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Alliance**

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# **RM6160: Non Clinical Temporary and Fixed Term Staff (Short Form)**



**Crown  
Commercial  
Service**



**Procurement in Partnership**  
The Collaboration of NHS Procurement Hubs

Delivered by

NHS Commercial Solutions  
NHS East of England Collaborative Procurement Hub  
NHS London Procurement Partnership  
NHS North of England Commercial Procurement Collaborative

For help with completing this Order Form please refer to the Short Order Form FAQ's [here](#)

**Guidance:**

This Order Form, when completed and signed by both you (the Contracting Authority) and the Supplier, forms a Call-Off Contract from CCS framework RM6160, Non Clinical Temporary and Fixed Term Staff. Signing the Order Form ensures that both parties are able to compliantly use the terms and conditions agreed from the procurement exercise.

You can complete and execute a Call-Off contract by using an equivalent document or electronic purchase order system. If an electronic purchasing system is used, the text below must be copied into the electronic order form.

**Order Form Template**

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the **Framework Contract RM6160: Non Clinical Temporary and Fixed Term Staff**.

<b>Contracting Authority Name</b>	NHS Midlands & Lancashire Commissioning Support Unit
<b>Contracting Authority Contact</b>	
<b>Contracting Authority Address</b>	
<b>Invoice Address (if different)</b>	NHS Midlands & Lancashire CSU OCX PAYABLES M385 Pheonix House Topcliffe Lane Wakefield West Yorkshire WF3 1WE







<b>Supplier Name</b>	Boston Hale
<b>Supplier Contact</b>	
<b>Supplier Address</b>	1-3 Pemberton Row London EC4A 3BG

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	Lot 3
<b>Order reference number (e.g. purchase order number)</b>	Will be sent on completion of the process
<b>Date order placed</b>	Will be advised
<b>Call off Start Date</b>	Anticipated 23 May 2022 – will be confirmed
<b>Call-Off Expiry Date</b>	Three months with a possibility to extend if required
<b>Extension Options</b>	To be exercised if needed
<b>GDPR Position</b>	Independent Controller
<b>Job role / Title</b>	Specialist Nurse Assessor
<b>Temporary or Fixed Term Assignment</b>	Temporary

# Order Form Template (Short Form)

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<b>Hours / Days required</b>	Up to 37.50 / five days per week: Monday to Friday
<b>Unsocial hours required – give details</b>	No
<b>High cost area supplement details (NHS only)</b>	1. None
<b>Immunisation requirements? (Fee type 1 only)</b>	None required

<b>Pay band (use rate card to determine this)</b>	6				
<b>Fee Type</b>	1. Patient facing / remote working via video conference				
<b>Expenses to be paid or benefits offered</b>	N/A				
<b>Expenses to be paid by Temporary Worker</b>	N/A				
<b>Charge rates</b>	<table> <tr> <td>Pre-AWR</td><td>Post-AWR</td></tr> <tr> <td></td><td></td></tr> </table>	Pre-AWR	Post-AWR		
Pre-AWR	Post-AWR				
					
<b>Method of payment</b>	Payment within 30 days of invoice				
<b>Discounts applicable</b>	N/A				

<b>Criminal records check required</b>	Yes / No
<b>BPSS required</b>	Yes / No
<b>State any other required clearance and/or background checking</b>	N/A
<b>State any skills, mandatory training and qualifications necessary for the role</b>	Registered Nurse

## CALL-OFF INCORPORATED TERMS

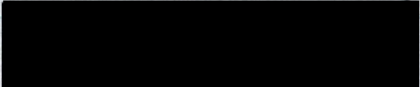

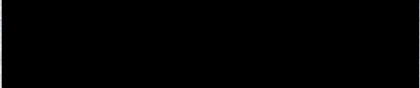
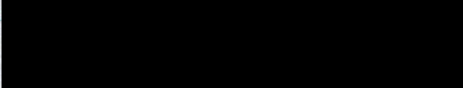
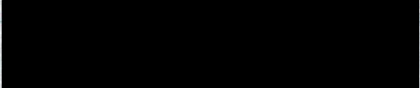
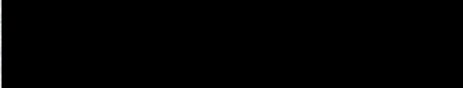
The Call-Off Contract, Core Terms and Joint Schedules' for this Framework Contract are available on the CCS website. Visit the **Non Clinical Temporary and Fixed Term Staff** web page and click the 'Documents' tab to view and download these.

## CALL-OFF DELIVERABLES

The requirement
<p>MLCSU require the services of a suitably experienced and qualified Band 6 CHC/IPA Nurse Assessor for a three-month assignment, this may be extended.</p> <p>Confirmation is required from the agency on RM6160 that all the relevant clinical checks as per the Clinical Framework CSS have been completed before a candidate can be agreed. Copies of this confirmation will be retained for audit purposes.</p> <p>Or you could simply state the requirements to be delivered by the Supplier to the Contracting Authority in accordance with the <b>Framework Specification</b> during the specified Call-Off Period</p> <p>For further details about what can and cannot be included here please email - <a href="mailto:info@crownccommercial.gov.uk">info@crownccommercial.gov.uk</a></p>

## PERFORMANCE OF THE DELIVERABLES

<b>Key Staff</b>	
██████████	
██████████	
E: ██████████	
T: ██████████	
<b>Key Subcontractors</b>	
N/A	

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:	24 May 2022	Date:	24 May 2022