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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 & Social Care
Contracting Authority Contact	Redacted in line with Section 40 of The FOIA
Contracting Authority Address	39 Victoria Street Westminster SW1 0EU
Invoice Address (if different)	Redacted in line with Section 40 of The FOIA

Supplier Name	Robertson Bell
Supplier Contact	Redacted in line with Section 40 of The FOIA
Supplier Address	Euston House, 24 Eversholt Street Euston NW1 1AD

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	2
Call-Off (Order) Ref	
Order Date	23/08/2021
Call off Start Date	01/10/2021
Call-Off Expiry Date	31/03/2022
Extension Options	
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller
Number of roles required:	1
Number of CV's required:	1
Job role / Title	Personal Assistant

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Temporary or Fixed Term Assignment	Temporary
Hours / Days required	
Unsocial hours required – give details	
HCAS details	1. None 2. Inner London 3. Outer London 4. Fringe
Immunisation requirements? (Fee type 1 only)	N/A

Pay band	RM6160 7 – Civil Service EO						
Fee Type	1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure)						
Expenses to be paid or benefits offered	To be claimed in line with the Expense Policy of client, with preapproval from line manager						
Expenses to be paid by Temporary Worker	Travel to work						
Charge rates	<table border="1"> <tr> <td></td><td>Redacted in line with Section 43 of The FOIA</td></tr> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </table>		Redacted in line with Section 43 of The FOIA				
	Redacted in line with Section 43 of 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.						

Criminal records check	Yes - as part of original contract
BPSS required	Yes - as part of the original contract
State required clearance and background checking	Original Contract had following checks performed: BPSS
Skills, mandatory training and qualifications necessary for the role	

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	
Redacted in line with Section 43 of The FOIA	
<i>This worker is to remain procured through the RM6160 framework for the entire duration of this contract and any future temporary contracts secured via Robertson Bell.</i>	

PERFORMANCE OF THE DELIVERABLES

Key Staff
Redacted in line with Section 40 of The FOIA
Key Subcontractors
N/A

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	Redacted in line with Section 40 of The FOIA	Signature:	Redacted in line with Section 40 of The FOIA
Name:		Name:	
Role:		Role:	
Date:	10/09/2021	Date:	17/09/2021