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The Collaboration of NHS Procurement Hubs

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
Crown Commercial Service

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**.

Contracting Authority Name	Department of Health and Social Care
Contracting Authority Contact	Redacted in line with the FOIA
Contracting Authority Address	Quarry House Quarry Hill Leeds West Yorkshire LS2 7UE
Invoice Address (if different)	Redacted in line with the FOIA

Supplier Name	Robertson Bell Ltd
Supplier Contact	Redacted in line with the FOIA
Supplier Address	Euston House, 24 Eversholt Street, London, NW1 1AD

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	
Call-Off (Order) Ref	
Order Date	21/07/2022
Call off Start Date	30/07/2022
Call-Off Expiry Date	31/12/2022
Extension Options	
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller
Number of roles required:	N/A
Number of CV's required:	N/A
Job role / Title	Buying Coordinator

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Temporary or Fixed Term Assignment	Temporary
Hours / Days required	
Unsocial hours required – give details	To meet deadlines this may be required
HCAS details	1. None
Immunisation requirements? (Fee type 1 only)	N/A

Pay band	
Fee Type	2. Non-Patient Facing (Disclosure)
Expenses to be paid or benefits offered	
Expenses to be paid by Temporary Worker	
Charge rates	Redacted
£106,055	in line with
	the FOIA
Method of payment	
Discounts applicable	Post 12-week reduction will already have been applied prior to the commencement of this contract. Therefore, only one charge rate to DHSC has been entered and will be needed for the duration of this contract. All discounts aligned to the CCS RM6160 terms.

These rates will reduce from 6th November 2022 in line with the NI rate reduction

Criminal records check	Yes – as part of the original contract
BPSS required	Yes – as part of the original contract
State required clearance and background checking	BPSS
Induction:	None required
ID Badge required:	None required
Work Health Assessment:	Redacted in line with the FOIA
Skills, mandatory training and qualifications necessary for the role	None required

CALL-OFF INCORPORATED TERMS

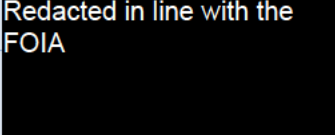
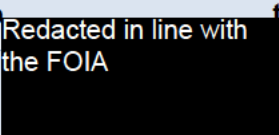
The Call-Off Contract, Core Terms and Joint Schedules' for this Framework Contract are available on the CCS website. Visit the [Non Clinical Temporary and Fixed Term Staff](#) web page and click the 'Documents' tab to view and download these.

CALL-OFF DELIVERABLES

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

PERFORMANCE OF THE DELIVERABLES

Key Staff
Redacted in line with the FOIA
Key Subcontractors
[Insert name of key sub-contractors if required]

For and on behalf of the Contracting Authority:
Signature: 
Name:
Role:
Date:
For and on behalf of the Contracting Authority:
Signature: 
Name:
Role:
Date: