holdings (Pty) Ltd	Cure Day Clinics Somerset West	2
	Cure Day Clinics Bellville	
Hospice Palliative Care Association of South Africa (HPCA)	Helderberg Hospice	1
Rwanda - Ministry of Health	King Faisal Hospital, Kigali	1
Nigeria LNG International Hospital	Nigeria LNG International Hospital	1
The Shell Petroleum Development Company	The Shell Petroleum Development Company Hospital Port Harcourt	1
Lenmed Health	Lenmed Health Bokamoso Private Hospital	1

ACCREDITATION AWARDS

Katrin Kleijnhans Awards

COHSASA clients took great pride in our new award – the Katrin Kleijnhans Quality Award.

The Quality Trophy is awarded to an individual, a unit, a department or a discipline in a healthcare facility that has made the most impressive or substantial contribution to quality improvement during the COHSASA accreditation process. The recipient is selected by the management or the peers of their healthcare facility, not by COHSASA.

The flame-shaped trophy, echoing the COHSASA logo to inspire quality, honours the memory of COHSASA colleague, Dr Katrin Kleijnhans, who died on 28th September 2016 after a long illness. It is intended that the trophy carry forward her legacy and encourage others to share her enormous passion for ensuring quality and safety in health care.

After its initial presentation, the trophy will become an annual internal floating trophy at the facility and be awarded to a deserving recipient.



Proud members of the Mediclinic Morningside Clinical Management Team received the Katrin Kleijnhans Quality Trophy from the CEO, Jacqui Stewart (above left). The Katrin Kleijnhans Quality Award is pictured top right.

OUR BOARD



Chairperson

Mrs Sharon Slabbert
Executive Officer: Health Services Delivery for the Hospital Association of South Africa.



Dr Nicole Speaker
Quality Director of PharmAccess Foundation and Managing Director of SafeCare, based in Amsterdam, the Netherlands.



Vice Chairperson

Professor Gert J van Zyl
Dean of the Faculty of Health Sciences at the University of the Free State (UFS)



Professor Ethelwynn Stellenberg
Associate Professor of Nursing in Department of Nursing and Midwifery at University of Stellenbosch.



Professor Erwin Schwella
(Immediate past Chair)
Professor of Public Leadership Stellenbosch and Tilburg Universities. Disruptive Social Innovator



Dr Steve Taylor
Executive Group Medical Director – Life Healthcare Group



Mrs Madelein Mkunu
Founder and President of Leading Women of Africa (LWA) and Director of LWA-Corporate Investment



Dr Sibusiso Zuma
Technical Advisor Primary Health Care FHI 360



Mr Albert Ramukumba
(Former Chair)
Senior Manager District Hospital Services in Limpopo Province

OUR SENIOR MANAGEMENT TEAM

During the past year we restructured COHSASA into four functional units to better support our client activities in the organisation. These functional units are Quality Improvement and Accreditation, Information & Communication Technology, Administrative Support and Business Development and Marketing. The Senior Management Team comprises the four unit leads, the HR & Quality Manager and the Communications Manager.



Quality Improvement and Accreditation Lead

Giel van Schalkwyk

Giel van Schalkwyk has been the Chief Surveyor at COHSASA for 20 years, managing the accreditation surveys for all types of healthcare facilities. He developed and leads the training programme for healthcare surveyors and actively contributes to the development of the accreditation standards. He has taken part in more than half of the accreditation surveys conducted by COHSASA to date.

Giel qualified as a medical doctor in 1983 and worked as a general practitioner until 1991 when he moved into administration and management in both provincial and national government organisations where he was responsible for a range of healthcare programmes.



Information & Communication Technology Lead

Mtisunge Chiotha

Mtisunge Chiotha leads the ICT unit, which comprises informatics, knowledge management, the data section and the CoQIS Helpdesk. Since taking over the new unit, she has been working with the team to improve the service delivery to both external and internal clients. This includes the system support, information management, client support and feedback. The team provides great support and is responsive to client needs.

Prior to joining COHSASA in 2010, Mtisunge worked for a Software Engineering company as an Applications Support Engineer. She holds a BSc (Hons) in Computing and Information Technology from the London Metropolitan University.



Administration and Support Lead

Elsa Wiehman

Elsa Wiehman heads up the Administration and Support unit which incorporates all the internal corporate support services.

She started her career in banking and then moved into private bookkeeping and accounts with a large accounting and auditing company. She worked at COHSASA from 1999 to 2004 and left to broaden her experience. She returned to COHSASA in 2010 as the Accounts Manager.



CEO, Business Development & Marketing Lead

Jacqui Stewart

Jacqui Stewart joined COHSASA as the Chief Operations Manager in 2005. She was appointed Interim CEO in January 2015 and was appointed as Chief Executive Officer of COHSASA in April 2016. She heads up the Business Development and Marketing unit which incorporates research.

She trained as a nurse in Cape Town and specialised in cardiothoracic nursing before moving into quality improvement, service development and managerial posts in the English NHS. Prior to joining COHSASA she was a director at the NHS Modernisation Agency, Leadership Centre and interim director at the NHS University. She has just completed a Master's degree in Professional Studies in Health at Middlesex University, London.



HR and Quality Manager

Helena Tredoux

Helena Tredoux has been the Human Resources and Quality Assurance Manager since 2007. She ensures that COHSASA fully complies with all employment-related legislation. She is responsible for coordinating the implementation and maintenance of the International Society for Quality in Health Care (ISQua) organisational standards throughout the organisation.

Helena qualified in Human Resources Management in 2003 and has held several human resources positions since. Her experience includes HR/Business Analysis in corporate banking.



Communications Manager

Marilyn Keegan

Marilyn Keegan studied nursing at the University of the Witwatersrand and was the health reporter for the Rand Daily Mail. As an award-winning journalist, she has a wide knowledge and understanding of media and has been a senior writer for several national newspapers and magazines in South Africa. During her 17-year tenure at COHSASA she has gained experience in all aspects of corporate communications, including the management of the company website, publications, photography and social media.

She has organised conferences and events in promoting quality and safety of healthcare in Southern Africa. She has a BA in Communications and a post-graduate degree (BA Hons.) in English literature.

ACTIVITIES IN THE 2016/7 FINANCIAL YEAR

QUALITY IMPROVEMENT AND ACCREDITATION UNIT

The Quality Improvement and Accreditation Unit share the same pool of staff, who function as either Quality Advisors or Surveyors. Depending on the workload, the staff complement is augmented with fulltime healthcare professionals who hold dual positions in COHSASA, or

Independent Consultants who have undergone formal training to operate as COHSASA surveyors. The unit is responsible for the development of accreditation and other quality standards.



Quality improvement Unit

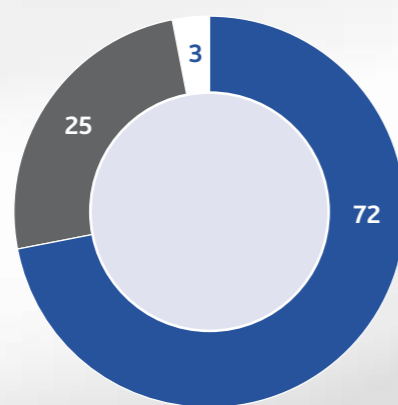
The Quality Improvement Unit is responsible for the implementation of client contracts for introducing accreditation standards to healthcare facility staff. The unit carries out a range of activities as agreed with the clients including:

- training of healthcare facility personnel on the accreditation standards and quality improvement methods,
- conducting baseline surveys when compliance with the accreditation standards is assessed,
- reporting back the baseline survey results to the client and guiding facility personnel on how to manage identified deficiencies using quality improvement methodologies,
- training facility staff to use the COHSASA Quality Information System, CoQIS, to monitor and manage their quality improvement programme,
- support visits to guide and mentor facility staff during the contract period,
- reviews of the clients' self-assessment data that is captured into CoQIS at regular intervals during the contract period,

- conducting progress surveys towards the end of the contract period to determine the clients' level of compliance with the standards and readiness for accreditation,
- assisting primary healthcare facilities with quality improvement programmes to comply with the national requirements for Ideal Clinics.

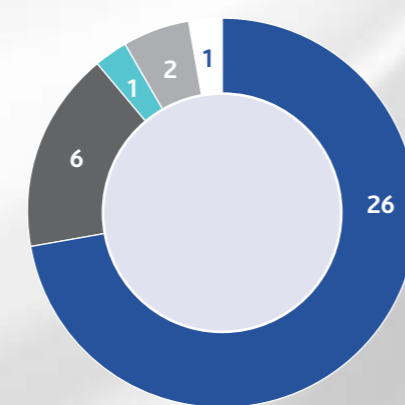
For the financial year 01 July 2016 – 30 June 2017 the Quality Improvement Unit conducted 36 field visits at 35 facilities for five clients

Quality Improvement Unit Field Visit Types



■ Ideal Clinic QI Project
■ Support Visits
■ Baseline

Quality Improvement Unit Field Visit per Client



■ City of Cape Town
■ Malawi GIZ
■ Nigeria LNG International Hospital
■ Abraaj
■ Lady Pohamba Private Hospital

Survey Unit

The Survey Unit is responsible for conducting external (accreditation) surveys of healthcare facilities in the COHSASA accreditation programme.

The unit team trains potential surveyors. These may include surveyors from countries where COHSASA has developed national standards.

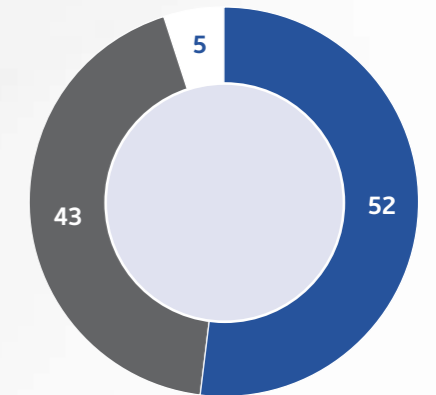
Third party client activity:

COHSASA is contracted by the Board of Healthcare Funders (BHF) to carry out inspections of new or upgraded private healthcare facilities

COHSASA is contracted by Turner Townsend, the independent monitor of the contract between the Government of Lesotho and the Tsepong Group, to monitor the implementation of the contract.

For the financial year 01 July 2016 to 30 June 2017, the survey unit conducted 60 surveys for 15 clients of which 26 were accreditation (external) surveys. 37 inspections were carried out on behalf of third party clients.

Survey Unit Field Visit Types

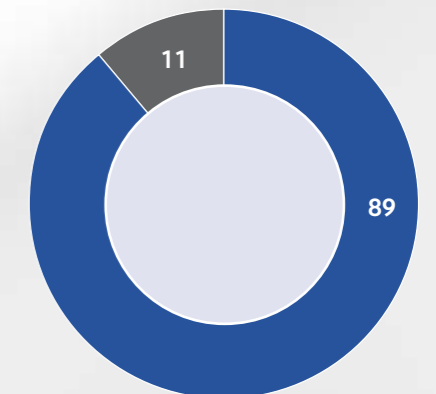


■ Interim
■ External
■ Focus

Surveys Unit field visits per client



Third party client activity Field Visit Types

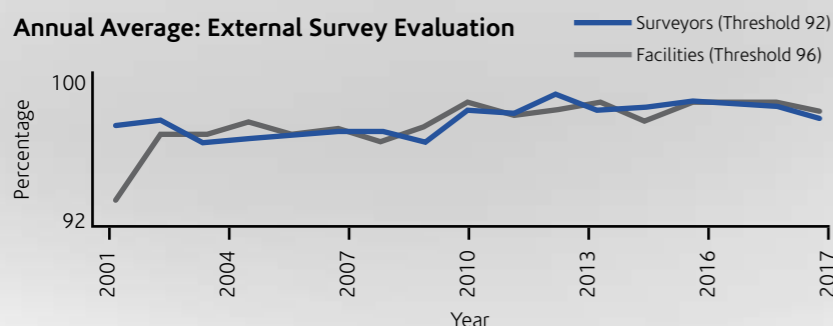


■ BHF Inspectors
■ Independent Monitoring



Monitoring operational activities

A balanced score-card system is used in the unit to monitor operational activities and key performance areas monthly. The two core performance aspects are client satisfaction with the execution of accreditation survey-related activities and the surveyors' adherence to, and performance against, survey-related protocols. The graph below depicts the unit's performance on these two aspects in relation to accreditation surveys since 2001 and indicates stabilisation of performance levels above the thresholds of 96 and 92 percent respectively.



Standards Development

The plan is to develop two sets of "foundation" standards: one for inpatient services and one for ambulatory services. These will form the basis on which future standards will be developed: as part of those sets.

During the year, the following standards have been reviewed, developed or are work in progress:

- Standards for Emergency Obstetric and Neonatal Care (EmONC) and the Integrated Management of Childhood Illnesses (IMCI) for the Botswana Ministry of Health and Wellness
- Standards for Mental Health and various private practices for the Botswana Ministry of Health and Wellness are being developed
- Day Hospital Standards including procedural sedation
- Day Surgery Consulting Room Standards including procedural sedation
- Renal Dialysis Standards
- Nursing Agency Standards
- Interim Survey Standards
- Version 7 of the Hospital Standards will be presented for ISQua survey in 2018.



PatSIS

PatSIS is a secure web-based incident reporting, monitoring and management system. Incidents are reported via a call centre staffed by qualified registered nurses. PatSIS is a genuine alternative to the time-consuming paper-based processes used in most healthcare facilities.

It has been developed to systemise the reporting and monitoring of incidents, whether adverse events or near misses, and to contribute to risk awareness among healthcare staff. The emphasis is on learning and changing behaviour to decrease the probability of errors.

Currently there are public and private sector clients using the system. Some clients manage their own call centres with COHSASA's support. PatSIS has been upgraded to better meet the clients' needs. A total of 14 253 incidents have been reported in the PatSIS system since April 2013.



ICT Unit

The ICT team offers support to all users within our network and remote staff users. The team ensures that our client-facing systems – CoQIS and PatSIS – are at their optimal functioning capability.

We also ensure that the network and applications are well maintained to minimise downtime.

This year we embarked on an upgrade of PatSIS, our incident reporting and monitoring system for adverse events and near misses, to ensure it meets the needs of our users.



Human Resources & Quality Assurance

Staff are our most valuable asset and thus human resources has a pivotal role in ensuring the success of COHSASA. The human resources department is responsible for providing strategic corporate human resource advice on learning and development, workplace equity and diversity, performance management, and developing human resource policies and practices, and staffing policies. The department is responsible for coordinating all internal quality improvement and maintaining the standards for ISQua accreditation.



Communications

Communications play an important role in COHSASA's business to ensure our stakeholders are informed and up to date with the work of the organisation. We publish the successes of the accreditation programme and the names of organisations participating in the quality improvement programme as recognition of their commitment to quality.

A highlight of 2016 /2017 was COHSASA's attendance at Africa Health in early June 2017. This is the largest medical exhibition in Africa. COHSASA's stand generated much interest. Access to promotional material, brochures and other information generated many subsequent queries.

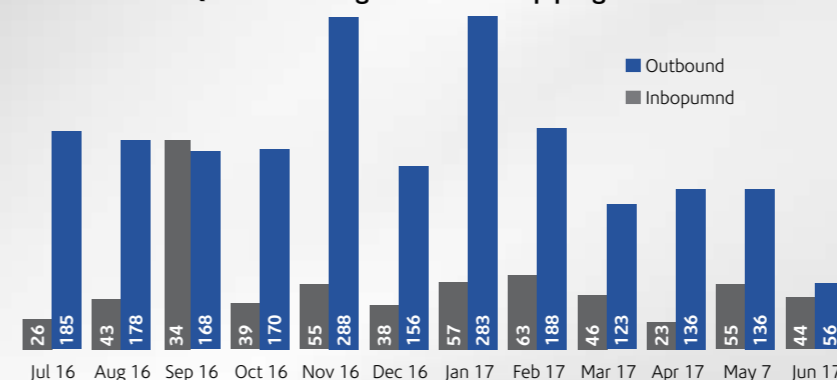
The focus has been to raise the public profile of COHSASA and an indicator of success was that organic website traffic in mid-June 2017 had increased by 72.5% over the previous year and queries on the website increased by 22%.



Helpdesk and Databank

The COHSASA Helpdesk and databank team provide essential support to two important groups – external and internal clients. First, the team trains clients to use CoQIS when they enter the quality improvement and accreditation programmes and assist them with any queries relating to the implementation and monitoring of their programmes. Second, the team supports the Quality Advisors to monitor the clients' self-evaluation programmes and ensure that the Quality Advisors and Surveyors have all the necessary documents when they carry out client visits and external surveys.

Client Contact/Queries relating to the self-help programme



FINANCE

The Council is registered as a Non-Profit Company in terms of the Companies Act, No. 71 of 2008. It is also registered as a NPO with the Department of Social Development (RSA). Despite its NPC status, the Council is financially self-sustainable and not dependent on grants or donor funding.

The financial audited statements for the year ended 30 June 2017 were approved by the Board of Directors on August 25, 2017 and the financial statements and auditor's reports are given below. The full set of accounts is available on request from finance@cohsasa.co.za

The Council for Health Service Accreditation of Southern Africa NPC Statement of Financial Position as at 30 June 2017

Note(s)	2017 (R)	2016 (R)
Assets		
Non-Current Assets		
Property, plant and equipment	97,171	143,458
Deferred tax	96,847	310,172
	<u>194,018</u>	<u>453,630</u>
Current Assets		
Current tax receivable	192,303	163,527
Trade and other receivables	2,442,624	1,653,023
Cash and cash equivalents	320,202	2,165,566
	<u>2,955,129</u>	<u>3,982,116</u>
Total Assets	<u>3,149,147</u>	<u>4,435,746</u>
Equity and Liabilities		
Equity		
Members' contribution	2,300	2,300
Retained surplus	2,465,011	2,965,753
Total Equity	<u>2,467,311</u>	<u>2,968,053</u>
Liabilities		
Non-Current Liabilities		
Finance lease obligation	21,470	75,659
Deferred tax	-	37
	<u>21,470</u>	<u>75,696</u>
Current Liabilities		
Trade and other payables	288,585	953,796
Finance lease liabilities	28,874	-
Provisions	342,907	438,201
	<u>660,366</u>	<u>1,391,997</u>
Total Liabilities	<u>681,836</u>	<u>1,467,693</u>
Total Equity and Liabilities	<u>3,149,147</u>	<u>4,435,746</u>

INDEPENDENT AUDITORS' REPORT

To the members of The Council for Health Service Accreditation of Southern Africa NPC

Opinion

We have audited the annual financial statements of The Council for Health Service Accreditation of Southern Africa NPC set out on pages 8 to 19, which comprise the statement of financial position as at 30 June 2017, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the annual financial statements, including a summary of significant accounting policies.

In our opinion, the annual financial statements present fairly, in all material respects, the financial position of The Council for Health Service Accreditation of Southern Africa NPC as at 30 June 2017, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Companies Act 71 of 2008.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the annual financial statements section of our report. We are independent of the company in accordance with the Independent Regulatory Board for Auditors Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa.

We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter

Without qualifying our opinion, we draw your attention to the note on going concern in the directors' report.

Other information

The directors are responsible for the other information. The other information comprises the directors' report as required by the Companies Act 71 of 2008, which we obtained prior to the date of this report. Other information does not include the annual financial statements and our auditor's report thereon.

Our opinion on the annual financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

About our audit of the annual financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the annual financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the annual financial statements

The directors are responsible for the preparation and fair presentation of the annual financial statements in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Companies Act 71 of 2008, and for such internal control as the directors determine is necessary to enable the preparation of annual financial statements that are free from material misstatement, whether due to fraud or error.

INDEPENDENT AUDITORS' REPORT

In preparing the annual financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the annual financial statements

Our objectives are to obtain reasonable assurance about whether the annual financial statements are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with International Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken based on these annual financial statements.

As part of an audit in accordance with International Standards on Auditing, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the annual financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the annual financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Theron du Plessis Durbanville Inc.
Chartered Accountants (S.A.)
Registered Auditors
S Boshoff CA (SA) RA
Partner

CONTACT DETAILS

You can access our annual report by downloading it from our website.
Send direct comments and questions regarding the report to queries@cohsasa.co.za

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