Nursing, Midwifery, Allied Health Professionals’ and Care Givers’ Strategy 2018 - 2021
# hello my name is…

Gail Naylor - I am the Nursing, Midwifery and Allied Health Professionals’ Director at Lancashire Teaching Hospitals.

I am thrilled to introduce Lancashire Teaching Hospitals Nursing, Midwifery, Allied Health Professionals’ and Care Givers’ Strategy.

The Strategy has been created using the feedback from patients, nurses, volunteers, care staff, midwives, Governors and allied health professionals (AHPs). It is a celebration of what we have achieved to date and sets out our plans for what we will achieve as a minimum over the next 3 years to make our patients’ experience of care at Lancashire Teaching Hospitals outstanding every time. My standard as your Director of Nursing, Midwifery and AHPs is to enable our teams to deliver care that would be good enough for my own family. I know from speaking to teams every week that we all aspire to achieve this.

In preparing this Strategy we have used the National Nursing, Midwifery and Care Staff Framework, Leading Change, Adding Value and the AHP into Action Framework to guide our plans along with your feedback and the feedback from our teams and Governors to create a plan for the next 3 years at Lancashire Teaching Hospitals. We have taken a constructive look at what our patients and staff say about us now but also celebrate the enormous achievements we have made over the last 18 months. This is down to the dedication and hard work of all of our teams. I would like to thank all of our teams in all of our departments that have contributed towards this progress, including the absolutely critical input of services that often go unrecognised including, but not exclusively, our portering, supplies, administrative, catering, domestic and estates teams.

Our partnerships and team working is what undoubtedly makes a difference to our patients’ experience. This, more than ever, includes our community, care home and volunteer partners and our Strategy will place our commitments to this partnership working as a core aim.

High quality compassionate leadership is the defining factor in the quality of care patients receive. Our department managers play the most pivotal role in the experience of staff and patients and, as such, this will be another key focus within the Strategy.

The NHS is, without doubt, one of the most challenging but exciting places to work; we must have the skills to adapt and change continuously; as our population grows older and needs change so must the way we deliver services. I am thrilled we have commenced our journey towards continuous improvement and know the use of improvement methodology as a core discipline of the way we work will support our teams to make the changes we want to over the coming years.

Gail Naylor
Director of Nursing, Midwifery and Allied Health Professionals

The Senior Leadership Nursing, Midwifery and AHP Team

Our senior Nursing, Midwifery and Allied Health Professionals’ leadership team is completely focussed on supporting our teams to deliver the best possible care for patients.

Leading our teams with compassion directly affects the outcomes and experience of our patients. This is so important - we have made this one of our commitments.

Compassion is a result, not an input: it is the culmination of all the things we do. It cannot be prescribed but can be nurtured. In teams where leadership is compassionate, teams feel happier and patients feel safer. Compassionate leaders have a high level of emotional intelligence, integrity, the ability to listen and be trusted, are authentic and open, caring, kind and reflective.

Our team aims to always lead with compassion and hopes to inspire our team leaders to do this with their teams.

We take very seriously the behaviours we expect to see as part of the values and commit to displaying these at all times.

We ask, in return, all leaders across the organisation use the values’ behaviours to reflect and plan how we can nurture these values in all of our interactions and to challenge when this is not seen or experienced.

The impact of this will be felt by our patients and staff and lead to a better experience whilst at Lancashire Teaching Hospitals.
Our Values

Our values will define the culture we create. A culture is created by the behaviours, standards and norms we expect and we exhibit. The culture will be played out through the way we interact with others, through our experience and the stories we tell when describing our team or work. It is every staff member’s responsibility to live the values and be guardians for ensuring a positive and inclusive culture.

Our values were created by consulting with over 1,000 staff and patients who have described the behaviours that reflect those values.

Our Living the Values series will introduce what the values do and do not look like to provide a clear framework for staff and patients so we are all clear on what to expect.

Our patients told us they wanted to see the values described differently for them so they could recognise what behaviours they expect to see when our teams are living the values.

Our team values’ toolkits will support teams to undertake development in focusing on values-driven behaviours.

Being Caring and Compassionate
Being caring and compassionate is at the heart of everything we do; it is about understanding what each person needs and striving to make a positive difference in whatever way we can.

Building Team Spirit
Working together as one team with shared goals doing what it takes to provide the best possible service.

Taking Personal Responsibility
Individuals are accountable for achieving improvements to obtain the highest standards of care in the most professional way, resulting in a service we can all be proud of.

Recognising Individuality
Appreciating differences, making staff and patients feel respected and valued.

Seeking to Involve
Actively gets involved and encourages others to contribute and share their ideas, information, knowledge and skills in order to provide a joined up service.
Our Commitments

Commitment 1
Continuously strive to improve

Improvements in quality of care do not happen by chance; stable credible leaders who truly understand quality improvement are common in high performing healthcare systems. Reliance on inspection to improve does not motivate teams or produce wide spread improvement. To meet the needs of our population we must create a sustained commitment to quality improvement.

Reference

We will:
- Invest and train our teams in improvement techniques and skills.
- Involve all clinical departments in improvement activity.
- Achieve a STAR status of Silver by September 2018 in 50% of our clinical departments.
- Use information to drive and evidence change.
- Create a culture where we welcome feedback, especially when it is about how we can improve.
- Be open and transparent with our patients and our teams.
- Reduce the number of hospital acquired pressure ulcers by 10%.
- Reduce the number of falls by 10%.
- Increase the ways patients and families can speak to us.
- Improve nothing without involving staff or patients.
- Use learners’ feedback to shape and mould the changes we make in practice.
- Create opportunities to learn from new ideas that learners bring to our departments.
- Create lead positions for matrons and professional leads to lead developments across our Trust.
- Use education and research to drive improvements connecting audits and clinical practice.
- Not accept things as the way they are; we will create teams who feel confident to challenge.

Commitment 2
Lead with care and compassion

Leading with compassion directly affects the outcomes and experience of our patients. Compassion is a result, not an input: it is the culmination of all the things we do. It cannot be prescribed but can be nurtured. In teams when leadership is compassionate, teams feel happier and patients feel safer. Compassionate leaders have a high level of emotional intelligence, integrity, the ability to listen and be trusted, are authentic and open, caring, kind and reflective.

Reference

We will:
- Identify and celebrate compassionate leadership when it happens.
- Empower all nurses, midwives, AHP and care staff to understand their role as leaders.
- Listen to experiences of staff.
- Value and nurture the contribution of support services in creating compassionate environments.
- Harness advanced communication skills in our interactions that leave our teams feeling cared for.
- Lead listening forums with no agenda to understand what matters to our teams.
- Recognise the need to invest in compassionate leadership and the development of these skills.
- Commit to our values as ‘the way we do things around here’ ensuring all leaders display these values in practice.
- Create opportunities to learn in different ways and from each other.
- Use the values to set the standard of behaviour we will insist on with all our interactions.
- Empower staff to be confident to challenge when things are not right and feel safe to do so.
- Ensure there is time to lead.
- Provide clinical supervision and action learning to encourage peer learning.
- Recognise the importance of personal development in leadership roles and create development plans that are meaningful and have purpose.
- Protect the professional image of our professions.
- Be clear on our commitment to the health of our leaders, their resilience and time to lead.
- Recognise leadership talent in our teams and nurture their development.
- Create confident governance processes that enable a culture of learning from mistakes.
- Ask our staff what matters to them and act on this.
Commitment 3
Work as a team to deliver the best experience possible

High performing teams are well recognised for delivering improved outcomes for patients, improved patient safety, improved attendance and retention of staff. There is a direct correlation between the experience of patients and patient safety. It is critical nurses, midwives, AHPs and care givers prioritise patient experience as a patient safety action, not only one of compassion. Leading Change, Adding Value is the national framework for nursing, midwifery and care staff and calls for us all to reach further both individually and collectively and connect with each other to achieve more for patients.

Reference

We will:
• Use the ALWAYS events developed by patients to create team ALWAYS events based on our values.
• Create a volunteer strategy that welcomes volunteers in all parts of the organisation.
• Encourage patients to tell us what matters to them.
• Accept if we do not get it right, apologise and take action.

Commitment 4
Look for diversity and be inclusive

Investing in a diverse NHS workforce enables us to deliver a more inclusive service and improve patient care. Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential; in the NHS equality and diversity are crucial to delivering quality services.

Reference

We will:
• Know the number of staff with protected characteristics that are in leadership positions.
• Proactively look for rising stars from minority groups.
• Use equality impact assessments in meaningful ways to properly understand how changes may affect staff with protected characteristics.
• Value the contribution of all professional disciplines.
• Include diversity commitments in our team ALWAYS events.
• Recognise the importance of clinical areas that do not provide inpatient care.
• Train our staff to understand unconscious bias.
• Understand our diverse communities need diverse teams to deliver high quality care.
• Look for the voices of all patients to be heard - ask the question – how do we know we are meeting our patients’ needs?
• Use the experiences of those in minority groups to connect with teams and initiate change.
• Understand why minority groups are less likely to apply for leadership positions.
• Measure ourselves against the Workforce Race Equality standards to understand how we perform in comparison to peers.
• Not tolerate discriminatory language or reference of any kind, instead promote diversity and inclusion in our teams.
• Build diversity and inclusion into everything we do every day.
Commitment 5
Nurture a workforce able to meet our local population demands

Developing staff and equipping them with the skills required to improve local health and care systems while having pride and joy in their work is a key national priority. The 5 year forward view sets out what the shape of the NHS should look like and focuses health professionals to work collaboratively with partners to provide care in the best place for the patient. This requires new skills and working in different ways and we must build confidence in working in new spaces with new teams across all areas of the wider health economy.

Reference
AHPs into action
Developing People, Improving Care – NHS Improvement

We will:
- Improve the accessibility of all of our services.
- Understand the need to support patients who require highly specialised pathways of care.
- Work beyond the boundaries of our hospital walls and welcome community partners as partners.
- Understand mental health is as important as physical health and work in partnership with Lancashire Care to improve care for all patients.
- Think differently about the way we deliver care in hospital and drive changes that focus on out of hospital care for those that benefit from this.
- Seek continuously the views and input of our populations and design services with patients.

- Create forums to learn from national reports.
- Use research to shape our decision making.
- Actively contribute towards the development of the local health economy plan, Our Health Our Care.
- Recognise the opportunity to learn from all parts of the health economy.
- Focus on the needs of our population.
- Promote health alongside treatment in the acute setting.
- Learn more about how to promote health in hospitals.
- Focus on improving the experience of children and adults with learning disabilities in our hospitals.
Our Achievements to date

STAR

We are delighted with the result of a Rapid Improvement Event to develop our Quality Assurance System at Lancashire Teaching Hospitals. We are absolutely committed to delivering excellent care with compassion. Quality assurance is an essential component of achieving this goal.

STAR has streamlined the way we assure ourselves of the standards we provide for patients and staff. The work this year has demonstrated what a remarkable, dedicated workforce we have, committed to achieving GOLD.

Our aim is to achieve SILVER accreditation status in 50% of the wards by September 2018, with 25% of those areas going on to achieve GOLD accreditation by February 2019.

White Star

The area is working towards receipt of their first STAR visit.

Bronze Star

The area has a set of standards they are working towards achieving ready for their first visit.

Silver Star

The area has undertaken an accreditation visit, all of the standards we aspire to meet are in place for patients and staff.

Gold Star

The area has undertaken accreditation visits, consistently demonstrated all the standards we aspire to meet for patients and staff.

Quality Assurance Framework

Lancashire Teaching Hospitals NHS Foundation Trust

Nursing Midwifery, AHP & Care Givers Strategy 2018 - 2021

Cental Lancashire Falls Prevention Collaborative - Summit Event
Introducing the Lancashire Teaching Hospitals’ Nursing School Badge

In 2018, the first cohort of nursing students will qualify from Lancashire Teaching Hospitals’ Undergraduate Nursing Programme.

The programme is the first of its kind and has merged the best elements of traditional nurse training with the best elements of the modern nurse training programme. This has resulted in a programme that is more hospital based with the critical thinking and academic skills that come with undertaking a degree in nursing.

The student nurses work with clinical nurse tutors in the hospital setting and attend university in Bolton. The partnership between the hospital and Bolton University has developed into one that has led to developing further collaborations including the potential to deliver the same programme for Operating Department Practitioners and recognition of apprenticeship programmes delivered by the Trust recognised as entry criteria for these programmes.

The programme has been a huge success and will see 6 of the 10 qualifying nurses become registered nurses in Lancashire Teaching Hospitals.

The benefits of the programme include:

• 75% of the programme delivered within the Trust providing easy access to expert clinicians.
• Increased clinical support.
• Feeling of being part of the hospital team from the start.
• Access to learning and development through the hospital health academy.
• Increased number of student nurses training in the local health economy.
• Demonstrating what can be done by working collaboratively with partners.
• Develop the Trust’s values from the very start of the training.

In celebration of the fantastic achievements Lancashire Teaching Hospitals launched its Hospital Badge for those student nurses graduating in recognition of being trained at Lancashire Teaching Hospitals and being part of the LTH family.
Maternity and Neonatal Health and Safety Collaborative

We are very proud to be one of the first wave of Trusts to be participating in the national maternity and neonatal safety collaborative.

The teams have learned with other teams from across the country as part of a 3 year improvement programme with the aim of:

- Providing safe reliable care.
- Creating the conditions for continuous improvement, a safety culture and a national maternity and neonatal learning system.
- Reducing maternal and neonatal deaths, still births and brain injuries that occur during or soon after birth by 20%.

Our maternity and neonatal teams are working together to improve the experience of parents and babies.

Three specific projects have commenced:

1) Call the midwife.....so our women can access our midwives earlier in their pregnancy.
2) Know your midwife.....developing improved continuity of care in all areas of the service so women feel confident and familiar with their midwife and will talk about subtle changes in their pregnancy or experiences at home that may put them at risk.
3) Time matters.....so women can tell us about the little things that matter and we can take action.

Alongside this are many other fantastic improvement projects that include:

- Reducing the time mums and babies are separated.
- Reducing admissions to the neonatal unit.
- Focus on parents' experience in the neonatal environment.

Older People’s Pathways

Dementia Conference

We had the pleasure of welcoming Tommy Whitelaw to share with us his experience of dementia and care. The conference welcomed care home partners, volunteers, Board members, Governors and nurses, midwives and AHPs from the health economy to think about how we can improve the experience of all those affected by dementia. To set the scene we provided hospital gowns and moved delegates away from the people they came with to try to recreate how it feels to be in an unfamiliar hospital setting.

Dementia Activities and Blankets

Our volunteers and linen room staff have won awards for the home made dementia blankets. 2018 will see a programme of training volunteers to do more of these so we can offer a blanket to all patients who would benefit from them.

Dementia Artwork

Earlier in the year, we worked with UCLan and commissioned degree students to produce an exhibition of artwork that helped tell the story of the loss of identity with dementia. The artwork is being installed in both hospital sites and serves as a reminder of the person at the centre of a diagnosis of dementia.

Forget-me-not Document

The launch of the forget-me-not passport and the forget-me-not wristband together with improvements in our Patient Led Assessment of the Care Environment (PLACE) are contributing towards increasing awareness of the needs of patients and visitors with dementia in all areas of our hospitals.

Health Homes Initiative

We are working collaboratively with our local Council to provide access for disabled patients to apply for funds to make their homes more accessible.
The Multi-disciplinary Tracheostomy Ward Round

Allied health professionals, nurses and doctors working together to improve outcomes for patients.

The principal driver for this clinical improvement project was the NCEPOD report ‘On the right track’ (2014). Recommendation 15 stated that, “Multi-disciplinary care pathways which provide continuity between critical care unit staff and ward clinicians, and which facilitate decannulation and discharge planning need to be established for all tracheostomy patients”.

At Royal Preston Hospital (RPH), a multi-disciplinary tracheostomy team has been established as a 6 month pilot and audit data gathered to assess whether this team’s approach may reduce length of stay (LOS) of patients who receive a tracheostomy.

Method

The team consists of a CrCU Consultant, a Consultant Physiotherapist, 2 senior Speech and Language Therapists, a Head and Neck Specialist Nurse, a Critical Care Outreach Nurse and Critical Care Outreach Physiotherapist. The team meets weekly on the Neurosurgery and Respiratory wards at RPH where patients with tracheostomies are transferred from the CrCU. All such patients are reviewed by the team, who may prescribe treatments or therapies, offer advice to ward staff or carry out interventions themselves. Audit data was gathered for the 6 months preceding the establishment of the team regarding LOS of patients with tracheostomies and compared with LOS of patients during the pilot period.

Length of stay of patients transferred from CrCU to the neurosurgery and respiratory wards in the 6 months prior to the establishment of the tracheostomy team was 40.3 days with tracheostomy in situ, followed by 14.6 days decannulated. During the 6 month pilot of the tracheostomy team, LOS with tracheostomy in situ was reduced to 9 days, followed by 18.7 days decannulated. There was a moderate increase in the time that patients with tracheostomies spent on the CrCU prior to transfer to the wards during the pilot period (12.9 days, up from 7.5 days); this reflects greater efforts to decannulate patients on the CrCU prior to transfer.

Conclusion

The results of this pilot suggest that a multi-disciplinary tracheostomy team has the potential to reduce LOS of patients with tracheostomies transferred from the CrCU to neurosurgical and respiratory wards. There were greater levels of staff satisfaction and education during the pilot trial. As a result of the success, the tracheostomy ward round is continuing.

Recruiting and Retaining a Skilled Workforce

A huge amount of energy and enthusiasm continues to go into recruiting high quality staff to join our teams every week; some of the actions taken this year that have contributed to our success are:

- Dedicated recruitment officers for each division
- Cohort recruitment and increase of healthcare assistants
- Student nurse and medical student recruitment events
- Monitoring of the time to recruit and working to reduce this
- Introduction of monthly recruitment newsletters to keep teams informed of progress
- Exit interviews analysis
- Overseas adaptation programmes
- Introduction of the CLIP student nurse model
- Overseas recruitment partnership in Italy
- Assistant practitioner programmes
- Pre-nursing apprenticeship programmes
- Peri-operative apprenticeship programmes starting in January 2018
- Meet and greet days for new starters
- Tailored preceptorship programmes
- Promoting the use of Twitter for recruitment with special adverts e.g. the superhero initiative
- Patient led recruitment for senior positions
- Student nurses meeting with Nursing, Midwifery and AHP Director
- Increase fill rates for the bank
- Student nurse forums
- Appointing an Associate Director for AHPs
- Appointing a Divisional Nurse Director for Children and Young People and Critical Care
- Investment in children and young people nurse staffing
- Investment in maternity staffing
- New matron post for acute medicine
- Learner support services created
- Recruitment open evenings
- Theatre and endoscopy open days
- Matron for patient flow created
- Surgery recruitment success
Our Improvements

Our improvements go on and on and on... this is all because of our teams and their dedication to improving the patient experience. In the last 2 years we have:

- Introduced a Carers’ Charter to open visiting to carers and make carers feel welcome
- Introduced a symbol for patients who are bereaved including a specially designed property bag so that staff know that when they are carrying the bag they have suffered a bereavement
- Introduced an Integrated Nutrition and Communication Service (INCS)
- Launched the audit tool ‘AMAT’ to increase visibility and use of audit
- Used the services of children and young people to recruit leaders in children and safeguarding services
- Improved access to hot meals 24 hours a day in maternity
- Produced sign language videos for women who are pregnant to help understand their journey in maternity services from the start
- Planned ‘Our Health’ day with our local learning disability community
- Appointed a Medication Safety Officer to increase reporting and reduce harm to patients
- Set up safeguarding and dementia champion programmes
- Introduced theatre safety champions
- Strengthened divisional governance teams
- Learned lessons from STAR
- Introduced volunteer activity co-ordinators
- Provided simulation training in maternity and the birthing pool
- Celebrated advanced practice week
- Set up an emergency Care Intensive Support Team partnership
- Introduced a naso gastric tube (NG) training package
- Recruited a Director of Continuous Improvement
- Created a more professional image in the new uniform policy
- Started each Trust Board with a patient attending to share their experience
- Purchased #Hello my name is badges for all clinical staff
- Installed #Hello my name is boards in each department
- Set up End PJ Paralysis celebration day
- Promoted smoke free status
- Organised Dementia Conference with Tommy on Tour
- Purchased tea cups for all wards for afternoon tea
- Seen a reduction in falls in hospital
- Created an MDT patient safety collaborative
- Started each Nursing, Midwifery and Allied Health Professionals meeting with a patient story
- Invested in children’s ward estate
- Increased the number of areas collecting Friends and Family feedback
- Introduced volunteer listening service in cancer services
- Introduced improvements in reducing the number of patients with a long term tracheostomy
- Introduced Share the Care initiative
- Introduced monthly Matron and Allied Health Professionals decision making forums
- Introduced carers’ lanyards
- Produced dementia identity artwork
- Produced dementia forget-me-not wristbands
- Introduced Monthly Quality Improvement Plan progress bulletins
- Evaluated the revalidation process as robust
- Strengthened Infection Prevention and Control leadership
- Introduced post infection reviews led by the MDT and agreed lessons learned following case review
- Introduced 15 steps as a concept for user involvement
- Created a Quality Assurance Matron to lead STAR
- Created a film series 24 hours in maternity
- Created Clinical Research Assistant posts
- Organised a leading Change Adding Value event
• Pets as Therapy (PAT) dog visits
• End of life ‘nights together’ in critical care
• Afternoon tea events
• A patient experience group in Rosemere Centre
• A patient experience liaison role in neurosurgery and oncology
• A laryngectomy support group
• Gone live with electronic prescribing
• A theatre escort nurse to meet patients pre-theatre to reduce anxiety on ward 4 trauma
• A cancer patient partnership group
• A cancer patient information group to improve patient information to cancer patients
• Dining companions
• Wii activities to promote co-ordination and rehabilitation in major trauma
• A vascular inpatient support group (VIP)
• Psychology support for major trauma patients
• Opened new Chemotherapy Unit at Chorley
• Recruited learning disability nurses
• Gone live with paperlite in critical care and neuro
• Developed the Out Patient Antibiotic Therapy (OPAT) service
• Clinical Nurse Specialist forums
• An Advanced Practitioner team in ED formally accredited by the RCN
• Dementia friendly areas in recovery

Closing remarks

As your Director of Nursing, Midwifery and AHPs, I am incredibly proud of the progress we have made in the last 18 months. Each day I am inspired by acts of kindness and compassion and staff going the extra mile for colleagues and patients. I am grateful for your energy and commitment and see this in our interactions.

We must look after one another, we must succeed together and understand we all make an invaluable contribution to every patient regardless of our role and where we work each day; we create the culture that provides the atmosphere for care.

We will use this Strategy to guide us through the next 3 years. This is not exhaustive; in fact, it is intentionally broad in the hope the commitments will encourage innovative thinking about how we can continue to build on the absolutely essential contribution of the Nursing, Midwifery, AHP and Care Giver Workforce.

We will know if we have succeeded when:
• Our patients report high levels of satisfaction.
• Our staff feel engaged and empowered to make changes to improve patient experience.
• We observe every day the standards of professional behaviours our patients and staff expect.

I will report on the progress we make to the Board of Directors twice a year. Through our Nursing, Midwifery and AHP forums we will take every opportunity possible to praise and shout about the care we deliver each and every day, in every department throughout our hospitals.

Gail Naylor
Director of Nursing, Midwifery and Allied Health Professionals
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Cantonese:
如果你想以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:
જે તમને આ માહિતી પ્રદાન કરી ના કે તમે આ માહિતી પ્રદાન કરી ના કે તમે આ માહિતી પ્રદાન કરી ના કે તમે આ માહિતી પ્રદાન કરી ના

Hungarian:
Kérjük, vegye fel vélnk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:
Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:
ਨੇ ਕੁਝ ਵਿਚ ਤੌਂ ਦੱਖਣ ਤੋਂ ਤਿਆਰ ਕੀਤਾ ਖੱਬੀ ਤਾਹਨਗਰੀ ਥੈਟ ਚਾਰਨੂੰਚੇ ਦੇ ਉੱਤੇ ਖਾਕ ਲੱਡ੍ਹ ਵਲਾਂ ਦੇ ਉੱਤੇ ਚਲਨ ਵਿਚਾਰਨਾ।

Urdu:
اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو ہمارے ممبئی میں رابطہ کریں ہم بہم چاہئے محسوس نہ کریں۔