**RM6160: Non Clinical Temporary and Fixed Term Staff**

**(Short Form)**

**Order Form Template**

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the [Framework Contract RM6160](https://www.crowncommercial.gov.uk/agreements/RM6160): Non Clinical Temporary and Fixed Term Staff.

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| **Contracting Authority Name** | The Insolvency Service |
| **Contracting Authority Contact** | REDACTED |
| **Contracting Authority Address** | Cannon House18 Priory QueenswayBirminghamB4 6FD |
| **Invoice Address** **(if different)** | payments@insolvency.gov.uk  |

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| **Supplier Name** | Red Snapper Group |
| **Supplier Contact** | REDACTED |
| **Supplier Address** | 10 Alie StreetLondonE1 8DE |

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| **Framework Ref** | RM6160: Non Clinical Temporary and Fixed Term Staff |
| **Framework Lot** | Lot 3 |
| **Order reference number (e.g. purchase order number)** | TIS0488 |
| **Date order placed** |  |
| **Call off Start Date** | 01/11/21 |
| **Call-Off** **Expiry Date** | 31/01/22 |
| **Extension Options** | 01/02/22 – 08/07/22 |
| **Notice Period** | One Week |
| **IR35** | Out of Scope of IR35 |
| **GDPR Position** | Independent Controller  |
| **Job role / Title** | FCMC - PM COTS and Finance |
| **Temporary or Fixed Term Assignment** | Temporary 127 |
| **Hours / Days required** | Full Time – 5 days per week |
| **Unsocial hours required – give details** | None |
| [**High cost area suppl****ement**](https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-8-high-cost-area-payment-zones) **details****(NHS only)** | None |
| **Immunisation requirements? (Fee type 1 only)** | N/A |

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| **Pay band (use rate card to determine this)** | 10B |
| **Fee Type** | Non-Patient Facing (Disclosure required) |
| **Expenses to be paid or benefits offered** | N/A |
| **Expenses to be paid by Temporary Worker** | N/A  |
| **Charge rates** | Pre-AWR | Post-AWR |
| REDACTED Per Day to REDACTED | REDACTED Per Day to REDACTED |
| REDACTED Per Day to Red Snapper | REDACTED Per Day to Red Snapper |
| REDACTED Per Day Total Bill Rate | REDACTED Per Day Total Bill Rate |
| **Method of payment** | Invoice/BACS |
| **Discounts applicable** | N/A |

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| **Criminal records check required** | No  |
| **BPSS required** | Yes |
| **State any other required clearance and/or background checking** | None |
| **State any skills, mandatory training and qualifications necessary for the role** | None |

**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](https://www.crowncommercial.gov.uk/agreements/RM6160) web page and click the ‘Documents’ tab to view and download these.

**CALL-OFF DELIVERABLES**

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| **The requirement** |
| **FCMC PM COTS Analysis and Finance Requirements** **Role held by:** REDACTEDProject Manager with experience of managing commercial evaluation exercises for high value technology solutions (£5-20million) to oversee management of procurement process and data cleansing activity for the Future Case Management Capability project.

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| Number | Outcome/ Deliverable | Description | Acceptance Criteria |
|  |  |  |  |
| 1 | Oversee production of requirements by Business Analyst for Finance System engagement and PIN exercise for COTS  | Work with BA to plan production of requirements building on project work already carried out. Monitor production of requirements against plan.  | Production of finance system requirements and requirement for PIN exercise, signed off by SMEs from business area and Enterprise Architect |
| 2 | Manage engagement with Finance System suppliers to deliver time and cost estimate for requirements for financial processing system (integrated with case management system) | Work with DTS and Commercial Team and engage with appropriate supplier(s) to obtain time and cost estimate to deliver new or amended finance system functionality to integrate with target case management capability.  | Production of time and cost estimate to deliver required changes to finance system for target case management capability.  |
| 3 | Manage Prior Information Notice (PIN) exercise for insolvency transaction processing Commercial off the shelf Solutions  | Work with Commercial Team to plan and prepare documentation for PIN exercise to market test availability of suitable COTS solutions for insolvency transaction processing and case management. To include management of supplier event and system demonstrations, and engagement with potential suppliers.  | Completed PIN exercise for COTS  |
| 4 | Analysis of outcome of PIN  | Produce evaluation/analysis methodology and documentation for PIN exercise (including supplier event/demonstrations) and carry out evaluation post PIN.  | Produce report on PIN exercise outcome  |
| 5 | Weekly reporting on progress  | Weekly report on progress, to feed into project monthly summary report  | Produce weekly report on progress |

Having led and completed the assessment of the current functionality of the agency’s finance management systems in order to understand the changes required to enable the successful delivery of future case management capabilities and the Prior Information Notice (PIN) exercise to test and confirm the functional fit of potential COTS solutions to deliver our case management requirements for ORS and EAS. This role is now to manage the formal procurement process, and to manage critical data cleansing activity in preparation for data migration. **The Contract Period for this Call-Off Agreement is 1st November 2021 to 31st January 2022, with the option of an extension to 8th July 2022. This period includes a maximum of 63 Working Days for the initial term and 109 days within the option to extend. The Maximum Contract Value for this Call-Off Agreement is £42,525 (based on a total bill rate of** REDACTED **per day for a maximum of 63 working days) rising to £116,100 if the option to extend is enacted.** |

**PERFORMANCE OF THE DELIVERABLES**

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| **Key Staff** |
| FCMC PM COTS analysis and finance requirements: REDACTEDProject Management – REDACTED |
| **Key Subcontractors** |
| N/A |

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