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

**Delivered by:**

NHS Commercial Solutions  
NHS East of England Collaborative Procurement Hub  
NHS London Procurement Partnership  
NHS North of England Commercial Procurement Collaborative  
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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>	Department of Health & Social Care
<b>Contracting Authority Contact</b>	██████████
<b>Contracting Authority Address</b>	Quarry House Quarry Hill Leeds West Yorkshire LS2 7UE
<b>Invoice Address (if different)</b>	██

<b>Supplier Name</b>	Robertson Bell Ltd
<b>Supplier Contact</b>	██████████
<b>Supplier Address</b>	UoN, Innovation Centre, Green Street, Northampton, NN1 1SY

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	2 (Corporate Functions Supply)
<b>Call-Off (Order) Ref</b>	C76669
<b>Order Date</b>	27/06/2023
<b>Call off Start Date</b>	01/07/2023
<b>Call-Off Expiry Date</b>	31/12/2023
<b>Extension Options</b>	Option to extend
<b>GDPR Position</b>	Independent Controller
<b>Number of roles required:</b>	1
<b>Number of CV's required:</b>	1
<b>Job role / Title</b>	Finance Operations Lead
<b>Temporary or Fixed Term Assignment</b>	Temporary

**Order Form Template (Short Form)**

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<b>Hours / Days required</b>	5 days per week
<b>Unsocial hours required – give details</b>	To meet deadlines this may be required
<b>HCAS details</b>	None
<b>Immunisation requirements? (Fee type 1 only)</b>	N/A

<b>Pay band</b>	[REDACTED]	
<b>Fee Type</b>	2. Non-Patient Facing (Disclosure)	
<b>Expenses to be paid or benefits offered</b>	None, unless claimed in line with the expense policy of DHSC, with preapproval from line manager	
<b>Expenses to be paid by Temporary Worker</b>		
<b>Charge rates</b>		[REDACTED]
		[REDACTED]
<b>Method of payment</b>	BACS	
<b>Discounts Applicable</b>	[REDACTED] [REDACTED] [REDACTED]	

<b>Criminal records check</b>	Yes – DBS – as per original contract
<b>BPSS required</b>	Yes – as per original contact.
<b>State required clearance and background checking</b>	BPSS
<b>Skills, mandatory training and qualifications necessary for the role</b>	No mandatory training required by Robertson Bell. ACA Qualified
<b>Conduct regulations</b>	The Contractor has provided an Opt-Out pursuant to Regulation 32 (9) of the Conduct of Employment Agencies and Employment Businesses Regulations 2003 prior to the start-date

**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

<b>The requirement</b>
<p><b>[Guidance: Insert details of your requirement here].</b></p> <p>This may include:</p> <ul style="list-style-type: none"> <li>• Any variation from the standard framework terms</li> <li>• Specialist knowledge requirements</li> <li>• Specific invoicing requirements</li> <li>• Specific service level agreements (SLA)</li> <li>• Specialist management information required.</li> <li>• Any specific health and Safety risks relevant to the role</li> </ul>

## PERFORMANCE OF THE DELIVERABLES

<b>Key Staff</b>
██████████
<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:	27/06/2023	Date:	28/06/2023