



ADMINISTRAÇÃO CENTRAL
DO SISTEMA DE SAÚDE, IP

OTIMIZAR RECURSOS
GERAR EFICIÊNCIA



2016 Annual Report

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REPÚBLICA
PORTUGUESA

SAÚDE



SNS SERVIÇO NACIONAL
DE SAÚDE

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ABBREVIATIONS

ACSS - Central Administration of the Health System

AEC – Executive, Communication and Information Advisory

DAG - Administration Department

DFI - Financial Department

DPS - Department of Health Care Financing

DRH - Department of Human Resources

DRS - Department of Health Services Network

EPE - Entrepreneurial Public Entity

GAI - Internal Audit Office

GJU - Legal Office

MS - Ministry of Health

SO - Strategic Objectives

Oop – Operational objectives

QUAR - Assessment and Accountability Framework

RCTFP - Civil Service Working Contract Regime

SNS - National Health Service

SPMS - Shared Services of the Ministry of Health

UAG - Administration Support Unit

UCF - Invoicing Control Unit

UCT - Accounting Unit

UGI - Information Management Unit

UGR - Risk Management Unit

UIE - Facilities and Equipment Unit

UOC - Budget and Control Unit

URJ - Unit for Employment Legal Framework and Agreements

RHV – Human Resources and Income platform

UAH – Hospitals Monitoring Unit

1. Introductory Note

In 2016, the Administração Central do Sistema de Saúde, I.P. (Central Administration of the Health System, - ACSS) carried out the activities needed to improve the response of the National Health Service (SNS), fulfilling its duties under the aegis of the Ministry of Health (MS).

Efforts were made to improve governance and rigour in the economic and financial supervision of the SNS (National Health System) entities. This included improvements on the communication and monitoring of indicators that guide healthcare services delivered, as well as the monitoring of NHS entities Coordination and implementation of measures for more efficient management of human and financial resources and greater access of users and quality of healthcare provided to the population were also envisaged. One example of this is SIGA - Integrated System of Access Management, which includes LAC (Free Access and Circulation), a system implemented in 2016, which allows patients to choose the hospital for their consultation, instead of their referral hospital.

Internally, ACSS has renewed its image and ways it communicates with the public by setting up the Public Information Office (GAP) and a new website, which improved significantly information available about the organisation.

ACSS, launched two evaluation surveys. At an internal level, the responses revealed necessary improvements for a more efficient functioning. Of the 128 employees who responded (out of 198), "80% are satisfied or very satisfied with the work they do, and 90% consider their work as important or very important."

As regards the external evaluation survey, it should be noted that the overall assessment stood at 4, on a scale of 1 to 5, which corresponds to a rating of **good**. The results, as well as the opinions/suggestions received, made it possible to identify points to improve the functioning and service provided.

On an internal level, it is also worth mentioning the complete installation of ACSS services in the Parque de Saúde de Lisboa (Lisbon Health Park), with the reallocation of two departments to the new premises; Administration Department and Department of Health Services Network.

ACSS continues with its responsibilities in terms of professional management, financial efficiency models and service organisation, contributing to the legislative activity conducted by the Ministry of Health, as well as monitoring the activity of the different entities of the SNS.

In methodological terms, this report is organised in four distinct sections:

- Part 1 - Framework - In which the structure, values, bases and strategic objectives of ACSS are presented.
- Part 2 - Self-assessment - Description and critical analysis of the activity carried out in 2016 with the Institute's self-assessment, as well as a systematic analysis of human and financial resources.
- Part 3 - Analysis of resources to support the activity - Description and analysis of the resources assigned to the activity.
- Part 4 - Global Assessment - A summary of the quantitative and qualitative assessment of ACSS, and the conclusions of the report.

2. Framework

2.1 Responsibilities and Organic Structures

The Administração Central do Sistema de Saúde is a public institute created by Decree-Law No. 35/2012, of 15 February, with the changes introduced by Decree-Law No. 173/2014, of 19 November, which set out its mission and responsibilities. These were expanded, through Decree-Law No. 206/2015, of 23 September, considering the new challenges facing the Institute in order to take on and ensure the liaison of the SNS with the public health subsystems, as well as strengthening its role in monitoring the economic and financial activities carried out by the health establishments of the SNS, in accordance with the guidelines and actions for a more efficient management of resources, enhancing access and quality of care.

ACSS has the following responsibilities:

- a) Coordinate, monitor and control activities in the Ministry of Health regarding to financial resources allocated to the SNS, particularly by defining, in line with the policy established, the rules, guidelines and methods of securing the required financial resources, their distribution and application, price system and contracting of care delivery. It also monitors, evaluates, controls and reports on its execution, as well as develops and implements agreements with healthcare providers and entities from the private or social sector, responsible for payment of healthcare benefits;
- b) Coordinate activities in the Ministry of Health to draft and develop human resources policies for health, particularly by setting standards and guidelines related to careers, professional practice, work regimes, legal frameworks, professional registration, human resources databases, professional training, and carry out studies to characterise human resources, occupations and health sector professionals;
- c) Coordinate activities of the Ministry of Health to manage the network of health facilities and equipments, namely by setting standards, methodologies and requirements to be met for improvement and balanced development of this network, monitoring, evaluating and controlling their application by the entities involved;
- d) Provide the SNS with the appropriate information and communication systems and procurement efficiency mechanisms, using the public entity that provides shared services to the SNS;
- e) Coordinate and consolidate the assembly of information and statistics on health service providers, namely on production, healthcare performance, financial and human resources, among other tasks;
- f) Ensure the centralised provision of common activities related to human and financial resources in the Ministry of Health services under direct State management.
- g) Coordinate and monitor the management of the Long-Term Care National Network, including mental

health, in articulation with other competent authorities;

- h) Ensure and coordinate the preparation of the Ministry of Health and SNS budget, as well as monitor and manage its execution;
- i) Promote the implementation of organisational policy measures and human resources management set for the Public Administration, coordinating and supporting the Ministry of Health services and entities in their application, as well as on issuing opinions on organisational, human resources and staffing plans;
- j) Carry out management control through continuous assessment of performance indicators and health system institutions and services practices', as well as developing and implementing economic and financial risk management models for the health system.
- k) Monitor the coordination and management of the National Palliative Care Network, liaising with other competent authorities;
- l) Carry out the responsibilities set out in the law on non-conventional therapies;
- m) Carry out the responsibilities set out in the law on cross-border health care;
- n) Guarantee and manage, directly or through an entity hired for this purpose, an SNS invoice settlement centre, for medicines, complementary diagnostic and therapeutic resources, and other health areas;
- o) Ensure consistency of SNS tables and nomenclature with the public health subsystems;
- p) Take part, according to the law, in the Government College of Public Health Subsystems;
- q) Conduct the National Inventory of Health Professionals.

In addition to the aforementioned responsibilities, ACSS also carries out the following activities:

- a) Coordination and monitoring of the execution of management contracts under a public-private partnership regime with entities of the State Entrepreneurial Sector and of other health care contracts signed with private and social sector entities;
- b) Management of the access and waiting lists system and the surgery registration system.
- c) Logistical support for working groups, technical and scientific commissions or other entities in the health area whose object is not directly included in any of the services or entities of the Ministry of Health;
- d) Issuing general instructions linking the Ministry of Health entities and services, the SNS services and establishments, as well as the entities that are functionally part of the SNS, namely those privately managed establishments and other entities holding an agreement with the SNS.
- e) Preparation and implementation of the Public Health Initiatives Programme (EEA Grants, Financial Mechanism of the European Economic Area 2009-2014) in its different phases, in line with Art. 4.7 of the European Economic Area (EEA) Financial Regulation Mechanism 2009-2014 as a Programme

- Operator;
- f) Coordination, monitoring and control of SNS activities.

The organic structure of ACSS, was approved by Decree-Law No. 35/2012, of 15 February. Under the terms of this legal document the ACSS is represented by the following elements:

- Executive Board;
- Statutory Auditor;
- Advisory Board;

The Executive Board is made up of a president, a vice-president and two members, and it is responsible for guiding the activity of ACSS, and managing its human, material and financial resources. Its members have delegated or sub-delegated responsibilities assigned by members of the Government.

The designated Statutory Auditor is accounting firm Azevedo Rodrigues, Batalha, Costa & Associados – Sociedade de Revisores Oficiais de Contas, Lda., and its responsibilities are stipulated in the framework law on public institutions. The Advisory Board is the organ of consultation, support and participation in the definition of the general lines of action and is made up of the following:

- The president of the Executive Board of ACSS, presiding;
- The remaining members of the Executive Board of ACSS;
- The Secretary-General of the Ministry of Health;
- The Director-General for Health;
- The President of the Executive Board of INFARMED;
- The Presidents of the Executive Boards of the Regional Health Administrations.

ACSS's statutes were approved by Administrative Rule No. 155/2012, of 22 May, and stipulate its internal organisation based on the following organisational structure: Financial Department; Department of Health Care Financing; Department of Health Services Network; Department of Human Resources for Health; Administration Department; the Legal Office and the Internal Audit Office.

It also has the following flexible Organisational Units under the Executive Board: the Invoicing Control Unit; the Employment Leal Framework and Agreements Unit; the Hospitals Monitoring Unit. In turn, the departments include: the Accounting Unit; the Budget and Control Unit; the Risk Management Unit; the Facilities and Equipment Unit and the Administration Support Unit.

In 2016, the Information Management Unit was extinguished. The Pharmaceuticals and Medical Devices Management Unit was created on the same date, in order to strengthen management control and, in particular, to

monitor and act on the main expenditure categories related to medicinal products and medical devices in the SNS.

On a more functional level, ACSS also includes the Executive, Communication and Information Advisory Unit, the EU Funds Team, the EEA Grants Team, the Access Management Unit created in 2016 through the merger of the SIGIC Functional Unit and the CTH Functional Unit, as well as the Health Human Resources Planning and Monitoring Unit, also created in 2016, in order to enhance the collection, processing and production of HR information, extend HR strategic planning and control and improve the HR salaries' information system.

The following councils and commissions work with the ACSS, or have its involvement: National Commission of Medical Internship, Monitoring Committee as part of the invoicing process, College of Governance of Public Subsystems, Advisory Council on the Inventory of Health Professionals, National Commission for Reference Centres, and Advisory Council for Non-Conventional Therapies.

The following is the Organisational Chart of ACSS

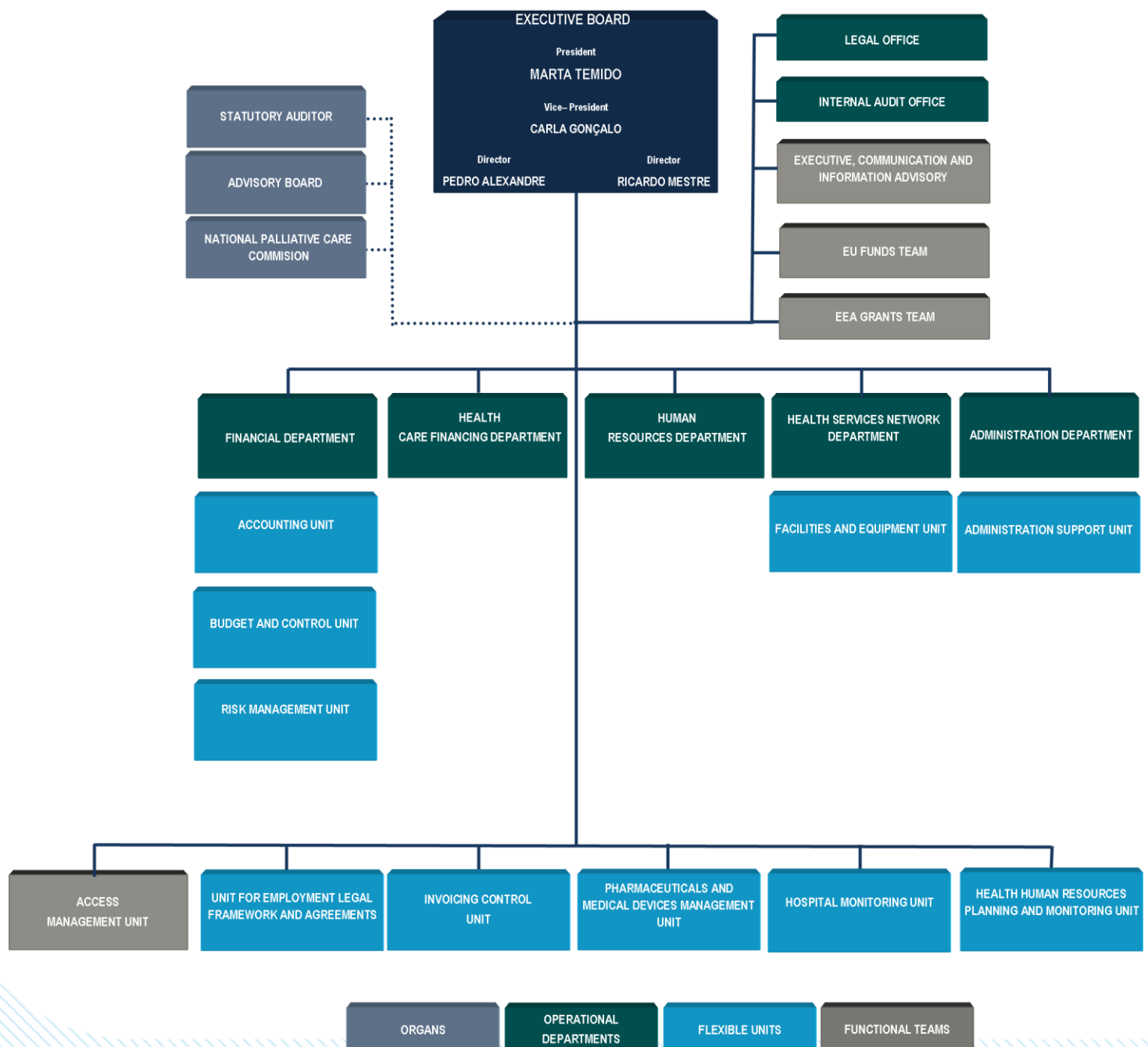


Figure 1 - ACSS Organisational Chart

✓ Mission

The ACSS's mission is to manage the financial and human resources of the Ministry of Health (MS) and the National Health Service (SNS), as well as the facilities and equipment of the SNS. Furthermore, it is also responsible for the definition and implementation of policies, standardisation, integrated health planning and regulation, promoting innovation and efficiency in the SNS, publication of health statistics and information, alongside with the Regional Health Administrations, I.P. (ARS), concerning contracting of healthcare, and with the

Shared Services of the Ministry of Health (SPMS), in the field of IT¹.

✓ **Vision**

ACSS aims to be a centre of excellence capable of carrying out an integrated management of SNS resources from a user-centred and responsive perspective, making use of a highly motivated group of employees with high levels of commitment, competence, sense of public service and focused on health sector stakeholders, and working closely with ARS and SPMS.

✓ **Principles**

The ACSS carries out its mission based on the following set of principles:

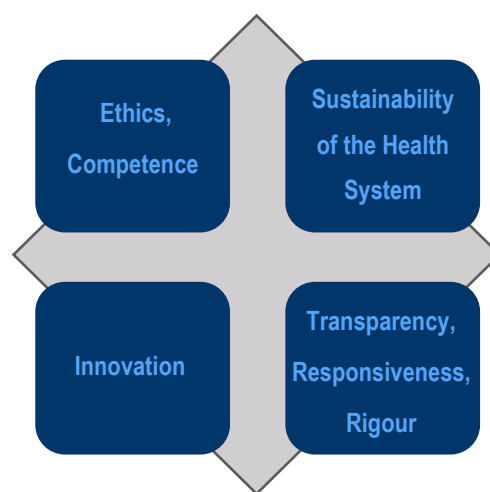


Figure 2 - Institutional Principles Diagram

Ethics and Competence – We conduct our activity with a sense of ethics, supported by the skills, knowledge and responsibility of our employees.

Innovation – We foster innovation, creativity and continuous improvement from an internal and external cross-cutting perspective.

Sustainability of the Health System – We promote, develop and consolidate integrated processes in core areas with a view to a sustainable and sustained system.

Transparency, Responsiveness and Rigour – We value and set transparency, timing and rigour as a performance standard in the relations we establish.

¹ . Cf. approved by the 2015-2017 Strategic Plan of the ACSS, signed off by the Assistant Secretary of State for Health on 29 January, 2016.

2.2 Axes and Strategic Objectives

As part of strategic planning, and based on Strategic Axes previously set out, that are the basis for the activities of ACSS, the following Strategic Objectives were defined:

Sustainability

- **SO 1.** To improve the models for allocating financial resources that promote the economic and financial sustainability of the SNS, within the scope of the objectives set out for the National Health Plan (PNS).
- **SO 2.** To contribute to the optimisation of synergies and the maximisation of investments in the health area under the Portugal 2020 Programme.

Efficiency

- **SO 3.** Promote internal efficiency, improving internal management and decision-making processes, planning and control, within a context of greater accountability of intermediate structures, greater organisational agility and interdepartmental collaboration.
- **SO 4.** Expand the quality of timely and appropriate responses to requests for intervention and information (internal and external).
- **SO 5.** Extend planning and management control of the SNS, in the various ACSS's areas of activity - human resources, healthcare, economic and financial activities, equipment and services.

Transparency and accuracy of information

- **SO 6.** Strengthen planning and monitoring of information systems and technologies within health systems.
- **SO 7.** Improve the quality of health system information and its communication, promoting transparency.

Quality and Access

- **SO 8.** Contribute to improve the quality of healthcare services provided by the SNS.
- **SO 9.** Contribute to improve access to healthcare by strengthening processes that are progressively focused on the user and increased cooperation with the Regional Health Administrations and other SNS institutions.
- **SO 10.** Monitor the performance of the SNS by promoting innovation, efficiency and continuous improvement.

Human Resources

- **SO 11.** Value the culture and the employees of ACSS, reinforcing existing skills and promoting knowledge sharing, as well as increasing the level of employee satisfaction.

3. Self-Assessment

3.1 Definition of operational objectives/indicators

Based on the strategic objectives set out in the previous chapter, and in view of the involvement of all employees, the Executive Board initiated an evaluation process, and managers were asked to define operational objectives and indicators, which they proposed to achieve, after which it was possible to draft the institution's Evaluation and Accountability Framework (QUAR).

ACSS's QUAR was approved by the Minister of Health on 10 November 2016, which sets out 15 operational objectives, in the areas of effectiveness (6), efficiency (6) and quality (3), corresponding to thirty-seven (37) measurement indicators. Of the fifteen proposed objectives, nine were considered relevant.

In the period under review, no change was proposed to the objectives/indicators put forward and approved by the Minister.

3.2 Analysis of results achieved and divergences found

The assessment of the Evaluation and Accountability Framework (QUAR) for 2016 of the Administração Central do Sistema de Saúde is as follows.

YEAR: 2016

Ministry of Health

NAME: Administração Central do Sistema de Saúde, I.P.

MISSION OF THE ORGANISATION: The ACSS's mission is to manage the financial and human resources of the Ministry of Health (MS) and the National Health Service (SNS), as well as the facilities and equipment of the SNS. Furthermore, it is also responsible for the definition and implementation of policies, standardisation, integrated health planning and regulation, promoting innovation and efficiency in the SNS, publication of health statistics and information, alongside with the Regional Health Administrations, I.P. (ARS), concerning contracting of healthcare, and with the Shared Services of the Ministry of Health (SPMS), in the field of IT.

SO1 - To improve the models for allocating financial resources that promote the economic and financial sustainability of the SNS, within the scope of the objectives set out for the PNS.

SO 2 - To contribute to the optimisation of synergies and the maximisation of investments in the health area under the Portugal 2020 Programme.

SO3 - Promote internal efficiency, improving internal management and decision-making processes and planning and control, within a context of greater accountability of intermediate structures, greater organisational agility and greater interdepartmental collaboration.

SO4 - Expand the quality of timely and appropriate responses to requests for intervention and information (internal and external).

SO5 - Extend planning and management control of the SNS, in the various ACSS areas of activity - human resources, health care, economic and financial activities and equipment and services.

SO6 - Strengthen planning and monitoring in the area of information systems and technologies within health systems.

SO 7 - Improve the quality of health system information and its communication, promoting transparency.

SO 8 - Contribute to improve the quality of healthcare provided by the SNS.

SO 9 - Contribute to improve access to healthcare by strengthening processes that are progressively focused on the user and increased cooperation with the Regional Health Administrations and the other SNS institutions.

SO 10 - To value the culture and the employees of the ACSS, reinforcing existing skills and promoting knowledge sharing, as well as increasing the level of employee satisfaction.

SO 11 - Monitor the performance of the SNS by promoting innovation, efficiency and continuous improvement.

EFFECTIVENESS														36%
OOp1: Draw up Consolidated Annual Report and Accounts of the Ministry of Health (SO7) - (R)														Weight: 30%
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade	
1.1	Drafting/Editing Consolidation Manual (month)	n.a.	n.a.	n.a.	n.a.	5	5	0	4	10%	Dec -16	4	125%	Exceeded
1.2	Submit the Consolidated Financial Statements to the Executive Board (days)	n.a.	n.a.	n.a.	n.a.	03-Jul	181	7	173	90%	Dec -16	171	131%	Exceeded
OOp2: Provide advanced information on SNS financial execution (SO7) - (R)														Weight: 20%
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade	
2.1	Percentage of reports with the advanced financial execution of the SNS sent to the Executive Board, for later submission to the Budget Directorate-General (DGO), within the established deadline (day 14 of month n + 1)	n.a.	n.a.	n.a.	n.a.	n.a.	90%	5%	100%	100%	Dec -16	92%	100%	Achieved
OOp3: Ensure coordination between the CCF Information Exploitation Unit (UEI), the GAT and the sector inspection organisations and criminal police and justice organisations (SOE4, SO5 and SO7) - (R)														Weight: 25%
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade	
3.1	Meetings of the Fraud Monitoring WG and GAT and Meetings with UEI	n.a.	n.a.	n.a.	19	21	15	2	19	30%	Dec -16	23	135%	Exceeded
3.2	Percentage of informative notes on the analysis of the monthly reports of the UEI, completed no later than 15 days after they are received	n.a.	n.a.	n.a.	44%	13%	50%	10%	100%	20%	Dec -16	18%	45%	Not achieved
3.3	Percentage of requests for information received forwarded and answered in the deadline (2 days)	n.a.	n.a.	n.a.	53%	61%	65%	10%	100%	50%	Dec -16	65%	100%	Achieved

OOp4: Monitor the Non-Conventional Therapeutics application process (SO4)													
Weight: 5%													
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
4.1 Analyse and give opinions on initial applications	n.a.	n.a.	n.a.	n.a.	n.a.	30%	5%	37.5%	100%	Dec -16	100%	135%	Exceeded
OOp5: Enhance liaison with strategic stakeholders to prepare the start of medical internship (entry in 2016 and 2017) (SO5)													
Weight: 15%													
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
5.1 Conduct at least one meeting with the ARS/RA, IM organs and the Medical Association to prepare entries in 2016 and 2017 (days)	n.a.	n.a.	n.a.	n.a.	150	150	10	120	40%	Dec -16	150	100%	Achieved
5.2 Disclose on the ACSS website the vacancy chart for admission to medical internship (days)	n.a.	n.a.	n.a.	n.a.	270	150	10	135	30%	Dec -16	150	100%	Achieved
5.3 Prepare a proposal for the distribution of vacancies for admission to medical internship in 2017 (Training year) (days)	n.a.	n.a.	n.a.	n.a.	300	240	10	210	30%	Dec -16	240	100%	Achieved
OOp6: Provide concise and relevant monitoring information for the SNS (SO 7)													
Weight: 5%													
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
6.1 Number of new indicators to be published in the transparency area of the SNS Portal	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	4	100%	Dec -16	56	135%	Exceeded
EFFICIENCY 43%													
OOp7: Strengthen the internal control system by updating the internal procedures and regulation manuals (SO3)													
Weight: 10%													
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
7.1 Update the procedures manual for Human Resources and presentation to the Executive Board (days)	n.a.	n.a.	n.a.	n.a.	n.a.	270	15	250	40%	Dec -16	242	135%	Exceeded
7.2 Update the welcome manual for new employees and presentation to the Executive Board (days)	n.a.	n.a.	n.a.	n.a.	n.a.	270	30	239	20%	Dec -16	262	100%	Achieved
7.3 Review and update the procedures manual for the acquisition of goods and services and submit to Executive Board (month)	n.a.	n.a.	n.a.	n.a.	6	6	1	4	40%	Dec -16	6	100%	Achieved
OOp8: Study and implement integrated financing models and methods of payment for the health system (SO1) - (R)													
Weight: 20%													
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
8.1 Deadline for presentation to the Executive Board of the draft Administrative Rule for review of payment methods applicable to the MFR Outpatient service. (days)	n.a.	n.a.	n.a.	n.a.	n.a.	210	15	190	100%	Dec -16	126	135%	Exceeded
OOp9: Promote the internal efficiency of the process of billing, settlement and auditing of SNS activities (SO3) - (R)													
Weight: 20%													
INDICATORS	2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
9.1 Deadline for the presentation of the technical specifications to integrate the invoicing process of hospital contract programmes in the CCF (specifications to be included in the Terms of Reference 2017-2019 of the CCF) (days)	n.a.	n.a.	n.a.	n.a.	n.a.	180	30	140	65%	Dec -16	105	135%	Exceeded
9.2 Deadline for publication of the Normative Circular that sets out the invoicing rules of the incentive programme to perform surgery in the SNS, implemented under the mechanism of Shared Resource Management in the SNS (days)	n.a.	n.a.	n.a.	n.a.	n.a.	165	10	150	35%	Dec -16	139	135%	Exceeded

OOp10: Manage and monitor the execution of the maintenance contract of the CCF (S05) - (R)														Weight: 20%	
INDICATORS		2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade	
10.1	No. of validations of service levels and monthly invoice of the CCF within the deadline (30 days after receipt of invoice)	n.a.	n.a.	n.a.	8	13	10	1	12	10%	Dec -16	10	100%	Achieved	
10.2	No. of quarterly CCF activity reports Finalised	n.a.	n.a.	n.a.	2	4	3	0	4	20%	Dec -16	3	100%	Achieved	
10.3	No. supervisory meetings carried out	n.a.	n.a.	n.a.	45	24	22	5	45	35%	Dec -16	43	123%	Exceeded	
10.4	Conclusion of the procedures for integration in the CCF of the conference on non-urgent patient Transport (month of provision checked with pilot)	n.a.	n.a.	n.a.	n.a.	n.a.	11	1	9	35%	Dec -16	-	0%	Not achieved	
OOp11: Work on drafting and editing the Hospital Reference Network (RRH), monitoring and supporting working groups set up for that purpose (S05) - (R)															
Weight: 20%															
INDICATORS		2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade	
11.1	Respond to requests and tasks entrusted to DRS members within the deadlines requested by those responsible for the working groups	n.a.	n.a.	n.a.	80%	80%	80%	10%	100%	90%	Dec -16	80%	100%	Achieved	
11.2	Present methodology proposal for the 3rd phase of drafting the RRH (No. days)	n.a.	n.a.	n.a.	n.a.	n.a.	152	10	140	10%	Dec -16	144	100%	Achieved	
OOp12: Management of the Strategic Low Carbon Plan and the Energy Efficiency Programme of the Civil Service at the Ministry of Health (S05)															
Weight: 10%															
INDICATORS		2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade	
12.1	No. of working days after the end of each quarter to draft quarterly reports monitoring energy and water consumption and costs and waste production	n.a.	n.a.	n.a.	90	128	90	0	85	20%	Dec -16	90	100%	Achieved	
12.2	Development of ranking of energy and water consumption and costs and waste production 2015 (days)	n.a.	n.a.	n.a.	303	322	274	0	258	20%	Dec -16	274	100%	Achieved	
12.3	Drafting of following ordinance to ordinance No. 6749/2015 of 16 June (days)	n.a.	n.a.	n.a.	n.a.	120	91	15	70	20%	Dec -16	92	100%	Achieved	
12.4	No. of visits to raise awareness held at units with lower than expected performance	n.a.	n.a.	n.a.	n.a.	n.a.	8	2	12	25%	Dec -16	6	100%	Achieved	
12.5	Average response time to questions about functions of the PEBC website and Eco.AP of the Ministry of Health (No. of days)	n.a.	n.a.	n.a.	n.a.	n.a.	3	1	1	15%	Dec -16	2	100%	Achieved	
QUALITY															
21%															
OOp13: Draw up a draft diploma leading to the creation of the special career of auxiliary health technician (S08) - (R)															
Weight: 35%															
INDICATORS		2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade	
13.1	Draw up the corresponding draft bill and deadline for presentation (days)	n.a.	n.a.	n.a.	n.a.	n.a.	185	30	150	100%	Dec -16	146	128%	Exceeded	

OOp14: Participate in the Joint Action for Health work force planning and forecasting European project (SO5)										Weight: 30%				
INDICATORS		2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
14.1	Respond to requests for information that arrive at the ACSS within the scope of the Joint Action (days)	n.a.	n.a.	n.a.	n.a.	15	15	8	6	15%	Dec -16	15	100%	Achieved
14.2	Respond to requests for information that arrive at the ACSS within the scope of the Joint Action and the source of which is external to the HRD (days)	n.a.	n.a.	n.a.	n.a.	7	7	3	3	15%	Dec -16	7	100%	Achieved
14.3	Finalise the pilot project report (days).	n.a.	n.a.	n.a.	n.a.	n.a.	150	30	119	70%	Dec -16	119	125%	Exceeded
OOp15: Legislative production (SO5) - (R)														
										Weight: 35%				
INDICATORS		2011	2012	2013	2014	2015	2016 Target	Margin of Error	Critical Value	Weight	Analysis Month	Result	Implementation Rate	Grade
15.1	Draw up a (final) proposal for changes in the Internal Regulations of medical internship (days)	n.a.	n.a.	n.a.	n.a.	n.a.	180	0	150	22%	Dec -16	180	100%	Achieved
15.2	Contribute to drafting a 1st proposal for an Administrative Rule to establish the regime for financing of medical internships (days)	n.a.	n.a.	n.a.	n.a.	n.a.	365	0	330	12%	Dec -16	365	100%	Achieved
15.3	Draw up a proposal to review Legislative order No. 33/2002, 2 May (days)	n.a.	n.a.	n.a.	n.a.	n.a.	150	0	120	22%	Dec -16	150	100%	Achieved
15.4	Draw up final drafts of Ordinances to change/review training programmes for medical internships, after receiving the final version (days)	n.a.	n.a.	n.a.	n.a.	n.a.	10	0	7	32%	Dec -16	10	100%	Achieved
15.5	Contribute to changing legislative order No. 6243/2008, of 8 February (days)	n.a.	n.a.	n.a.	n.a.	n.a.	365	0	330	12%	Dec -16	365	100%	Achieved
EXPLANATION NOTES														
										Weight: 35%				
SO= Strategic Objective; OOp = Operational Objective; R = Relevant; E = Estimate; NA = Not Applicable; ND = Not Available; F = Final Account. Note: Indicator 3.3 - The consideration of 2 days to respond to the applicant is counted after receiving the information from the CCF/UEI/SPMS/other														
EXPLANATION FOR DEVIATIONS														
										Weight: 35%				
Ind. 1.1 - The target was set taking into consideration the track record of this process, however, in 2016 it was possible to implement it earlier.														
Ind. 1.2 - It was possible to conclude the process of account consolidation, which depends on legal reporting of accounts by SNS/MS entities.														
Ind. 3.1 - Unforeseen meetings with other institutions within the scope of fraud control														
Ind. 3.2 - The HR responsible for this area was allocated to another area in February and was only replaced in June, and it was therefore not possible to meet the scheduled target as all the reports were sent														
Ind. 4.1 - Achieved as all the applications were analysed														
Ind. 6.1 - The indicators provided on the transparency website meet the request of the Ministry.														
Ind. 7.1 - Due to the commitment of the area's human resources it was possible to achieve the proposed target.														
Ind. 8.1 - As a result of the study and analysis previously carried out it was possible to present a well-founded proposal ahead of the stipulated deadline.														
Ind. 9.1 - Due to the efficiency of the resources and the importance of this matter it was possible to deliver the document ahead of time.														
Ind. 9.2 - Given the strategic importance of the matter and in order to improve response times in access to scheduled surgery it was possible to publish the Regulatory Circular ahead of schedule.														
Ind. 10.3 - As a result of several projects coming up that need more active monitoring, such as paperless prescriptions, paperless tests and the CRDs														
Ind. 10.4 - As a result of meetings to set out the requirements for preparing data communication the external service provider (SPMS/LINK) indicated it was impossible to carry out this project in 2016.														
Ind. 13.1 - Considering that this was one of the priority subjects presented by a particular trade union association, which is also important for the health services and establishments in the SNS that call for the creation of the special career in question, this has always been seen as a priority, which, in fact, has been selected as a QUAR objective of the ACSS.														

	PLANNED %	EXECUTED %	EXECUTION RATE
EFFECTIVENESS	36%	38%	113%
OOp1: Draw up Consolidated Annual Report and Accounts of the Ministry of Health (SO7) - (R)	30%	39%	1.31
OOp2: Provide advanced information on SNS financial execution (SO7) - (R)	20%	20%	1.00
OOp3: Ensure coordination between the CCF Information Exploitation Unit, the GAT and the sector inspection organisations and criminal police and justice organisations (SOE4, SO5 and SO7) - (R)	25%	25%	1.00
OOp4: Monitor the Non-Conventional Therapies application process (SO4)	5%	7%	1.35
OOp5: Enhance liaison with strategic stakeholders to prepare for start of medical internship (entry in 2016 and 2017) (SO5)	15%	15%	1.00
OOp6: Provide concise and relevant monitoring information for the SNS (SO 7)	5%	7%	1.35
EFFICIENCY	43%	47%	110%
OOp7: Strengthen the internal control system by updating the internal procedures and regulations manuals (SO3)	10%	11%	1.14
OOp8: Study and implement integrated financing models and methods of payment for the health system (SO1) - (R)	20%	27%	1.35
OOp9: Promote the internal efficiency of the process of invoicing, settlement and auditing of SNS activities (SO3) - (R)	20%	27%	1.35
OOp10: Manage and monitor the execution of the maintenance contract of the CCF (SO5) - (R)	20%	15%	0.73
OOp11: Work on drafting and editing the Hospital Reference Network (RRH), monitoring and supporting working groups set up for that purpose (SO5) - (R)	20%	20%	1.00
OOp12: Management of the Strategic Low Carbon Plan and the Energy Efficiency Programme of the Civil Service at the Ministry of Health (SO5)	10%	10%	1.00
QUALITY	21%	24%	115%
OOp13: Draw up a draft diploma leading to the creation of the special career of auxiliary health technician (SO8) - (R)	35%	45%	1.28
OOp14: Participate in the Joint Action for Health work force planning and forecasting European project (SO5)	30%	35%	1.18
OOp15: Legislative production (SO5) - (R)	35%	35%	1.00
Overall Implementation Rate	100%	110%	1.12

DESIGNATION	PERMANENT (E) 31/12/2016	PERMANENT (F) 31/12/2016	POINTS	HR PLANNED	HR ACHIEVED	DIVERGENCE	DIVERGENCE IN %
Leaders - Upper Management	4	4	20	80	80	0.00	0%
Leaders - Middle Management (1st and 2nd) and Team Heads	16	15	16	256	240	-16.00	-7%
Senior Technicians (includes IT Specialists)	184	124	12	2208	1488	-720.00	-48%
Technical Coordinators (Includes Section Heads)	2	2	9	18	18	0.00	0%
IT Technicians	2	2	8	16	16	0.00	0%
Technical Assistants	41	33	8	328	264	-64.00	-24%
Operating Assistants	7	6	5	35	30	-5.00	-17%
Other (examples)	-	-	-	-	-	-	-
Doctors	7	3	12	84	36	-48.00	-133%
Nurses	5	3	12	60	36	-24.00	-67%
Hospital Managers	0	0	12	0	0	0.00	0%
Senior Health Technicians	4	1	12	48	12	-36.00	-300%
Inspectors	0	0	12	0	0	0.00	0%
Researchers	0	0	12	0	0	0.00	0%
Treatment and Diagnostic Technician	0	0	12	0	0	0.00	0%
Public Works Inspector	1	0	12	12	0	-12.00	-100%
Total	273	193		3,133	2,220	-913	-696%
Permanent Staff at the Institution	31/12/2011	31/12/2012	31/12/2013	31/12/2014	31/12/2015	31/12/2016	
No. of permanent staff working	206	152	148	152	177	193	

DESIGNATION	INITIAL BUDGET	CORRECTED BUDGET	EXECUTED BUDGET	DIVERGENCE	DIVERGENCE IN %
Operating Budget	4,621,058,290.00 €	4,822,695,983.00 €	4,736,649,715.00 € -	86,046,268.00 €	5605%
Staff Costs	7,683,178.00 €	7,802,941.00 €	5,655,141.00 € -	2,147,800.00 €	363%
Procurement of Current Goods and Services	4,478,735,140.00 €	4,814,893,042.00 €	4,730,994,574.00 € -	83,898,468.00 €	5739%
Other Current and Capital Expenses	134,639,972.00 €	7,898,648.00 €	996,679.00 € -	6,901,969.00 €	114%
PIDDAC	- €	- €	- €	- €	0%
Other Amounts	150,574,774.00 €	1,188,838,840.00 €	1,216,969,266.00 €	28,130,426.00 €	-4226%
TOTAL (OF+PIDDAC+Other)	4,771,633,064.00 €	6,019,433,471.00 €	5,954,615,660.00 € -	64,817,811.00 €	7595%

1.1	Drafting/Editing Consolidation Manual (month)	Smartdocs, ACSS website
1.2	Submit the Consolidated Financial Statements to the Executive Board (days)	Smartdocs, email
2.1	Percentage of reports with the advanced financial execution of the SNS sent to the Executive Board, for later submission to the General-Directorate for Budget (DGO), within the established deadline (day 14 of month n + 1)	Information via SmartDocs
3.1	Meetings of the Fraud Monitoring WG and GAT and Meetings with the UEI	Excel database managed by the UCF
3.2	Percentage of informative notes on the analysis of the monthly reports of the UEI, completed no later than 15 days after they are received	SmartDocs / Excel database managed by the UCF
3.3	Percentage of requests for information received forwarded and answered within the deadline (2 days)	Excel database managed by the UCF/SmartDocs
4.1	Analyse and give opinions on initial applications	smartdocs
5.1	Conduct at least one meeting with the ARS/RA, MI organs and the Medical Association to prepare entries in 2016 and 2017 (days)	Memos/emails with notices
5.2	Disclose on the ACSS website the vacancy chart for entry to medical internship (days)	Print screen of the Medical internship area/highlights of published doc
5.3	Prepare a proposal for distribution of vacancies for the MI in 2017 (Calendar year training) (days)	Information from the HRD to submit vacancy chart - entry in calendar year - for higher consideration
6.1	Number of new indicators to be published in the transparency area of the SNS Portal	Publication on the Website
7.1	Update the Human Resources procedure manual and present it to the EB (days)	Smartdocs
7.2	Update the welcome manual for new employees of ACSS, I.P. and present to the EB (days)	Smartdocs
7.3	Review and update the procedures manual for the acquisition of goods and services and present to the EB (month)	Smartdocs
8.1	Deadline for presentation to the Executive Board of the draft Administrative Rule for review of payment methods applicable to the MFR Outpatient service (days)	SmartDocs information
9.1	Deadline for the presentation of the technical specifications to integrate the invoicing process of hospital contract programmes in the CCF (specifications to be included in the Terms of Reference 2017-2019 of the CCF) (days)	Terms of Reference 2017-2019
9.2	Deadline for publication of the Normative Circular that sets out the invoicing rules of the incentive programme to perform surgery in the SNS, implemented under the mechanism of Shared Resources Management of the SNS (days)	Publication of the Circular
10.1	No. of validations of service levels and the monthly invoice of the CCF within the deadline (30 days after receipt of invoice)	Excel database managed by the UCF
10.2	No. of finished quarterly CCF activity reports	Excel database managed by the UCF
10.3	No. supervisory meetings carried out	Excel database managed by the UCF
10.4	Conclusion of the procedures for integration in the CCF of the conference on non-urgent patient Transport (month of provision checked with pilot)	SmartDocs or email (communication about the launch of the pilot process)
11.1	Responds to requests and tasks entrusted to DRS members within the deadlines requested by those responsible for the working groups	Minutes of the meetings of the Working Groups and emails sent to RRH managers
11.2	Present methodology proposal for the 3rd phase of drafting the RRH (No. days)	Email to the EB member responsible for the area
12.1	No. of working days after the end of each quarter to draft quarterly reports monitoring energy and water consumption and costs and waste production	SmartDocs - Registering information for decision-making by superiors
12.2	Development of Ranking of energy and water consumption and costs and waste production 2015 (days)	SmartDocs - Registering information for decision-making by superiors
12.3	Drafting of ordinance resulting from ordinance No. 6749/2015 of 16 June (days)	SmartDocs - Registering information for decision-making by superiors
12.4	No. of visits to raise awareness held at units with lower than expected performance	SmartDocs - Registering information for decision-making by superiors
12.5	Average response time to questions about functions of the PEBC website and Eco.AP of the Ministry of Health (No. of days)	Emails sent to entities that ask questions
13.1	Draft the corresponding bill and deadlines for presentation (days)	Computer application for document management, otherwise known as smartdocs and/or emails if sent in this way
14.1	Respond to requests for information that arrive at the ACSS, I.P. within the scope of the Joint Action (days)	Emails
14.2	Forward requests for information that arrive at the ACSS, I.P. within the scope of the Joint Action and the source of which is outside of the HRD (days)	emails/ smartdocs
14.3	Finalise the pilot project report (days).	Emails
15.1	Draft a (final) proposal for changes to the Medical Internship Regulations (days)	Date of the HRD information - for senior consideration, with a proposal for publishing the draft order.
15.2	Contribute to drafting a 1st proposal for an Order to establish the regime for financing of medical internships (days)	NB: As it is an issue that involves the DRS, this target should consider, in relation to the HRD, the date on which this department sends a review proposal on this subject to the DRS - which directly involves the HRD.
15.3	Draw up a proposal for review of the Normative ordinance No. 33/2002, 2 May (days)	Date on which a final version is submitted to senior consideration (HRD) for approval.
15.4	Draw up final drafts of Orders to change/review training programmes for medical internships, after receiving the final version	Date of the information sent for superior consideration, for approval, of the draft for creation/review of the programme
15.5	Contribute to change to ordinance No. 6243/2008 of 8 June (days)	Date of the information on which the proposed review of the ordinance under consideration is sent for approval.

ACSS in drawing up its QUAR for 2016 sought to include operational objectives that better reflect its real activity in that year. Therefore, for 2016, the approved QUAR was made up of 15 operational objectives. An analysis of chart 1 shows that the objectives are split into parameters of effectiveness (6), efficiency (6) and quality (3), and these operational objectives are broken down into 37 indicators of execution, of which 12 were exceeded and 23 were achieved.

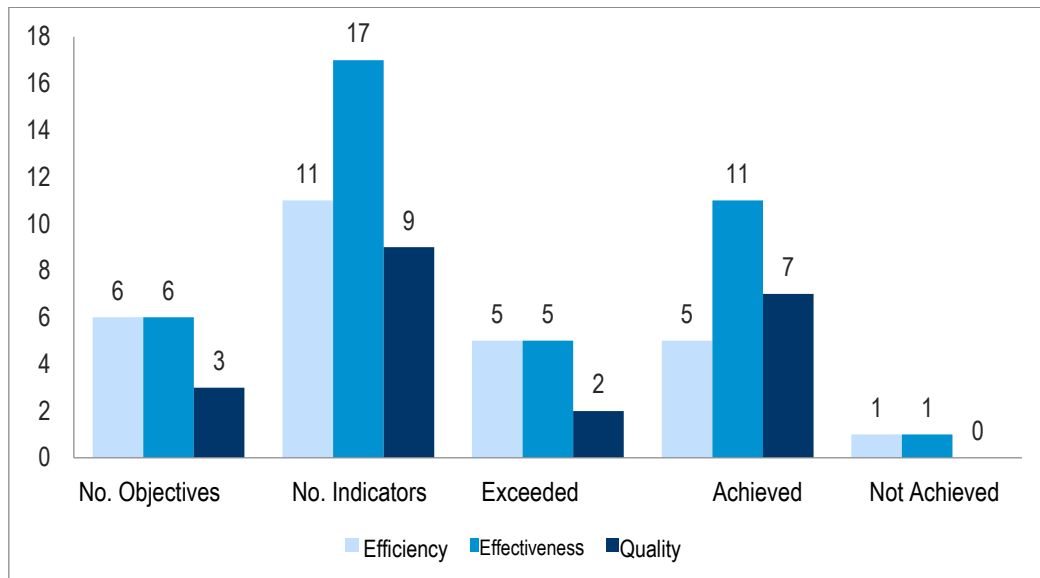


Chart 1 - QUAR objectives by parameter

In a more comprehensive analysis, we consider that what ACSS proposed to accomplish in 2016 was generally executed/accomplished, as only two indicators were not achieved or exceeded, one under the effectiveness parameter and the other from the efficiency parameter. This means that all quality indicators were achieved or exceeded.

The following chart shows that of the eleven indicators proposed in the effectiveness parameter, ten were exceeded or achieved. The overall rate of achievement of this parameter was 112.5%.

Failure to carry out indicator 3.2 as planned during the period under review was due to the lack of human resources available, as the employee responsible for the area was allocated to another department in February and his replacement was only possible in June. However, it is important to note that although the above indicator has not been achieved, the objective was accomplished.

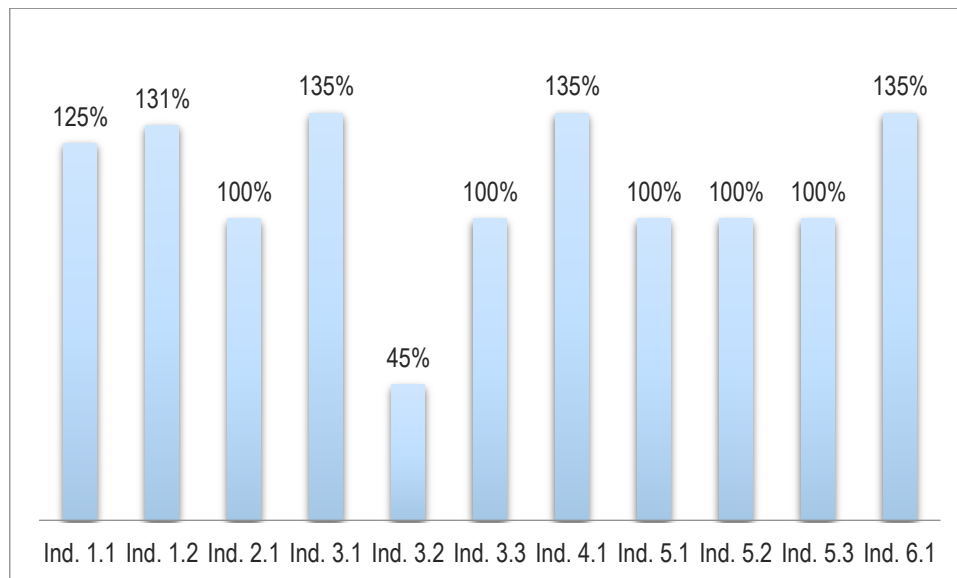


Chart 2 - Rates of execution of the Effectiveness parameter

Regarding the efficiency parameter, according to the chart below, of the seventeen indicators proposed, five were exceeded and eleven were achieved, corresponding to a rate of accomplishment of 110%.

Indicator 10.4, the only one not achieved in the efficiency parameter, was not carried out for reasons outside the remit of this Institute, as the service providers, external entities (SPMS/LINK), previously assigned to set requirements and prepare the communication of data, indicated that it was impossible to implement the project in 2016, as earlier planned.

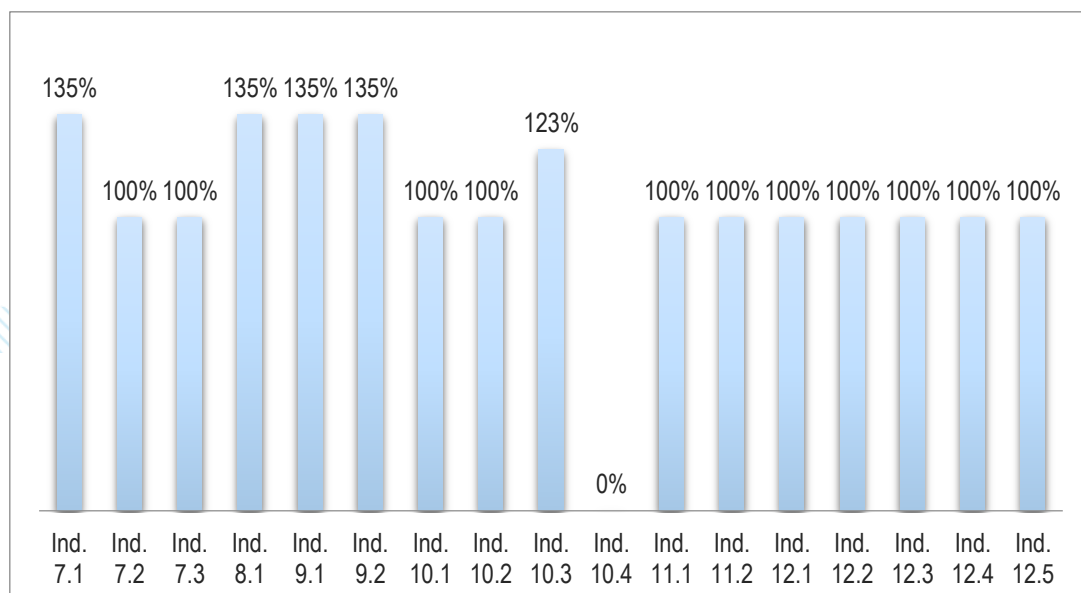


Chart 3 - Rates of execution of the Efficiency parameter

Chart 4, corresponding to the Quality parameter, shows that of the nine indicators proposed, seven were achieved and two were exceeded, corresponding to an achievement rate of 115.1%

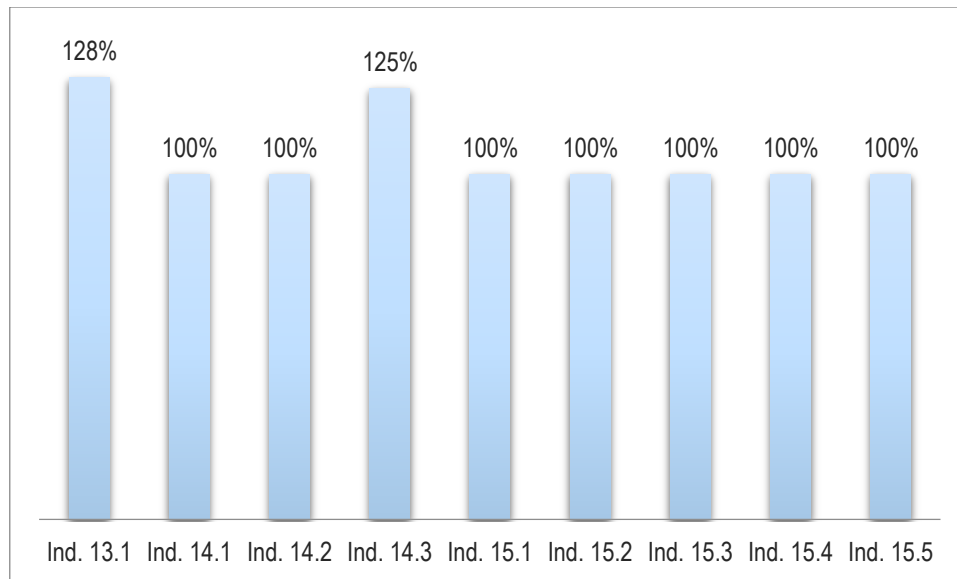


Chart 4 - Rates of execution of the Quality parameter

It should be noted that despite the high achievement/accomplishment levels of the indicators/objectives achieved, they are not higher, due to constraints outside the Institute's control.

In short, it were achieved or exceeded 14 of the 15 goals, and the planned objective that was not achieved/accomplished was due to external factors. Therefore, as a result of the above, and in line with article 18 of Law No. 66-B/2007, of 28 December, in its current version, ACSS has a **Satisfactory Performance**, achieving the majority of the objectives proposed in terms of QUAR, having exceeded some of them and simultaneously achieved and exceeded relevant objectives.

3.3 Overall execution of the action plan

As shown in the chart below, ACSS in its Action Plan for 2016, identified a total of 81 operational objectives, corresponding to 197 performance indicators, spread across the various organisational and operational units. In terms of the distribution of the objectives by departments/units these vary between a minimum of four and a maximum of 19. In turn the indicators range between seven and 51.

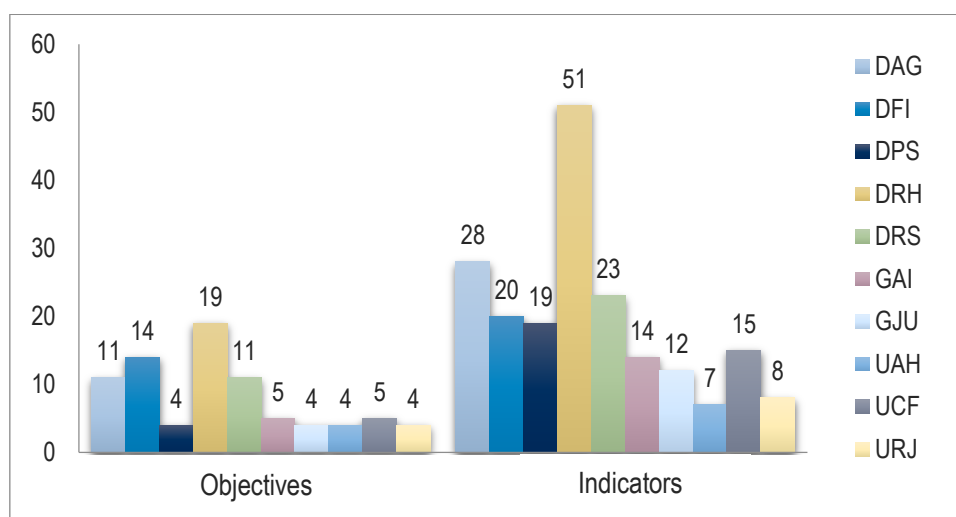


Chart 5 - Objectives and indicators by Organic Unit

Chart 6 shows that, of the total number of indicators proposed, 85 were achieved, 92 were exceeded and 19 not achieved. One indicator was also not determined, due to the specificities of achievement and context, which did not allow it to be carried out, as the indicator depended on requests outside ACSS that were never made.

In percentage terms, the indicators achieved correspond to 43.15%, those exceeded to 46.70% and those not achieved to 9.64%.

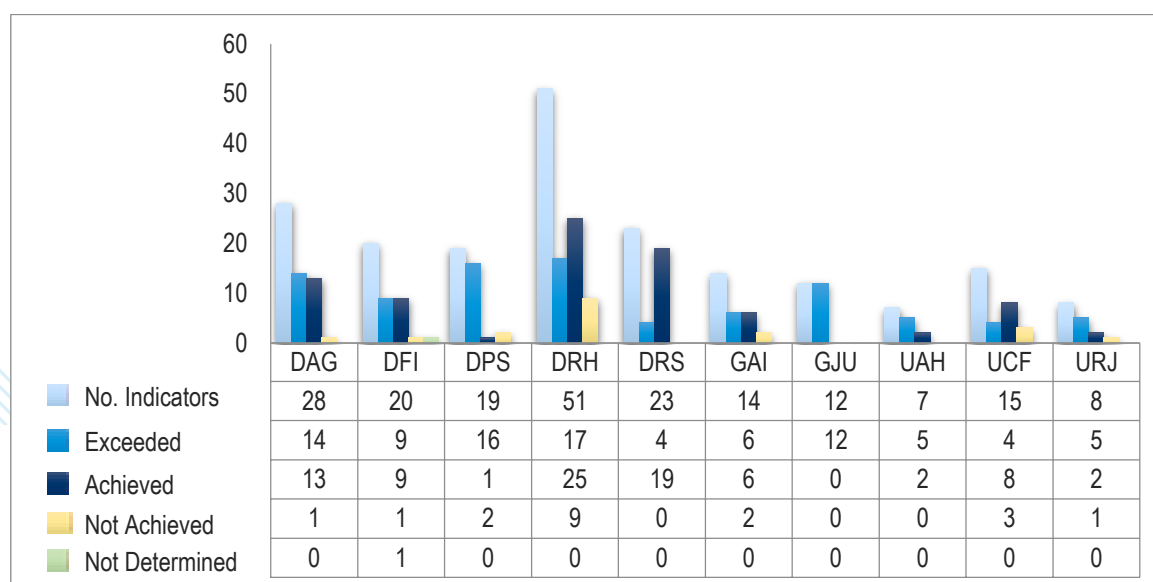


Chart 6 - Level of execution of the indicators

3.4 Execution of objectives by organic unit

Presented below are the goals and indicators, including their degree of achievement, according to its organic unit.

		Departament/Unit			DAG - Administration Department											
Responsibilities	SO	parameter of the Oop	QUAR		Operational Objectives	Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade		
Other	OE 3 OE 4	Efficiency		OP 1	Boost the efficiency and monitoring of procedures for acquisition of goods and services					10,00%						
				Indicator												
			Ind. 1.1	Average instruction time for procurement process after receiving all procedural items (working days)	Achievement	8	3	4	30%	DAG	4	125%	Exceeded			
			Ind. 1.2	Deadline for presentation to the EB of a quarterly report on public contract procedures (days after the end of each quarter)	Result	20	5	14	40%	DAG	24	100%	Achieved			
			Ind. 1.3	Present the procurement plan of the ACSS I.P. for 2017 (days)	Achievement	195	15	179	30%	DAG	206	100%	Achieved			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 1.1	Due to the commitment of the area's human resources it was possible to achieve the proposed target.											
				Ind. 1.2												
				Ind. 1.3												
Other	OE 10	Quality		OP 2	Improve the qualifications and skills of ACSS I.P. Human Resources.					10,00%						
				Indicator												
			Ind 2.1	Present the proposed Training Plan to the EB (days)	Achievement	120	20	99	20%	DAG	139	100%	Achieved			
			Ind 2.2	Increase the percentage of employees covered by the training sessions approved in the plan	Impact	5%	1%	7%	40%	DAG	-22,3%	0%	Not achieved			
			Ind 2.3	Percentage of employees covered by the approved training plan	Impact	55%	10%	66%	40%	DAG	48,8%	100%	Achieved			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 2.1												
				Ind. 2.2	The late approval of the Training Plan and its respective adaptation (ordinance from President of 25-08-2016), as well as existing constraints on the new INA platform, which came into operation in 2016, led to a drop in the number of employees covered by the Training Plan.											
				Ind. 2.3												

Other	OE 10	Quality		OP 3	Improve the level of employee satisfaction				10,00%				
				Indicator									
			Ind 3.1	Draw up and present the satisfaction survey for management and employees to the EB (days)	Result	180	15	164	30%	DAG	167	100%	Achieved
			Ind 3.2	Data collection from employee satisfaction survey (days)	Result	270	0	270	50%	DAG	252	107%	Exceeded
			Ind 3.3	Draw up the report on the results of the employee satisfaction survey and presentation to the EB (days)	Result	300	30	269	20%	DAG	276	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)									
				Ind. 3.1									
				Ind. 3.2	Due to the commitment of the area's human resources it was possible to achieve the proposed target.								
				Ind. 3.3									
Other	OE 3	Efficiency	X	OP 4	Strengthen the internal control system by updating the internal procedures and regulations manuals				15,00%				
				Indicator									
			Ind 4.1	Update the Human Resources procedure manual and present it to the EB (days)	Structure	270	15	250	40%	DAG	242	135%	Exceeded
			Ind 4.2	Update the welcome manual for new employees of ACSS, I.P. and present to the EB (days)	Structure	270	30	239	20%	DAG	262	100%	Achieved
			Ind 4.3	Review and update the procedures manual for the acquisition of goods and services and present to the EB (month)	Structure	6	1	4	40%	DAG	6	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)									
				Ind. 4.1	Due to the commitment of the area's human resources it was possible to achieve the proposed target.								
				Ind. 4.2									
				Ind. 4.3									
Other	OE 3	Efficiency		OP 5	Garantir a continuidade do processo de avaliação, triagem e eliminação das massas documentais acumuladas (arquivo) da ACSS, I.P.				4,00%				
				Indicator									
			Ind 5.1	Reduction of accumulated documents (percentage)	Impacto	10%	2%	13%	100%	DAG	13%	125%	Exceeded
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)									
				Ind. 5.1	Due to the commitment of the area's human resources it was possible to achieve the proposed target.								

Other	OE 4	Efficiency		OP 6	Improve efficiency and the capacity to respond to internal and external requests						7,00%						
				Indicator													
				Ind 6.1	Average time to draw up human resource management information after gathering all the constituent parts of the process (working days)	Result	10	2	7	25%	DAG	3	135%	Exceeded			
				Ind 6.2	Average time of resolution of help desk requests (hardware, software, printing and network) (working days)	Result	10	2	7	25%	DAG	3	135%	Exceeded			
				Ind 6.3	Average response time for external requests made as part of the RNU after notifying the document management service (working days)	Result	13	5	7	25%	DAG	7	125%	Exceeded			
				Ind 6.4	Average response time for requests for filed documents, after receiving the request (working days)	Result	10	2	7	25%	DAG	2	135%	Exceeded			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 6.1	Due to the commitment of the area's human resources it was possible to achieve the proposed target.												
				Ind. 6.2	Due to the commitment of the area's human resources it was possible to achieve the proposed target.												
				Ind. 6.3	Due to the commitment of the area's human resources it was possible to achieve the proposed target.												
				Ind. 6.4	Due to the commitment of the area's human resources it was possible to achieve the proposed target.												
Other	OE 3	Efficiency		OP 7	Improve the management control planning process						10,00%						
				Indicator													
				Ind 7.1	Present the Action Plan and QUAR 2016 of ACSS, I.P. to the EB (working days after receiving all the information)	Achievement	15	5	9	40%	DAG	1	135%	Exceeded			
				Ind 7.2	Present the proposed Activity Report and QUAR 2015 of ACSS, I.P. to the EB (working days after receiving all the information from the Departments/Units)	Achievement	10	5	4	40%	DAG	2	133%	Exceeded			
				Ind 7.3	Monitor the execution of the Action Plan and the QUAR (No. of checks)	Achievement	1	0	2	20%	DAG	1	100%	Achieved			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 7.1	Due to the commitment of the area's human resources it was possible to achieve the proposed target.												
				Ind. 7.2	Due to the commitment of the area's human resources it was possible to achieve the proposed target.												
				Ind. 7.3													

d) e)	OE 4 OE 7	Effectiveness		OP 8	Development of a new ACSS website, directed to several target audiences, which is more transparent and easier to use				10,00%							
				Indicator												
				Ind 8.1	Survey of requirements and functions (month of presentation to the EB)	Result	6	1	4	25%	AEC	6	100%	Achieved		
				Ind 8.2	Design the structure of the new ACSS website (month of presentation to the EB)	Result	6	1	4	25%	AEC	6	100%	Achieved		
				Ind 8.3	Design the content for the new ACSS website (month of presentation to the EB)	Result	12	0	10	50%	AEC	10	125%	Exceeded		
Justification for Divergences (Applicable if the indicator is exceeded or not achieved)																
				Ind. 8.1												
				Ind. 8.2												
				Ind. 8.3	The exceeded objective was due to the great efforts of the AEC to meet the deadline set by the ministry to launch the new website/portal.											
b) e)	OE 4 OE 7	Effectiveness		OP 9	Creation of a Public Information Office (GAP) and monitoring of the main internal processes involving greater external interaction				10,00%							
				Indicator												
				Ind 9.1	Survey of the main external interaction processes and training of technicians responsible (month of conclusion)	Result	6	1	4	40%	AEC	2	135%	Exceeded		
				Ind 9.2	Responses to requests for information received at atendimento@acss.min-saude.pt, within the stipulated deadline (15 days)	Result	85%	5%	95%	60%	AEC	94%	123%	Exceeded		
Justification for Divergences (Applicable if the indicator is exceeded or not achieved)																
				Ind. 9.1	The survey was conducted, with the cooperation of the departments, in January, which made it possible to open the PI Service Office in February.											
				Ind. 9.2	The average response time to requests for information at atendimento@acss.min-saude.pt is four days.											

d) e)	OE 4 OE 7 OE 10	Quality		OP 10	Publishing ACSS information					10,00%				
				Indicator										
				Ind 10.1	External publishing of ACSS newsletters (No. of newsletters published)	Result	25	2	30	70%	AEC	58	135%	Exceeded
				Ind 10.2	Arrange internal information session, in line with the established plan (No. of sessions offered)	Result	15	2	18	30%	AEC	15	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 10.1	In 2016, a decision was taken to create and develop four new monthly newsletters on the activities of SNS institutions and put together by the AEC.									
				Ind. 10.2										
d) e)	OE 8 OE 11	Quality		OP 11	Evaluation of partner satisfaction					4,00%				
				Indicator										
				Ind 11.1	Put together satisfaction surveys for ACSS partners in the various areas of action (No. of surveys conducted)	Result	1	0	3	100%	AEC	1	100%	Achieved
				Justificação de Desvios (Aplica-se caso o indicador seja superado ou não atingido)										
				Ind. 11.1										

Department/Unit				UCT/DFI - Accounting Unit of the Financial Department										
Responsibilities	SO	parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade
f)	OE 1	Efficiency		OP 1	Gather input from the ACSS units to draw up a Budget and prepare the annual Budget proposal of the ACSS					10,00%				
				Indicator										
			Ind. 1.1	Presentation of the ACSS annual budget proposal, with the deadline set by the Directorate-General for Budget (DGO) (n = DGO deadline)	Achievement	n	0	n-1	100%	UCT	19/08/2016	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 1.1	The objective was achieved as Circular 1384/2016 of the DGO set the deadline as 19.08.2016.									
f)	OE 4	Effectiveness		OP 2	Present the monthly financial statements of ACSS					5,00%				
				Indicator										
			Ind 2.1	Date of delivery of the monthly financial statements of ACSS (day of month n+1)	Achievement	20	1	18	100%	UCT	14,9	135%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 2.1	It was possible to combine this internal report with the remaining reports and finish ahead of schedule.									
Other	OE 4	Effectiveness		OP 3	Provide a monthly report on DGO budget execution					5,00%				
				Indicator										
			Ind 3.1	Date of upload of the files at the General Directorate for Budget (DGO) (8th day of month n+1)	Achievement	8	0	7	100%	UCT	7	125%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 3.1	The 8th of the month was set by the DGO as the deadline for the report. In 2016 it was possible, on average, to send the report one day before the deadline.									
Other	OE 4	Effectiveness		OP 4	Present the annual accounting documents					5,00%				
				Indicator										
			Ind 4.1	Delivery date of the proposal file of the Management Account to the Executive Board (days)	Achievement	129	2	126	100%	UCT	125	133%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 4.1	For the purposes of achieving this objective, the date of the meeting of the Executive Board was set for approval of the Management Account as set out in the indicator. This is a time-consuming process, however in 2016 it was possible to achieve the objective three days ahead of schedule.									

		Departament/Unit			UOC/DFI - Budget and Control Unit of the Financial Department												
Responsibilities	SO	parameter of the Oop	QUAR		Operational Objectives	Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade			
h)	OE 7	Effectiveness	X	OP 1	Draw up Consolidated Annual Report and Accounts of the Ministry of Health (MS) 2014					15,00%							
				Indicator													
			Ind. 1.1	Drafting/Editing Consolidation Manual (month)				Achievement	5	0	4	10%	UOC	4	125%	Exceeded	
			Ind. 1.2	Submit the Consolidated Financial Statements to the Executive Board (days)				Achievement	181	7	173	90%	UOC	171	131%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 1.1	The target was set taking into consideration the track record of this process, however, in 2016 it was possible to implement it earlier.												
				Ind. 1.2	It was possible to conclude the process of account consolidation, which depends on legal reporting of accounts by SNS/MS entities.												
h)	OE 7	Effectiveness		OP 2	Effectively carry out the role of Budget Coordination Entity					10,00%							
				Indicator													
			Ind 2.1	Submit/validate on the General-Directorate for Budget (DGO) platform the monthly projection of budget execution and analysis of divergences in the plans, on the dates set by the DGO (n = date set by the DGO)				Achievement	n	0	n-1	50%	UOC	100%	100%	Achieved	
			Ind 2.2	Draw up and submit the Budget Execution report, within the deadline stipulated by the DGO (n = date set by the DGO)				Achievement	n	0	n-1	50%	UOC	56%	56%	Not achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 2.1													
				Ind. 2.2	In the whole year three reports on execution of the planned budget were sent out (of the four requested), and their delivery was exceeded in one month, one was achieved and two were not achieved. Based on this information, it should be noted that given the Temporary Budget in place until April 2016, the delivery of the Programme reports were suspended throughout the year, and the DGO only requested them in August 2006 (July execution). However, the report on October execution was not sent due to the huge influx of work related to preparing a number of multi-annual work commitments for the Council of Ministers. In relation to the reports on November and December execution, the DGO dispensed with their delivery.												

Other	OE 7	Effectiveness		OP 3	Monitoring of compliance with the Law on Commitments and Late Payments (LPCA)				5,00%							
				Indicator												
			Ind 3.1	Validate the report on Available Funds drawn up by public business entities in the health sector in the online services of the DGO (by the 10th working day of month n+ 1)				Achievement	10	0	9	100%	UOC	10	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 3.1												
h)	OE 7	Effectiveness	X	OP 4	Provide advanced information on SNS financial execution				10,00%							
				Indicator												
			Ind 4.1	Percentage of reports with the advanced financial execution of the SNS sent to the Executive Board, for later submission to the General-Directorate for Budget (DGO), within the established deadline (day 14 of month n + 1)				Achievement	90%	5%	100%	100%	UOC	92%	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 4.1												
h)	OE 7	Effectiveness		OP 5	Provide information to National Statistics Institute (INE) - National Accounts				5,00%							
				Indicator												
			Ind 5.1	Financial and economic execution of the SNS in national accounts (days after the end of the quarter, where n=end of the quarter)				Achievement	n+60	10	n+49	100%	UOC	n+33	135%	Exceeded
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 5.1	The delivery deadlines were: Q4 2015 22-02-2016; Q1 2016: 10-05-2016; Q2 2016: 15-07-2016; Q3 2016: 25-10-2016. This task/objective is the responsibility of just one senior technicians, and its execution also depends on their responsibility for other work, and it was possible to bring forward the maximum deadline that was initially set.											
h)	OE 5	Quality		OP 6	Provide information on economic and financial performance for management control				5,00%							
				Indicator												
			Ind 6.1	Prepare monthly DRs of the HEPE (days after account closure)				Achievement	30	9	20	50%	UOC	30	100%	Achieved
			Ind 6.2	Prepare monthly DRs of the ARS (days after account closure)				Achievement	30	9	20	50%	UOC	30	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 6.1												
				Ind. 6.2												

h)	OE 7	Effectiveness		OP 7	Timely publication of Debts and Average Payment Times (PMP)					5,00%				
				Indicator										
				Ind 7.1	Publish the PMP record for each health unit at the end of each quarter (30 days after the end of the quarter)	Achievement	30	4	25	50%	UOC	30	100%	Achieved
				Ind 7.2	Calculation and Reporting of Debts (15th of month n+1)	Impact	15	2	12	50%	UOC	15	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 7.1										
				Ind. 7.2										

			Departament/Unit		UGR/DFI - Risk Management Unit of the Financial Department												
Responsibilities	SO	Parameter of the Oop	QUAR		Operational Objectives	Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade			
d)	OE 6	Efficiency		OP 1	Equip the HEPE with a computer application to support Internal Audits and Risk Management										10,00%		
				Indicator													
			Ind. 1.1	Prepare a library of risks and monitoring to provide on the application (month)	Achievement	210	10	199	50%	UGR	140	135%	Exceeded				
			Ind. 1.2	Prepare audit surveys to provide on the application (month)	Achievement	300	10	289	50%	UGR	155	135%	Exceeded				
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 1.1	The aim of the objective was to survey the risks identified in various reports received from EPE hospitals, for a number of areas and processes. For the purposes of execution the first file prepared by ACSS was considered, which was later revised.												
				Ind. 1.2	Just one survey was prepared, which was considered to be executed.												
j)	OE 5	Effectiveness		OP 2	Analysis of the audit reports of the Internal Audit Department of the HEPE										5,00%		
				Indicator													
			Ind 2.1	Draw up a summary report on the 2015 reports and deliver it to the EB	Achievement	354	20	333	100%	UGR	279	135%	Exceeded				
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 2.1	The report was delivered ahead of schedule as all the monitoring information on the EPE reports was gathered together before the estimated deadline.												
j)	OE 4	Effectiveness		OP 3	Guarantee support and monitoring of external audits conducted by the IGF, IGAS and Court of Auditors, to SNS entities						5,00%						
				Indicator													
			Ind 3.1	Respond to notifications for contradictory procedure, within the deadline (working days starting on the day the notification is received)	Achievement	10	1	8	50%	UGR	-	-	-				
			Ind 3.2	Percentage of recommendations given to the ACSS in final reports received that were followed in 2015.	Impact	70%	29%	100%	50%	UGR	65%	100%	Achieved				
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 3.1	There were no notifications for contradictory procedure sent to the UGR												
				Ind. 3.2													

		Department/Unit			DPS - Department of Health Care Financing										
Responsibilities	SO	Parameter of the Oop	QUAR		Operational Objectives	Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade	
a)	OE 1	Efficiency	X	OP 1	Study and implement integrated financing models and methods of payment for the health system					25%					
				Indicator											
				Ind. 1.1	Deadlines for presentation to the Executive Board of the proposal document containing the Terms of Reference for Contracting in the SNS, in the 2017-2019 period (includes all levels of care) (days)	Achievement	250	30	210	35%	DPS	243	100%	Achieved	
				Ind. 1.2	Deadline for presentation to the Executive Board of the draft Administrative Rule for review of payment methods applicable to the MFR Outpatient service (days)	Achievement	210	15	190	15%	DPS	126	135%	Exceeded	
				Ind. 1.3	Deadline for presenting the proposal to review the prices of external commissions in the area of Dialysis, to start including patient transport, to the Executive Board (days)	Achievement	210	15	190	15%	DPS	180	135%	Exceeded	
				Ind. 1.4	Deadline to present the proposal to review the agreed price list for the Clinical Pathology and Radiology area to the Executive Board (days)	Achievement	210	15	190	15%	DPS	175	135%	Exceeded	
				Ind. 1.5	Number of methods of payment per treated patient revised and updated to apply the 2017 programme contract	Achievement	3	1	5	15%	DPS	5	125%	Exceeded	
		Ind. 1.6	Percentage of contractual indicators that contributes to the targets in the National Health Plan and are part of the contracting process in 2017	Achievement	10%	2%	15%	5%	DPS	34%	135%	Exceeded			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 1.1											
				Ind. 1.2	As a result of the study and analysis previously carried out it was possible to present a well-founded proposal ahead of the stipulated deadline.										
				Ind. 1.3	Given the priority of this subject, and considering the efficient coordination between Departments, it was possible to deliver the document earlier than planned										
				Ind. 1.4	The review of the price charts in the Clinical Pathology and Radiology area were of maximum priority, as a result of the need to reduce expenditure on agreements made by the Ministry.										
				Ind. 1.5	The number of revised methods of payment was higher than estimated, as a result of the need to accommodate two areas that had not previously been considered (ECMO and PTCO)										
				Ind. 1.6	The DPS seeks to include the maximum number of targets possible in alignment with National Health Plan (PNS) in the contracting process										

a)	OE 3	Efficiency	X	OP 2	Promote the internal efficiency of the process of invoicing, settlement and auditing of SNS activities							25%				
				Indicator												
				Ind 2.1	Deadline for the presentation of the technical specifications to integrate the invoicing process of hospital contract programmes in the CCF (specifications to be included in the Terms of Reference 2017-2019 of the CCF) (days)	Achievement	180	30	140	40%	DPS	105	135%	Exceeded		
				Ind 2.2	Deadline for approval of the proposal to integrate the process of checking outstanding invoices at the CCF as part of International Agreements. (days)	Achievement	30	2	27	20%	DPS	26	133%	Exceeded		
				Ind 2.3	Deadline for publication of the Normative Circular that sets out the invoicing rules of the incentive programme to perform surgery in the SNS, implemented under the mechanism of Shared Resources Management of the SNS (days)	Achievement	165	10	150	20%	DPS	139	135%	Exceeded		
				Ind 2.4	Deadline for presentation of a proposal to the Executive Board to create an audit team that cuts across all areas of SNS activity (days)	Achievement	300	15	270	20%	DPS	-	0%	Not achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 2.1	Due to the efficiency of the resources and the importance of this matter it was possible to deliver the document ahead of time.											
				Ind. 2.2	Due to the efficiency of resources and the excellent coordination between the DPS and the UCF, it was possible to approve the proposal 4 days ahead of schedule.											
				Ind. 2.3	Given the strategic importance of the matter and in order to improve response times in access to scheduled surgery it was possible to publish the Regulatory Circular ahead of schedule.											
				Ind. 2.4	Carried over to 2017 The DPS has sought to ensure that the ACSS has a regulation of experts that allows it to accommodate the Auditing activity, but the document has yet to be approved by the Ministry of Finance.											
e)	OE 7	Effectiveness	X	OP 3	Provide concise and relevant monitoring information for the SNS							25%				
				Indicator												
				Ind 3.1	Deadline to update the TEMS area of the Transparency Website (days after month n+1)	Achievement	30	2	27	30%	DPS+UGA+AEC	26	133%	Exceeded		
				Ind 3.2	Number of new indicators to be published in the transparency area of the SNS Portal	Achievement	2	1	4	30%	DPS+UGA+AEC	56	135%	Exceeded		
				Ind 3.3	Number of newsletters on the performance of SNS institutions in terms of Access, Efficiency and Quality publicised in the year	Achievement	12	2	15	30%	DPS+UGA+AEC	25	135%	Exceeded		
				Ind 3.4	Deadline to put the BI GDH tool in production (days)	Achievement	270	15	250	5%	DPS	250	125%	Exceeded		
				Ind 3.5	Deadline to set up monthly ACES monitoring dashboards on the SNS monitoring microsite (days)	Achievement	300	15	270	5%	DPS	-	0%	Not achieved		

				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 3.1	Deadline for uploading the information in the 1st month										
				Ind. 3.2	The indicators provided on the transparency website meet the request of the Ministry.										
				Ind. 3.3	The indicator is achieved the more newsletters are published and therefore the original calculation was not correct The critical value should be higher than 12 and therefore 15 is an appropriate critical value. The publication of Newsletters on the performance of SNS institutions in terms of Access, Efficiency and Quality was in higher numbers and more regular than planned.										
				Ind. 3.4	The BI GDH tools was concluded on the date it was presented to the Minister. However production depends on the SPMS.										
				Ind. 3.5	The information was provided on the SNS website, created in the meantime. Making the microsite available is dependent on the SPMS, which has not done so thus far.										
j)	OE 8	Efficiency		OP 4	Support improvement of the performance of SNS institutions					25%					
				Indicator											
			Ind 4.1	Deadline for implementation of the Free Access and Circulation of users in all the primary Care Units of the SNS (referrals from primary care to the 1st hospital appointment) (days)	Achievement	165	10	150	40%	DPS+UGA	151	123%	Exceeded		
			Ind 4.2	Number of SIGIC transfer notes issued between SNS institutions	Achievement	20 000	1 000	18 000	20%	DPS+UGA	14 352	135%	Exceeded		
			Ind 4.3	Percentage of contracts signed between Hospitals and ULS EPE and the ARS up to 90 days after publication of the Terms of Reference for hospital contracts in the SNS - Contract Programme 2016	Achievement	80%	5%	90%	20%	DPS	97%	135%	Exceeded		
			Ind 4.4	Percentage of the population covered by a general practitioner	Achievement	90%	1%	92%	20%	DPS+DRH	92%	126%	Exceeded		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 4.1	Given the need for implementation of the mechanism of free access and movement of users, every effort was made to implement the process as early as possible, and the informative circular was published earlier than originally planned.										
				Ind. 4.2											
				Ind. 4.3	Due to efforts made by resources of ACSS and partners (ARS) it was possible to sign 92% of contracts up to 90 days after the publication of the terms of reference.										
				Ind. 4.4	This matter is critical for the System, and therefore combined efforts are being made to ensure an increase in coverage of the population by general practitioners.										

		Department/Unit			DRH - Department of Human Resources										
Responsibilities	SO	Parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade	
b)	OE 4	Quality		OP 1	Integrate the registration of TDT professionals in the Web System (SPMS)					4,00%					
				Indicator											
			Ind. 1.1	Check the implementation of the integration of the new application through the pilot project (days)	Result	365	0	245	100%	DRH	-	0%	Not achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 1.1	Not achieved for reasons outside the department's control Objective to be achieved with the SPMS										
b)	OE 4	Effectiveness		OP 2	Include issuing certificates as part of directive 2005/36/EC on the professional registration Web system of the TDT					4,00%					
				Indicator											
			Ind. 2.1	Integration of certificate issuing into the Web system (days)	Achievement	365	0	330	100%	DRH	-	0%	Not achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 2.1	Not achieved for reasons outside the department's control Objective to be achieved with the SPMS										
b)	OE 5	Quality		OP 3	Respond to the regulations on new professions				6,00%						
				Indicator											
			Ind. 3.1	Issuing of opinions after distribution of the request for analysis (days)	Result	30	10	19	50%	DRH	30	100%	Achieved		
			Ind. 3.2	Draw up proposals for regulations for access to the profession and to define the rules on applying for and issuing licenses after the request (days)	Result	60	15	44	50%	DRH	60	100%	Achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 3.1											
				Ind. 3.2											

b)	OE 4	Efficiency		OP 4	Reduce average response time						7,00%						
				Indicator													
				Ind 4.1	Average time to issue draft response after distribution of the request for analysis (days)	Result	60	15	30	100%	DRH	60	100%	Achieved			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 4.1													
b)	OE 4	Efficiency		OP 5	Standardise common positions on recruitment and mobility of human resources in the SNS						2,00%						
				Indicator													
				Ind 5.1	Study, analysis and conclusion on common position proposed in response to applications (days)	Achievement	15	5	9	30%	DRH	15	100%	Achieved			
				Ind 5.2	Draw up the necessary guidelines after conclusion of Ind 5.1 (days)	Result	20	5	14	30%	DRH	20	100%	Achieved			
				Ind 5.3	Present proposals of administrative rules and ordinances after Ind 5.2. (days)	Impact	30	10	19	40%	DRH	30	100%	Achieved			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 5.1													
				Ind. 5.2													
				Ind. 5.3	Guidelines were given but not in the form of administrative rules of ordinance												
b)	OE 5	Efficiency		OP 6	Adapt the instruments for information and management of human resources of the SNS (PHRD)						7,00%						
				Indicator													
				Ind 6.1	Dematerialise the form with required fields (days)	Achievement	235	30	204	20%	DRH	266	100%	Not achieved			
				Ind 6.2	Dematerialising the information of the Technician who analyses the proposal (days)	Achievement	265	30	234	20%	DRH	267	100%	Achieved			
				Ind 6.3	Draw up the PHRD Procedures Manual (days)	Impact	365	119	245	30%	DRH	365	100%	Achieved			
				Ind 6.4	Inform on 80% of cases received at the PHRD (days after delivery to ACSS)	Result	60	9	50	30%	DRH	25	135%	Exceeded			
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 6.1	Objective depends on SPMS Ind.												
				Ind. 6.2													
				Ind. 6.3													
				Ind. 6.4	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated												

b)	C-4	Effectiveness	X	OP 7	Monitor the TNC application process							4,00%					
				Indicator													
			Ind 7.1	Analyse and give opinions on initial applications				Result	30%	5%	37,5%	100%	DRH	100%	135%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 7.1	Achieved as all the applications were analysed												
b) e)	OE 5	Quality		OP 8	Improve the quality of information on the HR of the SNS/MS							7,00%					
				Indicator													
			Ind 8.1	Draw up the MS global Social Report (days)	Achievement	240	20	219	40%	DRH	208	135%	Exceeded				
			Ind 8.2	Submit one newsletter about retirements (days)	Achievement	270	20	240	10%	DRH	239	126%	Exceeded				
			Ind 8.3	Submit one newsletter about Foreign Human Resources (days)	Achievement	180	20	150	10%	DRH	148	127%	Exceeded				
			Ind 8.4	Present the SCD/E 2nd half of 2015 report (days)	Achievement	90	30	59	10%	DRH	64	100%	Achieved				
			Ind 8.5	Present the SCD/E 2015 full year report (days)	Achievement	120	30	89	10%	DRH	91	100%	Achieved				
			Ind 8.6	Present the SCD/E 1st half of 2016 report (days)	Achievement	270	30	239	10%	DRH	237	127%	Exceeded				
			Ind 8.7	Complete Study of the time pattern of Support Hours of Assistants (days)	Achievement	180	30	149	10%	DRH	180	100%	Achieved				
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)													
				Ind. 8.1	Exceeding the indicator was due to fast checking of the BS sent by institutions and the development of a new computing tool for consolidation of Social Balance Sheets (SPMS), which allowed for faster look ups and research to draw up BS 2015.												
				Ind. 8.2	Exceeding the indicator would require delivery by 27/08/2016 (240 days), but as this day was a Saturday delivery was scheduled for Friday 26/08/2016 in order to meet the deadline.												
				Ind. 8.3	Exceeding the indicator would require delivery in up to 150 days, but as the deadline was a Sunday (29/05/2016), the work was planned for the newsletter to be delivered on 27/05/2016 (Friday), or 148 days, before this time limit rather than after it												
				Ind. 8.4													
				Ind. 8.5													
				Ind. 8.6	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated												
				Ind. 8.7													
b)	OE 5 OE 7	Quality		OP 9	Monitor with the SPMS the development and implementation of the National Inventory of Health Professionals (technical component of RHS)							6,00%					
				Indicator													
			Ind 9.1	Respond to requests for information received within the scope of the National Registration of Professionals project (days)	Result	15	5	7	25%	DRH	15	100%	Achieved				
			Ind 9.2	Forward requests for information received within the scope of the National Registration of Professionals, the source of which is outside the HRD (days)	Achievement	7	2	4	25%	DRH	7	100%	Achieved				
			Ind 9.3	Implement and operationalise the INPS, based on execution (technical component) by the SPMS and, in agreement with the NCDP and Public Professional Associations (days)	Impact	365	0	365	50%	DRH	365	125%	Exceeded				

				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 9.1										
				Ind. 9.2										
				Ind. 9.3	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated									
b)	OE 7	Effectiveness		OP 10	Track the number of hours per week to provide services in the EPE, by health professionals, in line with the annual SES ordinance				4,00%					
				Indicator										
			Ind 10.1	Quarterly monitoring of the execution of ordinance No. 3586/2016 of 10 March, through reports (days)	Achievement	30	4	25	100%	DRH	30	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 10.1	In July 2016, at the request of the office of the Minister of Health priority was given to data on the provision of medical service for the Transparency Website.									
b)	OE 5	Quality	X	OP 11	Take part in the Joint Action for Health work force planning and forecasting European project				4,00%					
				Indicator										
			Ind 11.1	Respond to requests for information received within the scope of the Joint Action (days)	Result	15	8	6	15%	DRH	15	100%	Achieved	
			Ind 11.2	Forward requests for information received within the scope of the Joint Action and the source of which is outside of the HRD (days)	Achievement	7	3	3	15%	DRH	7	100%	Achieved	
			Ind 11.3	Finalise the pilot project report (days).	Impact	150	30	119	70%	DRH	119	125%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 11.1										
				Ind. 11.2										
				Ind. 11.3	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated									
b)	OE 2	Efficiency		OP 12	Ensure and strengthen confidence in the implementation of EU Funds				5,00%					
				Indicator										
			Ind 12.1	Percentage of requests for information received and forwarded within the deadline (10 days)	Achievement	75%	10%	90%	15%	DRH	93%	130%	Exceeded	
			Ind 12.2	Percentage of requests for information answered within the deadline (10 days)	Achievement	75%	10%	90%	15%	DRH	95%	133%	Exceeded	
			Ind 12.3	Distribute the guidelines issued by the bodies that manage community funds that are of interest to the authorities of the SNS (percentage)	Achievement	80%	10%	100%	70%	DRH	95%	119%	Exceeded	

				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 12.1	Because this is an atypical year, in which implementation of Portugal 2020 did not begin in full, it was possible to exceed the proposed targets.									
				Ind. 12.2	Because this is an atypical year, in which implementation of Portugal 2020 did not begin in full, it was possible to exceed the proposed targets.									
				Ind. 12.3	The critical value of this indicator was poorly formulated on adoption of PA 2016, and has now been adjusted accordingly. Because this is an atypical year, in which implementation of Portugal 2020 did not begin in full, it was possible to exceed the proposed targets.									
b)	OE 2	Efficiency	OP 13	Manage and monitor the execution of the applications for Portugal 2020 of SNS entities						6,00%				
			Indicator											
			Ind 13.1	Defining the priorities for training/areas in the health sector, within the definition of "Awareness and information/training to support reforms in health and social services" and "Support to patient at home/in the community through the use of technologies," after receiving requested information from external entities (days)	Achievement	305	1	303	30%	DRH	200	135%	Exceeded	
			Ind 13.2	Percentage of SNS entities with projects approved in Portugal 2020, after involvement of ACSS, IP	Impact	70%	5%	76%	30%	DRH	0%	0%	Not achieved	
			Ind 13.3	Percentage of projects funded that were monitored during their execution	Achievement	25%	5%	31%	20%	DRH	0%	0%	Not achieved	
			Ind 13.4	Respond to requests made by the various PO, after receiving them (days)	Achievement	30	10	15	20%	DRH	15	125%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 13.1	The process of consultation with the stakeholders went particularly well, so it was not possible to conclude the proposed priorities in much less time than estimated.									
				Ind. 13.2	The critical value of this indicator was poorly formulated on adoption of PA 2016, and has now been adjusted accordingly. Under the ESF, there were not notices of calls for applications in the health area in 2016. As regards FEDERF, depending on the ARS, the nominations were made on the basis of the notices published by the POs. Only in 2017 did the ACSS begin to get involved in the processes.									
				Ind. 13.3	The critical value of this indicator was poorly formulated on adoption of PA 2016, and has now been adjusted accordingly. There was no approval of FSE or FEDER projects in the area of health, in 2016, so there was no basis for monitoring.									
				Ind. 13.4	Because this was an atypical year, in which implementation of Portugal 2020 did not begin in full, it was possible to exceed the proposed targets.									
b)	OE 5	Quality	OP 14	Improve monitoring of SCD/E					5,00%					
			Indicator											
			Ind 14.1	Carry out the 20th External Audit Cycle of the Patient Classification System in Nursing	Achievement	330	20	309	100%	DRH	330	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 14.1										

b)	OE 3	Efficiency		OP 15	Monitoring of application procedures to award consultant grade						7,00%				
				Indicator											
			Ind 15.1	Complete the national application procedure opened by Notice No. 9295-A/2012 of 6 July (days)	Achievement	365	0	330	25%	DRH	-	0%	Not achieved		
			Ind 15.2	Ensure the appointment of juries for the national application procedure opened through Notice No. 1146-B/2015, of 30 January (days)	Achievement	365	0	330	25%	DRH	-	0%	Not achieved		
			Ind 15.3	Once the back-office component "Consultant Grade" set out in in the RNP project was completed, organise steps to "test" and "train" of the various partners (days)	Achievement	365	0	330	25%	DRH	-	0%	Not achieved		
			Ind 15.4	Assess the need for potential legislative changes for the dematerialisation of the Consultant Grade module as part of the RNP (days)	Achievement	270	0	180	25%	DRH	-	0%	Not achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 15.1	Despite numerous reminders from the ACSS, some juries did not complete their duties within the stipulated deadline. For reasons that mostly unknown.										
				Ind. 15.2	Only in mid 2017 did the ARS and DRS refer to the ACSS the final lists of candidates admitted and excluded, which is why, only recently did the ACSS begin to receive indications of staff members to appoint to those panels.										
				Ind. 15.3	The SPMS, to date still has not made the IT "tool" available, and at the last meeting (March), pledged to make it available at the beginning of May, which did not happen										
				Ind. 15.4	Amendments are identified, however, affected by the previous point										
b)	OE 5	Effectiveness	X	OP 16	Strengthening liaison activities with strategic actors in preparation for medical internship (entries in 2016 and 2017)						6,00%				
				Indicator											
			Ind 16.1	Conduct at least one meeting with the ARS/RA, IM organs and the Medical Association to prepare entries in 2016 and 2017 (days)	Achievement	150	10	120	40%	Membro CD/DRH	150	100%	Achieved		
			Ind 16.2	Disclose on the ACSS website the vacancy chart for entry to medical internship (days)	Achievement	150	10	135	30%	ZC	150	100%	Achieved		
			Ind 16.3	Prepare a proposal for distribution of vacancies for the IM in 2017 (Calendar year training) (days)	Achievement	240	10	210	30%	ZC	240	100%	Achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 16.1											
				Ind. 16.2											
				Ind. 16.3											

b)	OE 5	Quality		OP 17	Prepare an action plan for training on the new IM regime for a variety of target audiences: ARS, DIM/CRIM/CNIM					6,00%					
				Indicator											
				Ind 17.1	Prepare a 1st draft action plan for training (days)	Achievement	180	10	150	50%	ZC	150	125%	Exceeded	
				Ind 17.2	Carry out, at least, one training action from the plan drawn up (days)	Achievement	330	10	300	50%	ZC	180	135%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 17.1	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated.										
				Ind. 17.2	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated.										
b)	OE 4	Efficiency		OP 18	Treatment of information arising from the activity of the IM					4,00%					
				Indicator											
				Ind 18.1	Analysis and processing of cases after distribution in smartdocs/email IM (days)	Achievement	10	0	7	65%	TP/CR/ZC	7	125%	Exceeded	
				Ind 18.2	Analysis and handling of the cases received directly from the CRIM/CNIM, after receiving them (days)	Achievement	10	0	7	35%	AN/TP/GA	7	125%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 18.1	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated.										
				Ind. 18.2	The efforts of the human resources of the HRD made it possible to respond in less time than stipulated.										

b)	<div>▼</div> OE 5	Quality	X	OP 19	Legislative Production				6,00%						
				Indicator											
			Ind 19.1	Draft a (final) proposal for changes to the medical internship Regulations (days)	Achievement	180	0	150	22%	DRH	180	100%	Achieved		
			Ind 19.2	Contribute to drafting a 1st proposal for an Administrative Rule to establish the regime for financing of medical internships (days)	Achievement	365	0	330	12%	DRH	365	100%	Achieved		
			Ind 19.3	Draw up a proposal for review of the Normative ordinance No. 33/2002, 2 May (days)	Achievement	150	0	120	22%	DRH	150	100%	Achieved		
			Ind 19.4	Draw up final drafts of Administrative Rules to change/review training programmes for medical internships, after receiving the final version	Achievement	10	0	7	32%	DRH	10	100%	Achieved		
			Ind 19.5	Contribute to change to ordinance No. 6243/2008 of 8 June (days)	Result	365	0	330	12%	DRH	365	100%	Achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 19.1											
				Ind. 19.2											
				Ind. 19.3											
				Ind. 19.4											
				Ind. 19.5											

Department/Unit				DRS - Department of Health Services Network											
Responsibilities	SO	Parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade	
e)	OE 5	Effectiveness		OP 1	Development of information systems to support the management of the network of services and resources of the SNS, in conjunction with the SPMS					10,00%					
				Indicator											
			Ind. 1.1	Ensure the tasks assigned to the members of the DRS that are part of the team to design the Entities Management System (SGES) within the requested deadlines	Achievement	80%	10%	100%	50%	Equipa Interna SGES	80%	100%	Achieved		
			Ind. 1.2	Ensure the tasks assigned to the members of the DRS that are part of the Working Group of the Geographic Information System for Planning in Health (SIGPS) within the requested deadlines	Achievement	80%	10%	100%	50%	Elementos ACSS do GT SIGPS	80%	100%	Achieved		
Justification for Divergences (Applicable if the indicator is exceeded or not achieved)															
				Ind. 1.1											
				Ind. 1.2											
a)	OE 3	Efficiency		OP 2	Participate in the internal decision-making processes about requests for authorisation to make investments that require authorisation from the Ministry					10,00%					
				Indicator											
			Ind 2.1	Draw up opinions within the scope of Ordinance SES No. 10220/2014, of 8 August, in terms of planning the network of services and resources and of installations and equipment (average No. of days to issue an opinion after receipt of the Decision-making Process or additional information) (No. of working days)	Achievement	10	2	7	80%	DRS	11	100%	Achieved		
			Ind 2.2	Coordinate the internal processes of investments evaluation, for an opinion from the Investment Committee of ACSS (No. of processes of Investment Decision/No. of requests received at the DRS)	Achievement	100%	0%	100%	20%	Diretor DRS	100%	125%	Exceeded		
Justification for Divergences (Applicable if the indicator is exceeded or not achieved)															
				Ind. 2.1											
				Ind. 2.2	Procedures for Investment Decision for all requests were created and duly instructed in line with SES Ordinance No. 10220/2017, received at the DRS, thus exceeding the indicator, which did not allow any leeway.										

c)	<div><div></div></div> OE 5	Efficiency	X	OP 3	Cooperate in the process of drafting and revision of the Hospital Reference Networks (RRH), supervising and supporting the working groups assigned for that purpose				15,00%					
				Indicator										
			Ind 3.1	Responds to requests and tasks entrusted to DRS members within the deadlines requested by those responsible for the working groups	Achievement	80%	10%	100%	90%	DRS	80%	100%	Achieved	
			Ind 3.2	Present methodology proposal for the 3rd phase of drafting the RRH (No. days)	Achievement	152	10	140	10%	DRS	144	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 3.1										
				Ind. 3.2										
g)	OE 7	Efficiency		OP 4	Monitoring of RNCCI and dissemination of information				10,00%					
				Indicator										
			Ind 4.1	Provision of monthly information (n+1) on Long-Term Continued Integrated Care places and about the RNCCI's assistance activities (No. of days)	Result	20	7	12	30%	Luisa Oliveira	17	100%	Achieved	
			Ind 4.2	Preparation of the half-year monitoring report on the RNCCI's activity (No. of days)	Result	259	5	250	30%	Abreu Nogueira, Luisa Oliveira, Alberto Matias	257	100%	Achieved	
			Ind 4.3	Preparation of the full year monitoring report on the RNCCI's activity (No. Of days)	Result	106	5	100	40%	Abreu Nogueira, Luisa Oliveira, Alberto Matias	105	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 4.1										
				Ind. 4.2										
				Ind. 4.3										
g)	OE 8	Quality		OP 5	Monitoring of indicators of quality and access in the context of the CCI				5,00%					
				Indicator										
			Ind 5.1	No. of quality indicators monitored	Result	3	1	4	50%	Abreu Nogueira, Luisa Oliveira	3	100%	Achieved	
			Ind 5.2	No. of RNCCI access indicators monitored	Result	2	1	3	30%	Abreu Nogueira, Luisa Oliveira	2	100%	Achieved	
			Ind 5.3	No. of indicators of access to the health and social system monitored	Result	1	0	1	20%	Abreu Nogueira, Luisa Oliveira	1	125%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 5.1										
				Ind. 5.2										
				Ind. 5.3	Monitoring of the number of indicators on access in the health and social system proposed as a goal and the indicator exceeded, which did not provide for any leeway.									

d)	OE 6	Efficiency		OP 6	Monitor the implementation of the 2016 Contract Programme with the SPMS						5,00%				
				Indicator											
				Ind 6.1	Validate invoicing of the SPMS after receiving it (average No. of days)	Achievement	35	5	29	100%	António Covas e Maria Berga	7	135%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 6.1	As the SPMS invoicing was only received, as part of the 2016 contract programme, in the last quarter of the year, preparatory work was carried out (preparation of database with all the goals set Ind. 6.1 for the various projects and their estimated financial values) which allowed the average response time of the DRS for the checking and validation process of SPMS invoices to total 7 days.										
c)	OE 5	Efficiency		OP 7	Contribute to the improvement of the design of the care network of the National Health Service, developing technical specifications and standards						10,00%				
				Indicator											
				Ind 7.1	No. documents produced	Achievement	3	1	5	70%	UIE	3	100%	Achieved	
				Ind 7.2	No. documents updated	Achievement	2	1	4	30%	UIE	4	125%	Exceeded	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 7.1											
				Ind. 7.2	In the area of Fire Safety in Hospital buildings hospitals it was possible, relying on the existence of PEPAC Interns in the UIE, to update two documents, which allowed the target initially set for this indicator to be exceeded.										
c)	OE 5	Efficiency	X	OP 8	Management of the Strategic Plan for the Low Carbon and Energy Efficiency Programme of Public Administration in the Ministry of Health						15,00%				
				Indicator											
				Ind 8.1	No. of days after the end of each quarter for the preparation of quarterly reports monitoring the costs of energy and water consumption and waste production	Result	90	0	85	20%	Eco.AP Team	90	100%	Achieved	
				Ind 8.2	Development of Ranking of energy and water consumption costs and of waste production 2015 (days)	Result	274	0	258	20%	Eco.AP Team	274	100%	Achieved	
				Ind 8.3	Drawing up of ordinance resulting from ordinance No. 6749/2015 of 16 June (days)	Result	91	15	70	20%	Eco.AP Team	92	100%	Achieved	
				Ind 8.4	No. of visits to raise awareness held at units with lower than expected performance	Result	8	2	12	25%	Eco.AP Team	6	100%	Achieved	
				Ind 8.5	Average response time to questions about functions of the PEBC and Eco.AP website of the Ministry of Health (No. of days)	Result	3	1	1	15%	Eco.AP Team	2	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 8.1											
				Ind. 8.2											
				Ind. 8.3											
				Ind. 8.4											
				Ind. 8.5											

c)	<div><div></div></div> OE 5	Efficiency		OP 9	Sustainability Management of ACSS					5,00%						
				Indicator												
				Ind 9.1	No. of working days after the end of each quarter to monitor energy and water consumption and costs and waste production at ACSS	Result	45	5	35	100%	GLEC ACSS	40	100%	Achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 9.1												
c)	OE 9	Efficiency		OP 10	Cooperation in the implementation of the pilot project on oral health in primary health care appointments, under the National Programme for the Promotion of Oral Health, in the area of facilities and equipment					5,00%						
				Indicator												
				Ind 10.1	Deadline for delivery of report on inspections for selection of oral health clinics in the ARS LVT and Alentejo that will be part of the pilot project	Result	47	2	43	100%	Sofia Coutinho	48	100%	Achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 10.1												
c)	OE 8	Efficiency		OP 11	Application of the post-occupation evaluation methodology at Hospital do Litoral Alentejano					10,00%						
				Indicator												
				Ind 11.1	Deadline to draw up the final report	Result	335	30	300	100%	UIE	357	100%	Achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 11.1												

Department/Unit		GAI - Internal Audit Office												
SO	Parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade	
OE 3	Efficiency		OP 1	Preparing the Report of the Prevention Plan for Risk Management, its review and update for 2016					20%					
			Indicator											
		Ind. 1.1	Draw up the Prevention Plan for Risk Management (No. of days to carry it out)	Achievement	106	7	88	50%	GAI	102	100%	Achieved		
		Ind. 1.2	Revise the Plan for Management Risk Prevention (No. days to carry it out)	Achievement	150	7	132	50%	GAI	151	100%	Achieved		
			Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
			Ind. 1.1											
			Ind. 1.2											
OE 3	Efficiency		OP 2	Carry out several audits on ACSS processes and areas					45%					
			Indicator											
		Ind 2.1	Audit of the Process of Responding to complaints by ACSS, IP (No. of days to carry it out)	Result	160	10	120	15%	GAI	158	100%	Achieved		
		Ind 2.2	Audit of the Process of Performance Assessment of ACSS, IP (No. of days to carry it out)	Result	250	10	220	15%	GAI	259	100%	Achieved		
		Ind 2.3	Audit of the Internal Monitoring System of the Executive EEA Grants Team (No. of days to be carried out)	Result	278	10	250	15%	GAI	-	-	Not achieved		
		Ind 2.4	As part of the supervision and external financial monitoring of the Executive Team of the "Public Health Initiatives / EEA Grants, produce reports of the Executive Nucleus financial inspection visits, up to 30 days after the inspection visits are carried out (No. of days to carry them out)	Result	30	5	15	15%	GAI	15	125%	Exceeded		
		Ind 2.5	Audit of the Process of Critical Information Systems Management of ACSS, IP (No. of days to carry it out)	Result	353	10	330	15%	GAI	-	-	Not achieved		
		Ind 2.6	Follow up on audits carried out (number of follow ups carried out)	Result	2	1	4	15%	GAI	4	125%	Exceeded		
		Ind 2.7	Percentage of recommendations put in place after 6 months	Impact	60%	5%	80%	10%	GAI	70%	113%	Exceeded		
			Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
			Ind. 2.1											
			Ind. 2.2											
			Ind. 2.3	Audit begun in 2016, not concluded due to a lack of response from the audited area										
			Ind. 2.4	The Reports on Inspection Visits were drawn up, on average, in 15 days after the visit was made.										
			Ind. 2.5	The Audit was not carried out as the computer facilities of the ACSS are not consolidated yet.										
			Ind. 2.6	Follow ups were made on the audits of the Own Revenues, handling of complaints, the Execution Report for September and warehouse counts.										
			Ind. 2.7	70% of the recommendations made were found to have been implemented after 6 months.										

OE 3	Efficiency		OP 3	Analyse the Financial Audit Reports, drawn up as part of the External Audits ordered by the Ministry of Health Ordinance							15%				
				Indicator											
			Ind 3.1	Percentage of reports analysed, in the 10 working days after entering the GAI			Result	90%	5%	100%	50%	GAI	97%	118%	Exceeded
			Ind 3.2	Production of a Summary Report on the Analysis of Financial Audit Reports			Result	1	0	2	50%	GAI	2	125%	Exceeded
			Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
			Ind. 3.1	is considered that 97% of the reports received at the GAI were analysed within the next 10 working days.											
			Ind. 3.2	Two analysis reports of the Financial Execution Reports for Q2 2016 were produced (concluded in September) and Q3 2016 (concluded in December).											
OE 3	Effectiveness		OP 4	Drawing up the Internal Regulations of GAI					10%						
				Indicator											
			Ind 4.1	Drawing up the Internal Regulations of the GAI (No. of days to be completed)			Structure	349	10	300	100%	GAI	251	135%	Exceeded
			Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
			Ind. 4.1	An Internal Regulation / Procedure Manual proposal was drawn up for ACSS, IP including the Internal Audit area under information 6472/2016											
OE 3	Quality		OP 5	Carrying out the Annual Internal Audit Plan					10%						
				Indicator											
			Ind 5.1	No. of internal audits carried out			Result	5	1	8	50%	GAI	5	100%	Achieved
			Ind 5.2	Drafting and approval of the Annual Internal Audit Plan for the next year (No. of days to carry this out)			Result	349	10	329	50%	GAI	353	100%	Achieved
			Justificação de Desvios (Aplica-se caso o indicador seja superado ou não atingido)												
			Ind. 5.1												
			Ind. 5.2												

		Department/Unit		GUJ - Legal Office											
Responsibilities	SO	Parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade	
Other	OE 3	Efficiency		OP 1	Ensuring analysis and response to requests related to legislative proposals, order by the Ministry (by 30 Nov.)					35,00%					
				Indicator											
			Ind. 1.1	% of cases received that were handled	Achievement	95%	2%	98%	60%	Coordinator	98%	125%	Exceeded		
			Ind. 1.2	Average response time (working days)	Achievement	6	1	4	40%	Coordinator	4	125%	Exceeded		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 1.1	As time has gone by the department has become more efficient and this has had a positive effect on results										
				Ind. 1.2	As time has gone by the department has become more efficient and this has had a positive effect on results										
Other	OE 3	Quality		OP 2	Ensure the analysis and drafting of draft ordinances and bills by the ACSS (deadline starts counting as soon as all necessary information is made available)					20,00%					
				Indicator											
			Ind 2.1	Average time to analyse the ordinances (working days)	Achievement	6	1	4	22%	Coordinator	3	135%	Exceeded		
			Ind 2.2	Average time to analyse the administrative rulings (working days)	Achievement	9	2	6	22%	Coordinator	5	133%	Exceeded		
			Ind 2.3	Average time to analyse laws and decree-laws (working days)	Achievement	12	3	8	22%	Coordinator	5	135%	Exceeded		
			Ind 2.4	Average time to draft the ordinances (working days)	Achievement	6	1	4	12%	Coordinator	4	125%	Exceeded		
			Ind 2.5	Average time to draft the administrative rulings (working days)	Achievement	9	2	6	12%	Coordinator	6	125%	Exceeded		
			Ind 2.6	Average time to draft laws and decree-laws (working days)	Achievement	12	3	8	12%	Coordinator	7	131%	Exceeded		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 2.1	As time has gone by the department has become more efficient and this has had a positive effect on results										
				Ind. 2.2	As time has gone by the department has become more efficient and this has had a positive effect on results										
				Ind. 2.3	As time has gone by the department has become more efficient and this has had a positive effect on results										
				Ind. 2.4	As time has gone by the department has become more efficient and this has had a positive effect on results										
				Ind. 2.5	As time has gone by the department has become more efficient and this has had a positive effect on results										
				Ind. 2.6	As time has gone by the department has become more efficient and this has had a positive effect on results										

Other	OE 3	Efficiency		OP 3	Ensure analysis and response to litigious procedures				15,00%							
				Indicator												
			Ind 3.1	Promote collection of information and its delivery, along with citations, to lawyers as quickly as possible, after receipt at the GJU (working days)				Achievement	3	1	1	100%	Coordenador	1	125%	Exceeded
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)												
				Ind. 3.1	As time has gone by the department has become more efficient and this has had a positive effect on results											
Other	OE 3	Efficiency		OP 4	Guarantee response times in analysing other legal issues (that are delivered by 30 November)				30,00%							
				Indicator												
			Ind 4.1	% of cases handled				Achievement	90%	0%	95%	40%	Coordenador	96%	130%	Exceeded
			Ind 4.2	Average response time to priority cases (working days)				Achievement	6	1	4	35%	Coordenador	4	125%	Exceeded
			Ind 4.3	Average response time to non-priority cases (working days)				Achievement	12	2	9	25%	Coordenador	7	135%	Exceeded
				Justificação de Desvios (Aplica-se caso o indicador seja superado ou não atingido)												
				Ind. 4.1	As time has gone by the department has become more efficient and this has had a positive effect on results											
				Ind. 4.2	As time has gone by the department has become more efficient and this has had a positive effect on results											
				Ind. 4.3	As time has gone by the department has become more efficient and this has had a positive effect on results											

		Departament/Unit		UAH - Hospitals Monitoring Unit											
Responsibilities	SO	Parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade	
a) e) h) j)	OE 1 OE 3 OE 4 OE 5 OE 7 OE 9 OE 11	Effectiveness		OP 1	Implementation and drafting of a Monitoring Document for each hospital unit with information on Production, Financial and Human Resources					35,00%					
				Indicator											
			Ind. 1.1	Implementation of the model, establishing the process of collecting and handling information (communication to the EB about the possibility of providing a first draft - month of the year)	Result	2	0	1	50%	UAH	1	125%	Exceeded		
			Ind. 1.2	Drafting monthly Monitoring Documents for each institution (No. of months without Monitoring Documents drafted with information available in the source systems)	Result	1	0	0	50%	UAH	1	100%	Achieved		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 1.1	A number of automatic processes were established to produce and compile information that made it possible to exceed initial estimates.										
				Ind. 1.2											
a) c) h) i) j)	OE 1 OE 5 OE 7 OE 9 OE 11	Effectiveness		OP 2	Implementation of model to monitor hospital institutions					35,00%					
				Indicator											
			Ind 2.1	Implementation of model to monitor hospital institutions (month proposal is presented to the EB)	Impact	3	0	2	50%	UAH	2	125%	Exceeded		
			Ind 2.2	Hold meetings with hospital institutions to draft documents analysing results to support the institutions (% of notices sent to the institutions three days ahead of the meetings)	Impact	85%	5%	95%	50%	UAH	100%	135%	Exceeded		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 2.1	The need to hold supervisory meetings earlier than was initially expected led to the model being defined sooner than planned										
				Ind. 2.2	Exceeding this indicator was related to two factors: (i) development of processes that allow for the automatic production and sending of information to the institutions; (ii) the commitment of the human resources of the Unit with its objectives, specifically because at peak work times they showed an extraordinary availability and capacity to respond.										

a) e) h) j)	OE 1 OE 3 OE 4 OE 5 OE 7 OE 9 OE 11	Effectiveness		OP 3	Create, publish and update on the ACSS intranet a page (accessible by the EB and by the Office's advisers) with information about the monitoring of the hospital institutions and the other ACSS areas				20,00%						
			Indicator												
	Ind 3.1		Definition and implementation of the internal page structure (communication about the possibility of providing external accreditations or request for accreditations from outside the SPMS - month of the year)				Achievement	4	0	3	50%	UAH	3	125%	Exceeded
	Ind 3.2		Continuously updating the page - No. of months with the introduction of new files or documents (measured from the month the page is uploaded onto the intranet)				Achievement	9	0	10	50%	UAH	9	100%	Achieved
	Justification for Divergences (Applicable if the indicator is exceeded or not achieved)														
				Ind. 3.1	The need shown to provide this solution required a step-by-step approach, which made it possible to publish the page sooner than planned.										
				Ind. 3.2											
a) e) h) j)	OE 1 OE 3 OE 4 OE 5 OE 7 OE 9 OE 11	Effectiveness		OP 4	Draft reports on results (which may include hospitals, results of other institutions, global results of the SNS or quality of information)				10,00%						
			Indicator												
	Ind 4.1		Draft reports (No. of reports made available)				Result	11	1	13	100%	UAH	16	135%	Exceeded
	Justification for Divergences (Applicable if the indicator is exceeded or not achieved)														
	Ind. 4.1		Requests to draft analyses and reports were higher than initially expected, which required an additional effort from the Unit in this area, leading to a greater number of resources being allocated to this area and leading to the indicator being exceeded.												

		Departament/Unit		UCF - Invoicing Control Unit										
Responsibilities	SO	Parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade
n)	OE 5	Eficiência	X	OP 1	Manage and monitor the execution of the maintenance contract of the CCF					25%				
				Indicator										
				Ind. 1.1	No. of validations of service levels and the monthly invoice of the CCF within the deadline (30 days after receipt of invoice)	Achievement	10	1	12	10%	Isaura Vieira	10	100%	Achieved
				Ind. 1.2	No. of finished quarterly CCF activity reports	Result	3	0	4	20%	Cristina Pipa	3	100%	Achieved
				Ind. 1.3	No. supervisory meetings carried out	Result	22	5	45	35%	Isaura Vieira	43	123%	Exceeded
				Ind. 1.4	Conclusion of the procedures to include in the CCF the assessment of non-urgent patient Transport (month of provision assessed in the pilot)	Result	11	1	9	35%	Isaura Vieira Cristina Pipa	-	0%	Not achieved
Justification for Divergences (Applicable if the indicator is exceeded or not achieved)														
				Ind. 1.1										
				Ind. 1.2										
				Ind. 1.3	As a result of several projects coming up that needed more active monitoring, such as paperless prescriptions, paperless tests and the CRDs									
				Ind. 1.4	As a result of meetings to set out the requirements for preparing data communication the external service provider (SPMS/LINK) indicated it was impossible to carry out this project in 2016									
a) n)	OE 3 OE 5 OE 7	Eficiência		OP 2	Ensure coordination of ACSS with the entities of the Ministry of Health and the supplier entities as part of CCF activities					20%				
				Indicator										
				Ind. 2.1	No. of improvement actions in the CCF process identified and carried out	Result	6	2	9	20%	Cristina Pipa Isabel Rosendo	7	100%	Achieved
				Ind. 2.2	No. of reviews of the rules/standards/relations manuals	Achievement	6	2	9	25%	Cristina Pipa Isabel Rosendo	10	133%	Exceeded
				Ind. 2.3	No. supervisory meetings carried out	Result	10	2	13	35%	Isaura Vieira	16	135%	Exceeded
				Ind. 2.4	No. of unofficial/informative/normative circulars produced	Result	4	2	7	20%	Cristina Pipa Isabel Rosendo	6	100%	Achieved
Justification for Divergences (Applicable if the indicator is exceeded or not achieved)														
				Ind. 2.1										
				Ind. 2.2	As a result of several legislative and operational changes, including going paperless and payments to pharmacies									
				Ind. 2.3	As a results of several projects that need more active monitoring									
				Ind. 2.4										

e) j)	<div><div></div></div> <div>OE 4 OE 5 OE 7</div>	Eficácia	X	OP 3	Ensure coordination between the CCF Information Exploitation Unit, the GAT and the sector inspection organisations and criminal police and justice organisations					20%			100%	
				Indicator										
			Ind 3.1	Meetings of the Fraud Monitoring GT and GAT and Meetings with the UEI	Result	15	2	19	30%	Isaura Vieira Isabel Rosendo	23	135%	Exceeded	
			Ind 3.2	Percentage of informative notes on monthly report analysis of the UEI concluded 15 days after they were received.	Result	50%	10%	100%	20%	Isabel Rosendo	18%	45%	Not achieved	
			Ind 3.3	Percentage of requests for information received forwarded and answered within the deadline (2 days)	Achievement	65%	10%	100%	50%	Isaura Vieira Isabel Rosendo Antonia Bartolo	65%	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 3.1	Unforeseen meetings with other institutions within the scope of fraud control									
				Ind. 3.2	The HR responsible for this area was allocated to another area in February and was only replaced in June, and it was therefore not possible to meet the scheduled target as all the reports were sent									
				Ind. 3.3										
a) e) j)	OE 7 OE 11	Eficácia		OP 4	Keep track of the monitoring of prescription, dispensing and expenses of the SNS on medication, MCDTs and other complementary prescription areas and promote improvement of the information provided					25%				
				Indicator										
			Ind 4.1	Quarterly report monitoring prescription of medications and MCDT of hospital facilities of the SNS (Ordinance 17069/2011)	Result	3	0	4	35%	Joana Amaral	3	100%	Achieved	
			Ind 4.2	Quarterly report monitoring prescription of medications and MCDT for outpatients	Result	2	1	4	30%	Critina Pipa	0	0%	Not achieved	
			Ind 4.3	Finish the proposed Administrative Rule and standards for prescription and dispensing of medication to hospital outpatients (month of the proposal)	Achievement	7	1	5	35%	Joana Amaral	8	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 4.1										
				Ind. 4.2	Need to allocate the HR to other priority tasks as part of the good management of the CCF, such as the CRD and the information report for MS, ARS, Infarmed									
				Ind. 4.3										
a)	OE 3	Qualidade		OP 5	Promote continuous improvement of the unit					10%				
				Indicator										
			Ind 5.1	No. of operational procedures drawn up for the standardisation of the unit's processes	Structure	2	1	4	100%	UCF	2	100%	Achieved	
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)										
				Ind. 5.1										

		Departament/Unit		URJ - Unidade de Regime Jurídico de Emprego e das Relações Coletivas de Trabalho											
Responsibilities	SO	Parameter of the Oop	QUAR	Operational Objectives		Type of Indicator	Target	Margin of Error	Critical value	Weight	Person Responsible for Execution	Achievement	Implementation Rate	Grade	
a, b) e i)	OE 4 OE 5	Eficiência		OP 1	Harmonisation and unification of common positions, for all the departments and establishments of the SNS, particularly on matters of health careers, respective working regimes, through the publication of timely guidelines					25,00%					
				Indicador											
			Ind. 1.1	Ability to respond a variety of questions, particularly relating to legal regimes, career and remuneration schemes, within the framework of the National Health Service (working days after request received)	Result	10	1	8	25%	URJ	12	92%	Not achieved		
			Ind. 1.2	Production of informational circulars/Guidelines (No.)	Result	4	0	4	25%	URJ	4	125%	Exceeded		
			Ind. 1.3	Regular meetings with those responsible for the human resources area of the Regional Health Administrations (No.)	Result	4	0	4	25%	URJ	4	125%	Exceeded		
			Ind. 1.4	Production of Frequently Asked Questions and Answers (No.)	Result	10	0	15	25%	URJ	21	155%	Exceeded		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 1.1	Considering the effect of the other objectives and indicators, and given the shortage of resources, this was the indicator that ended up being unsuccessful.										
				Ind. 1.2	In view of the effects of this objective that ensures the uniqueness of the system, even despite the existence of two different binding regimes, this was the route found to guarantee standardisation which, for what matters in terms of human resources, the ACSS is responsible for getting involved in the mission.										
				Ind. 1.3	In view of the effects of this objective that ensures the uniqueness of the system, even despite the existence of two different binding regimes, this was the route found to guarantee standardisation which, for what matters in terms of human resources, the ACSS is responsible for getting involved in the mission.										
				Ind. 1.4	In view of the effects of this objective that ensures the uniqueness of the system, even despite the existence of two different binding regimes, this was the route found to guarantee standardisation which, for what matters in terms of human resources, the ACSS is responsible for getting involved in the mission.										
a), b) e i)	OE 8	Qualidade	X	OP 2	Prepare a draft diploma leading to the creation of the special career of auxiliary health technician					25,00%					
				Indicador											
			Ind. 2.1	Draft the corresponding bill and deadlines for presentation (days)	Result	185	30	150	100%	URJ	146	128%	Exceeded		
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)											
				Ind. 2.1	Considering that this was one of the priority subjects presented by a particular trade union association, which is also important for the health services and establishments in the SNS that call for the creation of the special career in question, this has always been seen as a priority, and selected, in fact, to be a QUAR objective of ACSS.										

a), b) e i)	OE 4	Eficiência	OP 3	Monitor and support the Ministry, within the framework of collective bargaining and collective contracts related to the human resources of the health care sector, particularly in relation to the redefinition of the legal status of careers, drafting normative documents (Draft diplomas and instruments for collective labour regulation) and monitoring the relevant negotiation process					25,00%				
				Indicador									
			Ind 3.1	Level of technical/legal support for negotiation processes (No. of responses given / No. of requests made as part of the diploma projects and the collective working regulatory instruments under negotiation*100 based on the days taken to respond (percentage in 4 working days)	Result	90%	5%	100%	50%	URJ	100%	125%	Exceeded
			Ind 3.2	Preparation of documents supporting the various negotiation meetings with the necessary notice (No. of days prior to the next meeting)	Result	2	1	4	50%	URJ	2	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)									
			Ind. 3.1	What is at stake is the technical advice to Government, in this case, the Ministry of Health, as it should be, of a matter that has always been flagged as a priority. In order not to jeopardise the continuation of other duties of the Unit, we have increased the number of senior technical staff									
			Ind. 3.2										
a), b) e i)	OE 8	Qualidade	OP 4	Streamlining of procedures for selection and recruitment for specialised health careers					25,00%				
				Indicador									
			Ind 4.1	No. of proposals submitted	Result	2	1	4	100%	URJ	3	100%	Achieved
				Justification for Divergences (Applicable if the indicator is exceeded or not achieved)									
			Ind. 4.1										

3.5 Analysis of non-compliance

The causes of non-compliance of indicators were presented together with the matrix of each organic unit, which provide justifications for deviations from original plans.

In short, the causes of the failure were generally due to factors outside the control of this Institute, on the one hand, the transfer or change of deadlines for achievement of specific activities, and on the other, on political decisions leading to the non-completion of activities initially planned. Another reason was a lack of skilled human resources, due to recruitment constraints.

3.6 Internal evaluation survey

In compliance with subparagraph f) of paragraph 2 of article 15 of Law No. 66-B/2007, in its current wording, an employee satisfaction survey was carried out.

Conducting this satisfaction survey was also in compliance with a plan for the 2015-2017 period, designed by the ACSS's Executive Board. In 2017, ACSS hopes to achieve a rating of more than 3.5 points.

The survey sought to assess employees' opinion of the organisation and how it is being led, contributing to a better performance with the suggestions presented.

The survey was conducted through a Google platform and was carried out as follows:

- 1) A link was provided in an email sent to employees so that they could access the survey;
- 2) The employees accessed the link during a specified time period;
- 3) After that period statistics of responses, except for the open answers, were generated;
- 4) The survey was anonymous.

The assessment of each question was on a scale of 1 to 4, with 1 as the lowest score given by the employee and 4 the maximum score.

The following sets of questions were made:

- Characterisation of the respondents;
- Work evaluation;
- Evaluation of the hierarchical superior;
- Impact/Importance of the work performed;
- Working atmosphere;
- Working conditions;
- Career progression;
- Assessment of ACSS's image.

The survey was sent to 198 employees, with responses obtained from 128 staff members, therefore the results presented a 65% coverage.

A summary of the main findings of the survey (attached as Annex II) is presented below:

- About the evaluation of the work, out of the 128 employees who responded to the survey, 80% are satisfied or very satisfied with the work they do, and 90% also believe their work is important or very important.
- ACSS staff is satisfied with their superiors and the management system of ACSS, as the overall average is 2.98, or the equivalent of a level of satisfaction of 3.
- As to the impact/importance of the work performed by employees, it is observed that on average employees understand that their work has an impact on ACSS, as well as on the SNS, as the average is 3. On the other hand, employees who responded to the survey believe that ACSS has a very important role in the SNS and the Ministry of Health, as the average is 3.52, equivalent to 4.
- The group of responses related to satisfaction with working conditions, shows a widespread feeling that the 128 employees who responded to the survey are satisfied with their conditions, as the overall average is 2.74, or the equivalent of 3.
- In terms of career progression, about 60% of responders (76 employees) referred that opportunities for professional growth within ACSS are few or none. However, 110 employees, or about 86%, say they feel the need to receive additional training to improve their performance/skills.
- Finally, 87 employees indicated that the image of ACSS is good or very good, accounting for 68% of respondents.

3.7 External evaluation survey

In order to assess and get feedback on its activities (daily relationship with different audiences, by providing information, services, guidelines and others), ACSS conducted a satisfaction survey of external partners, to understand their overall assessment and expectations of its image and performance. To achieve this it used the CAF (Common Assessment Framework) methodology that is the European model to assess and improve the organisational performance of services.

This external evaluation survey was sent by email to 170 entities of the Ministry of Health

- ARS (5), hospitals and Hospital Centres (39), Local Health Units (9), groups of Health Centres (55), other Civil Service entities (15), professional bodies (6), trade unions (14) and associations (19), was available for a period of 38 days, through an online platform with restricted access. The data collected was treated

confidentially.

The assessment scale used in the survey was 1 - very poor; 2 - poor; 3 - satisfactory; 4- good and 5 - very good.

Of the total of 170 respondents a valid sample of 78 responses was considered, of the 124 obtained, and the survey was divided into three groups of questions, 1 - Global Image of ACSS, 2 - Accessibility and 3 - Information and Services.

The following chart shows the average response value for the set of questions, as well as the average of all the responses given, which is considered for the purposes of the overall assessment of ACSS.

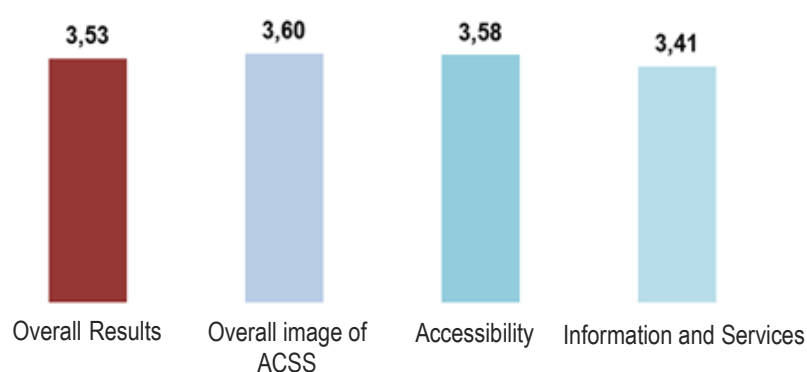


Chart 7 - Overall assessment and assessment by group of questions

The overall assessment of ACSS obtained in the survey is approximately 4, on a scale of 1 to 5, which corresponds to a rating of good. The results of this survey, as well as the opinions/suggestions received, identified points to improve the functioning and the service provided according to its different audiences.

3.8 Evaluation of the internal control system

The evaluation of the internal control system is carried out in line with the methodology proposed in the guidelines of the Action Plan, "Annex A" of the document "Evaluation of Services - General Guidelines" of the Technical Group of the Coordinating Council for the Evaluation of Services - Technical Document No.1/2010

Questions	Applied			Explanation
	Y	N	NA	
1 – Environment and Monitoring				
1.1 Are the technical specifications of the internal control system clearly defined?	X			<p>In 2016</p> <ul style="list-style-type: none">The Strategic Plan for ACSS (2015-2017) was approvedA new Prevention Plan for Management Risks was approved and implemented, including the risks of corruption and related infractions;The annual training plan was approved in line with the reported needs;Regular meetings were held with the EB and the heads of the ACSS;New Procedures were approved for the Management of Financial Resources and Acquisitions Management;The Internal Regulations of the Operation, Service and Working Hours was approved;In addition to the internal audits conducted by the GAI, the ACSS was the subject of external audits, by various entities, notably the Statutory Auditor and PwC;Procedures have been developed for training on the topic of Ethics in Public Administration, in coordination with the CPC.
1.2 Is there an effective verification of legality and good management carried out internally?	X			
1.3 Do the members of the control and audit team have the necessary qualifications to perform the role?	X			
1.4 Are ethical and integrity values governing the service clearly defined (i.e. codes of ethics and conduct, user's charter, principles of good governance)?	X			
1.5 Is there a staff training policy that ensures the staff are up to the functions and complexity of the tasks?	X			
1.6 Are regular and clear contacts made between the management and the heads of the organisational units?	X			
1.7 Was the service subject to external audit and control?	X			
2 - Organisational Structure				
2.1 Does the established organisational structure comply with the legally defined rules?	X			<ul style="list-style-type: none">The organisational structure of the ACSS is set out in Administrative Rule No. 155/2012, of 22 May, including a number of flexible units created by a resolution of the EB of ACSS.The performance evaluation, under the SIADAP was conducted using the GeADAP platform, available at www.siadap.gov.pt
2.2 What percentage of employees were assessed in line with SIADAP 2 and 3?	SIADAP 2: 100% SIADAP 3: 100%			
2.3 What percentage of employees attended at least one training course?	49%			
3 - Activity and administrative control procedures implemented in the Service				
3.1 Are there internal procedures' manuals?	X			<ul style="list-style-type: none">Order of the Secretary of State for Education No. 3427/2016, published in the 2nd series of DR, of 7 March, which delegated a number of responsibilities to the EB of ACSS.Resolution No. 1151/2016, published in the 2nd series of DR, 20 July, delegating powers to the members of the EB, rectifying all acts with effect from 29 March 2016, as well as responsibility for authorising expenditure.Resolution No. 1502/2016, published in the 2nd series of DR of 30 September that ratifies the acts of the Vice-President of the EB of ACSS, during the period in which, because of holiday leave, there was no EB quorum.Collective decision-making is promoted (EB meeting)A Budget and Procurement plan were drawn up for 2016.Whenever possible there is rotation of duties between employees of ACSS.There are procedural manuals for various areas and processes which set out stages, controls and expected outputs.The Document Management System - Smartdoc's is implemented in all areas of the ACSS.There is a Plan for Management Risks that was monitored throughout 2016.
3.2 Is the responsibility for authorisation of expenditure clearly defined and formalised?	X			
3.3 Is there an annual procurement plan drawn up?	X			
3.4 Has a system of rotation of roles among employees been implemented?	X			
3.5 Are the functional responsibilities for different tasks, checks and controls clearly defined and formalised?	X			
3.6 Is there a description of the flows of the processes, centres of responsibility for each stage and the quality standard requirements?	X			
3.7 Are the document processes clearly defined in order to avoid duplication?	X			
3.8 Is there is a plan for the management risks regarding corruption and related offences?	X			
3.9 Is the plan for the management of risks of corruption and related offences executed and monitored?	X			

Question s	Applied			Explanation
	Y	N	NA	
4 - Reliability of Information Systems				
4.1 Are there computer applications to support data processing, particularly in areas of accounting, document management and treasury?	X			<ul style="list-style-type: none">ACSS uses the computer applications made available by the SPMS - Shared Services of the Ministry of Health for different operational areas.The document management is ensured by SmartDocs which is implemented in all areas of the ACSS;The access to information contained in the computerised databases requires an authentication process;The security of information and the existence of Backups is safeguarded on the servers of the SPMS;
4.2 Are the different applications integrated allowing for an exchange of information?	X			
4.3 Has a mechanism been established to ensure the reliability, timeliness and usefulness of the outputs of the systems?	X			
4.4 Is the information extracted from information systems used in decision-making processes?	X			
4.5 Are safety requirements for third party access to information or assets of service implemented?	X			
4.6 Is the information on network computers properly secured (existence of backups)?	X			
4.7 Is the security in the exchange of information and software guaranteed?	X			
5 - Other				
ACSS has a duly approved Code of Ethical Conduct that is disclosed to its employees, and is internally distributed on its Intranet, http://pulsar.min-saude.pt/ information regarding policies and internal control procedures and externally on its institutional site, at http://www.acss.min-saude.pt/ its Planning and Management Instruments (IPG).				

Table 1 - Internal control system

4. Analysis of Support Resources

4.1 Human resources

With regard to human resources, the analysis carried out is based on the information contained in the 2016 Social Report of Administração Central do Sistema de Saúde, I.P. (ACSS)

On 31 December 2016 ACSS had 193 employees and of those, 20 were under the mobility regime and 18 covered by a transfer agreement of public interest.

The use of these recruitment figures (i.e. transfers and transfers of public interest) is a result of both the Public Administration enormous difficulty to develop and recruit employees through application procedures and the technical specificities needed to carry out the required activities.

4.1.1 Employees by gender

On 31 December 2016, out of a total of 193 employees, 131 individuals were female and 62 male, representing 68% and 32%, respectively.

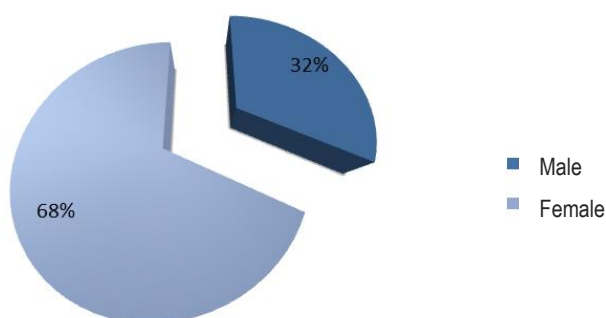


Chart 8 - Employees by gender

4.1.2 Employees by age and professional group

The following is a chart of the distribution of employees of ACSS, I.P., by age.

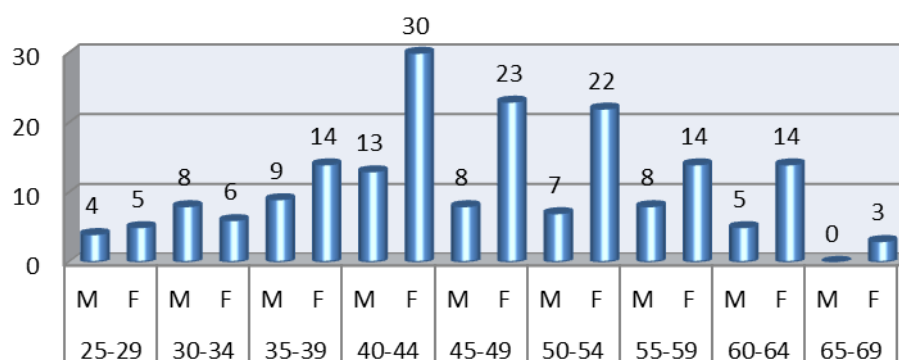


Chart 9 - Employees by age range

The age group with greater representation is 40-44 years, with 43 employees, followed closely by the 45-49 age group, with 31 employees. The 25-29 age group and the 65-69 age group have 9 and 3 employees, respectively, and the overall average age of employees is 46 years.

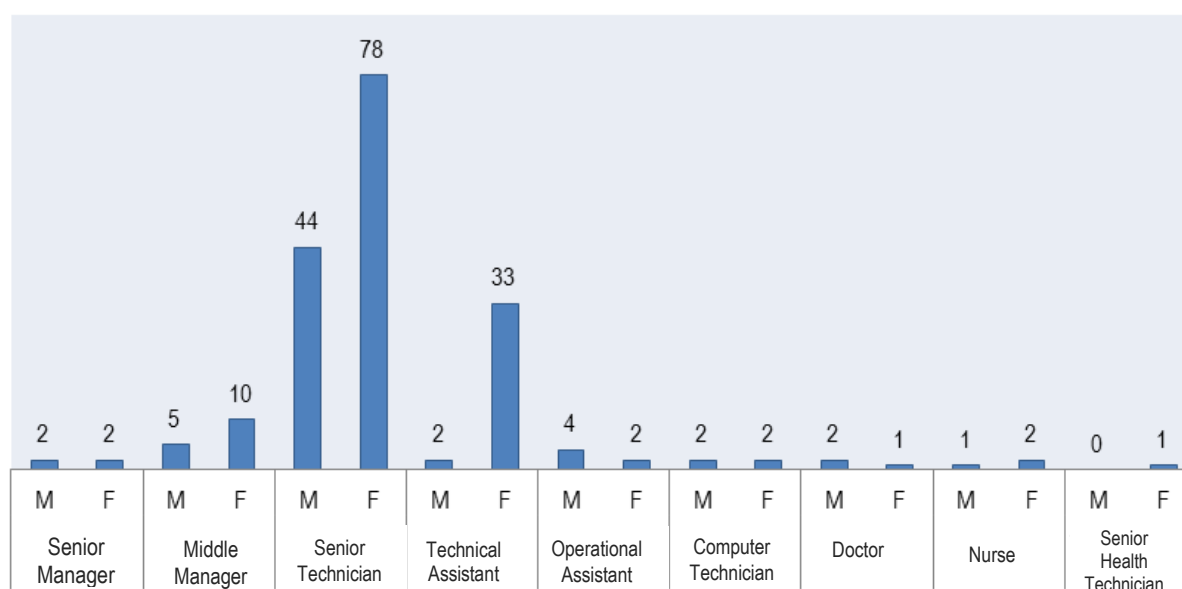


Chart 10 - Employees by professional group

The professional group with greatest representation is the senior technician with 122 employees followed closely by the technical assistants with 35 employees. The professional groups that have the fewest employees are doctors (3), nurses (3) and Senior Health Technicians (1).

4.1.3 Educational level

The following chart shows that the 124 employees are graduated, which accounts for about 65% of employees. After that, the highest number of employees has 12 years of schooling - 29 employees or 15% of the total.

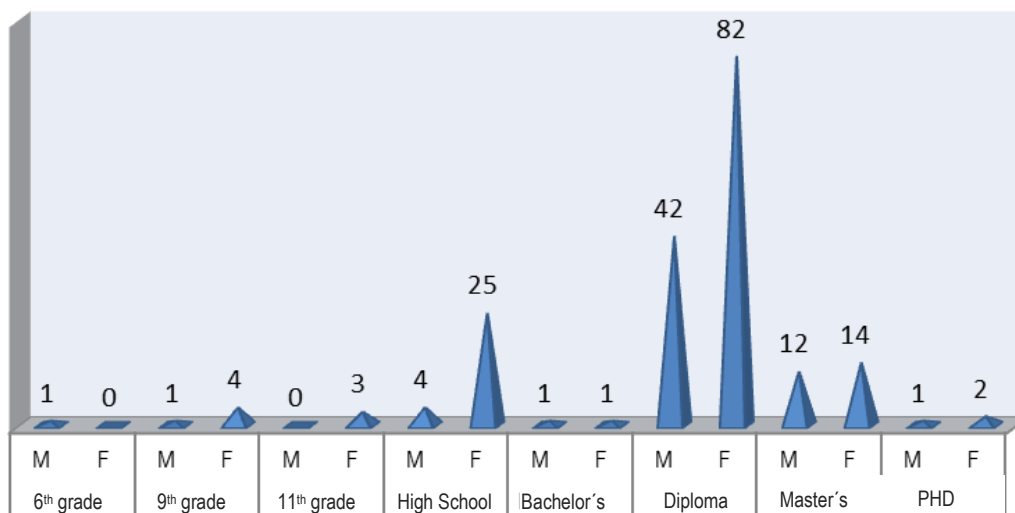


Chart 11 - Employees by qualification level

The qualification level with the fewest employees is the 6th grade, with 1 employee, followed by PhD and the 11th grade, with 3 employees.

4.1.4 Training

In 2016 ACSS employees attended a total of 52 training courses. The biggest attendance was for courses of less than 30 hours, which accounted for 94% of the total, as laid out in the chart below.

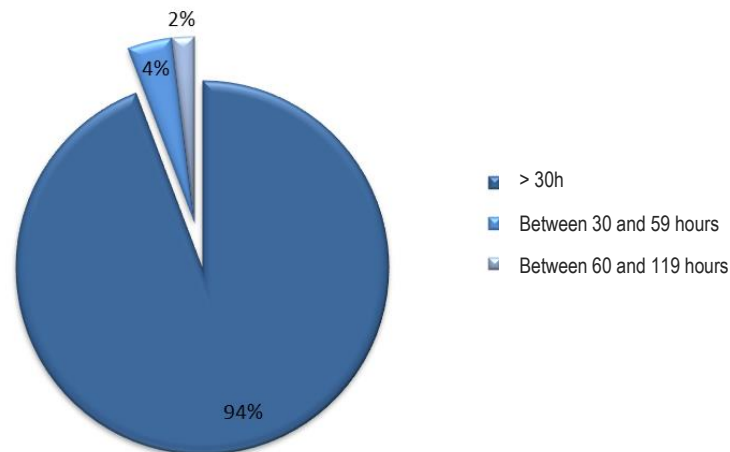


Chart 12 - Attendance of training by length

In turn, the professional group that has attended the most training was the senior technicians, for a total of 38 training courses, which represents 73% of courses attended by all employees of the ACSS in 2016

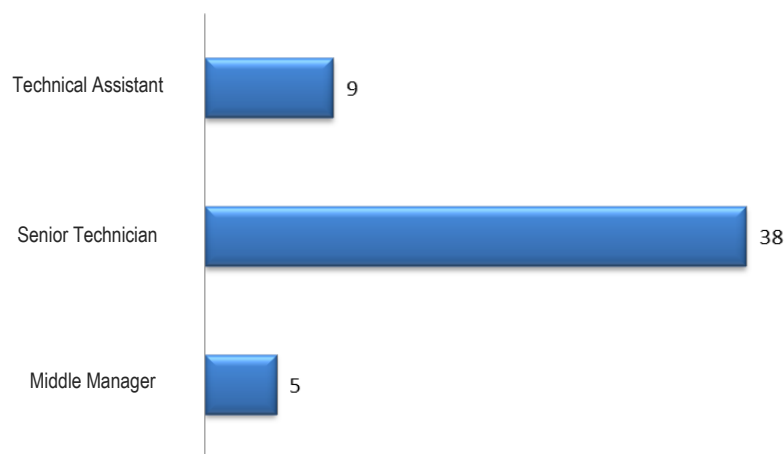


Chart 13 - Attendance of training by professional group

The number of hours spent in training was 1,241, shown by professional group in the following chart:

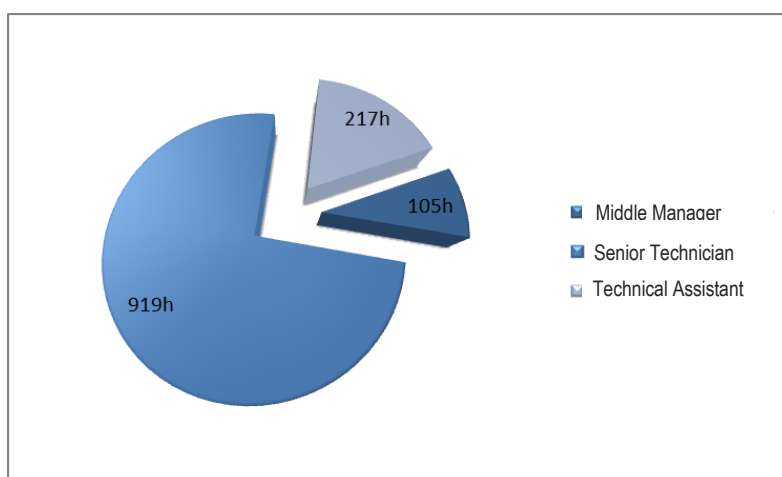


Chart 14 - Total number of training hours by professional group

Finally, it is worth noting that in 2016 ACSS spent 26,919.00 euros (twenty-six thousand, nine hundred and nineteen euros) on training.

4.2 Financial Resources

The initial budget of revenue and expenditure in 2016 showed a total of 4,771.6 million euros (M€).

The increase of the budget for the financial year resulted from flexible management on the centralisation of financing of the pharmacies from Regional Health Services (ARS) in the amount of 642.5 M€, the carrying over of management balances of Ministry of Health institutions from 2015 to ACSS in the amount of 332.9 M€.

In addition, the increase in the allocation in the State Budget envisaged the reversal of salary cuts and to reduce the delayed payments of the organisations and departments of the Ministry of Health, which totalled 235.1 M€.

Special credits for own revenues collected contributed further to the increase in the revenue budget in the amount of 41.6 M€.

Unit: euro

Initial Budget REVENUE	Corrected Budget REVENUE	Initial Budget EXPENSES	Corrected Budget EXPENSES
4,771,633,064	6,023,732,637	4,771,633,064	6,019,433,471

Table 2 – Budget

4.2.1 Revenue

The revenue collected in 2016 totalled 6,025.1 M€ which corresponds to an increase of 21.8% with the State Budget revenues as the biggest source, because of the centralisation of financing of pharmacy expenditure from the Regional Health Services (ARS).

Current transfers totalled 5,523.0 M€ with a year-on-year rise of 21.0%, representing 91.7% of the total.

The revenue of the State Budget (OE) collected in 2016 totalled 5,452.1 M€ and the increase against the previous year quarter is, as previously stated, due to the centralisation, in ACSS, of the financing of the pharmacy expenditure from the ARS and additional funding to reverse pay cuts and to reduce outstanding payments of the entities of the Ministry of Health.

The Ministry of Health Central Administration item also recorded the results of Infarmed in the amount of 25.15 M€.

There was an increase in revenue from municipal authorities of 14.1% to 41.8 M€.

Financing of the Public Health Initiatives EEA Grants Programme totalled 4.0 M€ and decreased by 7.5% compared to the same period of the previous year, given the reduction of funding to promoters, resulting from the projects reaching their completion phase.

Revenue Designation	2015	2016	Variation	
			Amount	%
02 Indirect taxes	103,161,208	107,843,908	4,682,700	4.5%
0201 On consumption	10,637,554	44,749	-10,592,805	-99.6%
0202 Other	92,523,654	107,799,159	15,275,505	16.5%
04 Taxes, fines and other penalties	8,250	3,000	-5,250	-63.6%
06 Current transfers	4,563,659,438	5,523,048,604	959,389,166	21.0%
0603 Central Administration	4,522,671,383	5,477,218,485	954,547,102	21.1%
0605 Local Administration	36,641,645	41,808,634	5,166,989	14.1%
0609 Third countries and international organisations	4,346,410	4,021,485	-324,925	-7.5%
07 - Sales of goods and services	12,765,756	31,958,992	19,193,236	150.3%
08 Other current revenues	29,626,946	28,209,021	-1,417,925	-4.8%
10 Capital transfers	837,830	1,170,558	332,728	39.7%
15 Refunds not deducted in payments	20,129	12,199	-7,930	-39.4%
16 Previous Management Balance	238,023,631	332,883,731	94,860,100	39.9%
Total Revenue	4,948,103,188	6,025,130,013	1,077,026,825	21.8%

Table 3 - Revenue item

In 2016, the revenue from management balances of the Budget Health Programme reached 332.9 M€ of which 281.2 M€ was the management balance of ACSS. The management balances

carried over from 2014 to 2015 reached 238 M€, of which 124 M€ were generated at the ACSS.

The revenue entered under the heading of indirect taxes is related to revenues collected from the distribution of the net results of State Gaming, run by the Santa Casa da Misericórdia de Lisboa (SCML), and were of 106.6 M€, representing an increase of 14 M€ or 15.2%.

The same item includes revenue of approximately 1.2 M€ collected by Turismo de Portugal, and subsequently transferred to the ACSS, referring to a percentage of the net amount of tax on online sports betting.

In 2015, revenue on the Extraordinary Tax levied on the pharmaceutical industry created to ensure the sustainability of the National Health Service, in terms of pharmaceutical expenditure, totalled 10.6 M€. In 2016, this revenue was incorporated in the appropriation of the State Budget and charged a total of 14 M€.

The sale of goods and services item include the charges made abroad under healthcare international convention programmes and reached 32.0 M€ with a sharp rise year on year, although charges in 2015 were below the average for previous years.

The amount of other current revenues fundamentally comes from cash contributions relating to an agreement with APIFARMA (Pharmaceutical Industry Association) as well as incomes from contracts of medicinal products' reimbursements and transferred by the pharmaceutical industry, totalling 27.6 M€. The decrease compared to the same period in the previous year is influenced by the change of method for defining this type of revenue.

As regards to capital transfer, it should be highlighted the financing obtained from the Heritage Rehabilitation and Conservation Fund, in the amount of approximately 530,000 euros, to assist in the remodelling work of building 18 of the Parque de Saúde de Lisboa, as well as the result of the sale of a building which was transferred to the National Health Service in the amount of 640,000 euros.

4.2.2 Expenses

In 2016, expenses paid increased by 27.6% to 5,954.6 M€ and the implementation rate reached 98.9% of the budget.

The weight of the procurement of goods and services item on the structure of expenditure was high, corresponding to 79.5% of the total. The sub-heading of health services comprises the expenses related to payment of advances for Contract Programmes with hospital centres, hospitals and Local Health Units, Public Entrepreneurial Entities (EPE), as well as, the financing of vertical programs and the Contract Programme of SPMS, EPE.

The implementation of expenditure increased compared to the previous year, with an increase in total Contract Programme capital advancements and financing of Vertical Programmes, notably

the financing of treatment of chronic Hepatitis C and to a lesser extent financing of Organ Transplants.

Other health services are related to the payment of International Conventions and were in line with the previous year.

The financing of the Invoice Checking Centre is reflected in the specialised work item and there was a reduction of expenditure over the same period.

Unit: euro

Expenses Designation	2015	2016	Variation	
			Amount	%
01 Staff Costs	4,873,802.	5,655,141	781,339	16.0%
0101 Fixed and permanent remuneration	3,972,219	4,536,311.	564,092	14.2%
0102 Variable or one-off allowances	38,895	43,836	4,941	12.7%
0103 Social Security	862,688	1,074,994	212,306	24.6%
02 Acquisition of Goods and Services	4,446,315,385	4,730,994,573	284,679,188	6.4%
0220 Specialised Work	6,700,036	5,597,303	-1,102,733	-16.5%
0222 Health Services	4,424,733,928	4,710,771,991	286,038,063	6.5%
0223 Other Health Services	13,326,847	13,237,736	-89,111	-0.7%
02 Other	1,554,574	1,387,543	-167,031	-10.7%
03 Interest and Other Charges	25,316	15,892	-9,424	-37.2%
04 Current Transfers	212 654 378	1,216,953,374	1,004,298,996	472.3%
0401 Public	5,700	0	-5,700	-100.0%
0403 Central Administration	209,430,621	1,206,835,970	997,405,349	476.2%
0404 Regional Administration	9,540	38,003	28,463	298.3%
0405 Local Administration	470,521	1,279	-469,242	-99.7%
0406 Social Security	1,279,529	1,121,317	-158,213	-12.4%
0407 Non-profit organisations	1,458,467	8,875,160	7,416,693	508.5%
0408 Families		81,646	81,646	
06 Other Current Expenses	140,268	47,144	-93,124	-66.4%
07 Acquisition of Capital Goods	2,867,472	949,535	-1,917,937	-66.9%
Total expenses paid	4,666,876,621	5,954,615,661	1,287,739,040	27.6%

Table 4 - Expenses item

The current transfers expense shows a significant increase resulting from centralised financing of pharmacy expenditure from Regional Health Administrations (ARS) which was 936.9 M€.

In addition, the financing of the Long-Term Care National Network (RNCCI) to the ARS, the additions to SICAD and ARS and the projects of the General Directorate for Health (DGS) totalled 92.5 M€ and were funded with the net results of State gaming, managed by Santa Casa da Misericórdia de Lisboa (SCML). There was an increase of approximately 4 M€ over the previous year.

The budgetary addition made to the Autonomous Services and Funds and Hospitals of the Public

Sector Administration in 2016 increased by around 21 M€ and contributed to reducing the liabilities of ARS by attributing part of the exceptional injections of funds transferred to EPE, in line with Ordinance No. 34/2017, of 10 March.

The funding of Saúde 24 helpline was 5.7 M€, and decreased by 5.1 M€, when compared to the previous year. While the treatment of chronic hepatitis C funded to ARS (for later funding to Public-Private Partnership Hospitals) and Centro Hospitalar do Oeste totalled 7.0 M€.

The financing of the Public Health Initiatives EEA Grants to entities of the Central Administration (promoters) totalled approximately 3.0 M€.

Analysing staff costs there is an increase of 16.0%, due to the reversal of wage cuts and entry of new employees. There was a decrease in the acquisition of capital goods item due to the completion of redevelopment works in the Parque de Saúde de Lisboa, on buildings 16 and 18, for installation of ACSS.

4.2.3 Management balance

The management balance of 2016 to be carried forward to 2017 was 70,514,353 € resulting from the difference between the revenue collected of 6,025,130,013 € and the expense paid of 5,954,615,661 €. The balance of funds to be carried forward was 71,801,795 € and the amount of 1,287,442 € refers to operations outside the budget, specifically the balance of funding under the EEA Grants programme, which has not been applied to expenditure.

4.2.4 Analysis of the financial statement

In 2016, the income earned totalled 5,896.5 M€ showing an increase of 19.9% compared with the previous year. Transfers from the State Budget are the item with the greatest weight in the income structure (92.5%), also highlighting the significant increase of extraordinary income and provision of services.

Unit: euro

POCMS	Designation	2015	2016	Variation		Weight
				Amount	%	
71	Services Rendered	41,984,126	74,180,957	32,196,830	76.7%	1.3%
	International Conventions	40,393,692	73,097,439	32,703,748	81.0%	1.2%
	Invoicing IT applications	1,590,435	1,083,517	-506,917	-31.9%	0.0%
72	Taxes and charges	10,690,552	3,000	-10,687,552	-100.0%	0.0%
74	Current Transfers Subs.	4,771,509,034	5,683,064,942	911,555,908	19.1%	96.4%
741	State	4,520,721,137	5,452,068,485	931,347,348	20.6%	92.5%
742	Current transfers obtained	153,859,003	122,582,636	-31,276,366	-20.3%	2.1%
749	Current subsidies obtained – other ent.	96,928,894	108,413,821	11,484,927	11.8%	1.8%
76	Other Prov. Operating Gains	32,758,682	27,363,728	-5,394,954	-16.5%	0.5%
78	Financial Income	0	36,044	36,044		0.0%
79	From Extraordinary Gains	61,514,144	111,827,309	50,313,165	81.8%	1.9%
	Total	4,918,456,538	5,896,475,980	978,019,442	19.9%	100.0%

Table 5 - Income

The current transfers and subsidies obtained item saw an increase of 911.6 M€ which is a percentage variation of 19.1%. The greatest contribution was provided by transfers from the State Budget that showed a sharp increase, as stated above, related to funds from the centralised funding of the pharmacy expenditures from ARS and financing of the reversal of wage cuts and to reduce outstanding payments of the entities of the Ministry of Health.

Current transfers obtained included the transfers from municipalities and municipal enterprises, in line with the State Budget, and represented 41.8 M€.

This heading also counted as income for the management balances of the institutions of the Ministry of Health, carried over to the ACSS in the amount of 51.7 M€, and the balance for the year of INFARMED in the amount of 25.15 M€. There was a decrease compared to the same period of the previous year.

The financing of the programme of Public Health Initiatives EEA Grants totalled 3.6 M€, which was a decrease since projects are nearing completion.

The current subsidies obtained from other entities included income from the net results of the State gaming managed by Santa Casa da Misericórdia de Lisboa (SCML), which totalled 108.4 M€. This amount includes the addition of income from the last quarter of 2016, which was transferred to ACSS at the beginning of 2017. The income from online sports betting, whose funds were transferred by Turismo de Portugal, are also considered and represent approximately 1.2 M€.

Extraordinary income saw a sharp increase compared to the same period of the previous year due primarily to accounting the impact of the additional levy under the 2015 APIFARMA Agreement, totalling 56.6 M€.

The positive impact of the process of the final validation of ACSS's Contract Programme, as well as the review of debt estimates under Vertical Programmes also boosted extraordinary income. There was also a drop of provisions.

The income earned from the provision of services totalled 74.2 M€ and this significant increase was driven by a rise in income related to providing health care to foreign citizens in Portugal under the International Conventions programme.

Other operating income includes cash contributions from the pharmaceutical industry under the APIFARMA Agreement and the decrease seen is influenced by the change in defining the method of this revenue.

Additionally, it includes income to finance the National Health Service from entities of the pharmaceutical industry under co-payment contracts signed with INFARMED.

The amount of taxes and fees related to the extraordinary contribution of the pharmaceutical industry, which in 2015 was charged by the Tax Authority and transferred to ACSS, was included in State Budget and altered the current transfers and subsidies item.

In 2016, costs amounted to 6,088.6 M€ which represents an increase of 26.0% when compared to the same period. An analysis of the main items follows.

The supplies and external services item totals 4,800.6 M€ and is the biggest weight on the cost structure accounting for 78.8%, an increase compared to the same period of last year.

The cost of the Contract Programme (CP) of Public Entrepreneurial Entities (EPE) represented 4,628.6 M€, and the remaining amount of 79.1 M€ on the financing of vertical programmes of these entities. The increase in the cost of CPs is related to the impact of addenda related with compensation for replacing wages, production and convergence cuts. The costs of Vertical Programmes declined offsetting part of the increase of costs of CPs. The decrease observed in the cost of Contract Programmes with SPMS, EPE is due to the fact that in line with the law of the State Budget the amount of 28 M€, for maintenance and continued services, began to be executed as current transfer and was, therefore, included in that item. The reduction of 1.6M€ in other subcontracts was due to the fact that ACSS did not finance the expense of seasonal flu vaccines in 2016.

Unit: euro

POCMS	Designation	2015	2016	Variation		Weight
				Amount	%	
61	Cost of Material Goods Consumed	72,608	60,169	-12,439	-17.1%	0.0%
62	Supplies and External Services	4,505,233,951	4,800,594,493	295,360,542	6.6%	78.8%
62191	International Conventions	22,044,473	73,000,377	50,955,904	231.2%	1.2%
62192	Public Business Entities	4,431,122,026	4,708,019,967	276,897,942	6.2%	77.3%
62193	SPMS Contract Programme	42,775,160	12,442,757	-30,332,404	-70.9%	0.2%
62199	Other Sub-contracts	1,589,916	0	-1,589,916		0.0%
622	Supplies and Services	7,702,375	7,131,392	-570,983	-7.4%	0.1%
63	Transfers Subs. Current	282,407,223	1,237,595,761	955,188,538	338.2%	20.3%
6311	Companies and quasi-non-financial com.	5,700	0	-5,700	-100.0%	0.0%
63131	State	35,615,293	27,695,089	-7,920,205	-22.2%	0.5%
63135	Autonomous Funds and Services	243,927,904	1,206,871,404	962,943,500	394.8%	19.8%
6316	Social Security	1,388,112	1,114,827	-273,286	-19.7%	0.0%
6317	Non-profit Organisations	1,458,467	1,875,160	416,693	28.6%	0.0%
	Other	11,747	39,282	27,535	234.4%	0.0%
64	Staff Costs	5,021,879	5,685,075	663,197	13.2%	0.1%
641	Remunerations of Governing Bodies	294,367	295,549	1,181	0.4%	0.0%
642	Payroll	3,745,431	4,260,688	515,257	13.8%	0.1%
645	Charges on salaries	905,552	1,018,920	113,368	12.5%	0.0%
	Other	76,528	109,919	33,391	43.6%	0.0%
65	Other Operating Costs/Losses	82,197	47,144	-35,053	-42.6%	0.0%
66	Amortizations	138,266	145,436	7,171	5.2%	0.0%
67	Provisions	22,827,017	0	-22,827,017	-100.0%	0.0%
672	For risks and contingencies	1,037,942		-1,037,942	-100.0%	0.0%
673	Depreciation of stocks	21,789,075		-21,789,075		0.0%
68	Financial Costs/Losses	25,661	16,042	-9,619	-37.5%	0.0%
69	Extraordinary Costs/Losses	15,478,085	44,408,481	28,930,396	186.9%	0.7%
	Total	4,831,286,887	6,088,552,603	1,257,265,716	26.0%	100%

Table 6 - Expenditure

The costs of current transfers amounted to 1,237.6 M€, representing 20.3% of the 5.8% of the cost structure. As previously stated the increase was due primarily to the centralisation in ACSS, of the financing of pharmacy expenditure from ARS. The cost totalled 936.9 M€ and was included in the sub-heading of Autonomous Services and Funds (SFA). Also, the additions made to the SFA were higher compared with the previous year by around 21.0 M€ and there was also an increase in the cost of financing these entities on account of the net results of the State gaming of the SCML. The additional costs relating to migrants was 33.4 M€, significantly lower than the previous year.

It should be noted that, in 2016, the continued maintenance services of SPMS, EPE began to be

financed through the current transfers item leading to an increase compared to the previous year. Transfers to State entities fell by 7.9 M€ and contributed to the reduction in the financing of the Saúde 24 helpline for the General Directorate for Health.

Costs and extraordinary losses totalled 44.4 M€ referring primarily to the impact of the closure of the Contract Programmes of EPE. The recognition of additional costs for the Vertical Programme in previous years totalled 3 M€.

Staff costs amounted to 5.7 M€ rising by 13.2%, if comparing to the previous year. The increase in this cost is related to the reversal of the wage cuts and the increase in the number of employees.

The net result of ACSS in 2016 totalled 192,076,622.49 € and a proposal will be made to the Ministry for the result to be carried over.

4.3 Technology Resources

To carry out its activity ACSS has a local structure, with specific functions and roles in communications infrastructure and has implemented a number of services and solutions that provide various network services to users and, at the same time, there are solutions for the safety and reliability of this network as well as access control to various systems.

To carry out its activity, ACSS had the following features in the context of ICT:

	Quantity
Computers and Laptops	236
Copy and printing equipment	14
Portable and Fixed Projectors	7
VOIP Telephones	285
Call Manager	1
Video-conferencing solution	3
Wireless Network - Access Points	18

Table 7 - Technology resources

4.4 Development of measures to improve performance

In 2016, we observed a gradual rehearsal of wage cuts. However, some restrictions and budgetary constraints continued, leading to the implementation of a policy of resources optimisation and increasing their efficiency (both at an administrative level and an economic level).

ACSS considers its human capital to be the centre of its performance and the backbone of all its activity as an organisation, in 2017 the following measures to strengthen and increase performance are planned:

- Development of a programme for qualification of human resources, through individual training plans, seeking the development of professional skills, but also social and personal skills;
- Development and improvement of the communicational work flow and institutional framework, through the preparation and review of internal procedures; as well as updating other documents for structuring the organisation, which will identify and reduce sources of uncertainty that generate institutional anxiety;
- Development and improvement in the existing archiving and records management processes;
- Strengthening and development of the brand image of ACSS, as a source of institutional identity;
- Strengthening and promotion of inter-institutional cooperation, thus enabling the development of institutional synergies in the health area.

5. Overall Assessment

5.1 Social report

Detailed information relating to human resources is set out in the Social Report, which was structured based on the matrix produced by DGAEP on 31 December 2016.

5.2 Institutional Advertising

In compliance with the stipulations of paragraph 10 of Council of Ministers Resolution No. 47/2010, of 25 June, Decree-law No. 231/2004, of 13 December, and in Administrative Rule No. 1297/2010, of 21 March, the institutional advertising initiatives were essentially related to the publication of legislative acts and actions as part of the recruitment and selection of employees, in line with paragraph 2 of article 7 of Law 95/2015, of 17 August.

5.3 Final Assessment

Given the existing constraints and changes in institutional dynamics that occurred in 2016, an analysis of the results of implementation of the Annual Report and results obtained in the QUAR evaluation of the Institute, we believe that the organisational performance of ACSS, was **satisfactory**, as it achieved the majority of proposed objectives in terms of QUAR, having exceeded some of them and simultaneously reached and exceeded relevant objectives. This is therefore the proposal for evaluative endorsement by the Institute for 2016.

2016 Annual Report

16 June 2017

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