

National Framework for the Provision of Clinical and Healthcare Staffing

Annex 1: Order Form

FROM:

CONTRACTING AUTHORITY	UK Health Security Agency
CONTRACTING AUTHORITY ADDRESS	10 South Colonnade Canary Wharf London E14 4PU
INVOICE ADDRESS (if different)	Email invoices to: [REDACTED] Consolidated monthly invoicing - all invoices must quote a valid PO number and shall be accompanied by the relevant timesheets.
CONTRACTING AUTHORITY AUTHORISER NAME	[REDACTED]
ORDER NUMBER	C308451 PRO_6250
ORDER DATE	As per signature date
COMMENCEMENT DATE	9 th Sep 2024
ANTICIPATED END DATE	25 th Jan 2025

TO:

SUPPLIER	PULSE HEALTHCARE LIMITED
SUPPLIER'S ADDRESS	9 Appold Street London EC2A 2AP
ACCOUNT MANAGER	[REDACTED]



PART 1: SERVICE REQUIREMENT	
PART 1.1: SERVICE AND DELIVERABLES REQUIRED: Temporary Worker Requirements:	
LOT: (If Lots 1-5, please indicate if Master Vendor)	Lot 2
NUMBER OF ROLES REQUIRED:	See Schedule 1
NUMBER OF CVS REQUIRED:	See Schedule 1
JOB ROLE/TITLE:	See Schedule 1
PAY BAND/GRADE:	See Schedule 1
HOURS/DAYS REQUIRED:	See Schedule 1
ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL)	<p>Requirement to cover core hours, equivalent to 8 hours or 2PAs per day.</p> <p>Requirement to cover 5pm to 9am 1 week night / week on call = 16 hours</p> <p>Requirement to cover 1:4 weekends in core hours = 16 hours</p> <p>Requirement to cover 1:4 weekends on call = 32 hours</p> <p>N.B. In line with substantive clinical posts of 10PAs / week, weekend cover does not come with corresponding time off in lieu for weekend work.</p>
RELEVANT RISK ASSESSMENT/SAFEGUARDING REQUIREMENTS	<p>BPSS required – Costs to be absorbed by the supplier.</p> <p>We reserve the right to release contractors where we do not receive confirmation of BPSS within 4 weeks of their start date.</p>
IMMUNISATION REQUIREMENTS	None
HIGH COST AREA SUPPLEMENT?	No High Cost Area
SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:	Clinical Microbiology
PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START:	UKHSA Birmingham Public Health Laboratory (BPHL)
EXPENSES	Nil



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NHS London Procurement Partnership
NHS North of England Commercial Procurement Collaborative

ADDITIONAL REQUIREMENTS:	N/A
SHIFT START DATE:	09 September 2024
PART 1.2: PAYMENT PROFILE WILL BE 'ON COMPLETION OF WORKS' AS PER PARAGRAPH 9.3 OF SCHEDULE 2 OF THESE CALL-OFF TERMS AND CONDITIONS.	
DISCOUNTS APPLICABLE:	None
METHOD OF PAYMENT	BACs or alternative payment method as agreed between the Contracting Authority and the Agency. Invoice will be raised weekly for week worked. Standard 30 days payment terms
PART 1.3: ACCEPTANCE PRIOR TO PAYMENT	
PART 2: CONTRACTING AUTHORITY CONTRACTUAL REQUIREMENTS & DELIVERABLES	
The resources supplied under this agreement shall work under the direction and control of UKHSA and shall carry out duties and tasks reasonably assigned to them that they are competent and qualified to perform.	
At the end of the contract (or earlier, if resources are terminated early), the agency will communicate to the contractor to agree a date with UKHSA to return any UKHSA IT equipment and other property (in the state in which it was supplied) within a maximum of 5 working days from their final day. If the contractor does not engage with UKHSA, the agency will send daily reminders to the contractor and support UKHSA to ensure the return of all UKHSA IT equipment and property. UKHSA reserve the right to withhold up to £750 from the final payment to the agency until all UKHSA IT equipment and property has been returned	
PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS (IF APPLICABLE)	
PART 3.1: SUPPLEMENTARY REQUIREMENTS IN ADDITION TO CALL-OFF TERMS AND CONDITIONS:	N/A
PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS:	N/A
PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES	
PART 4.1: KEY PERSONNEL OF THE SERVICE PROVIDER TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:	N/A
PART 4.2: SUB-CONTRACTORS TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:	N/A
PART 5: CONFIDENTIAL INFORMATION	

PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIALY SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION:

N/A

BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Contracting Authority to provide to the Contracting Authority the Services specified in the Service Order Requirements set out in this Order Form [(together with where completed and applicable, the further-competition order (additional requirements))] incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Agreement between the Supplier and the Authority.

FOR AND ON BEHALF OF THE SUPPLIER:

[Redacted Signature]	
DATE:	20 th September 2024

FOR AND ON BEHALF OF THE CONTRACTING AUTHORITY:

[Redacted Signature]	
Date Signed: NAME:	25/09/2024
DATE:	



Workforce Alliance
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Schedule 1

The resources to be supplied are as follows (all prices ex VAT)

Name	Role	Cost Centre	PAYE Status (Payroll/Umb/Ltd-PAYE/Ltd-Gross)	Start Date	End Date	Candidate Rate	Charge Rate	Days	Total
[REDACTED]	Microbiology Consultant	[REDACTED]	Umbrella	09/09/2024	31/01/2025	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Contingency / Overtime [REDACTED]
 [REDACTED] — [REDACTED]