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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
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	Secretary of State for Health and Social Care acting as part of the Crown
Contracting Authority Contact	Redacted under S. 40 of the FOIA
Contracting Authority Address	39 Victoria Street London SW1H 0EU
Invoice Address (if different)	Redacted under S. 40 of the FOIA

Supplier Name	Robertson Bell Ltd
Supplier Contact	Redacted under S. 40 of the FOIA
Supplier Address	Euston House, 24 Eversholt Street, London NW1 1AD

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	2
Call-Off (Order) Ref	
Order Date	05/10/2021
Call off Start Date	01/10/2021
Call-Off Expiry Date	31/12/2021
Extension Options	This is a contract extension. Duration of the role can be extended
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller

Order Form Template (Short Form)
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Number of roles required:	1
Number of CV's required:	N/A
Job role / Title	Interim EO Payroll Officer
Temporary or Fixed Term Assignment	Temporary
Hours / Days required	5 days, Monday – Friday, 37 hours per week
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	7
Fee Type	1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure)
Expenses to be paid or benefits offered	N/A
Expenses to be paid by Temporary Worker	
Charge rates	Redacted under S. 43 of the FOIA
Method of payment	
Discounts applicable	Redacted under S. 43 of the FOIA

Criminal records check	Yes – as part of the original contract DBS Reference Number: Date of Issue: 4th December 2020
BPSS required	Yes – as part of the original contract
State required clearance and background checking	Original Contract had following checks performed:
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
<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 <p>Or you could simply state the requirements to be delivered by the Supplier to the Contracting Authority in accordance with the Framework Specification during the specified Call-Off Period</p> <p>For further details about what can and cannot be included here please email - info@crownccommercial.gov.uk</p>

PERFORMANCE OF THE DELIVERABLES

Key Staff
Redacted under S. 40 of the FOIA
Key Subcontractors
[Insert name of key sub-contractors if required]

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	Redacted under S. 40 of the FOIA	Signature:	Redacted under S. 40 of the FOIA
Name:		Name:	
Role:	Business Manager	Role:	Category Lead
Date:	05/10/2021	Date:	16 November 2021