Strategic Workforce Planning White Paper

A pilot at the Medical Services Division of the United Nations.

Joy Kosta, Principal, Human Capital Strategy

Executive Summary: This paper describes tested approaches for strategic workforce planning, piloted at the Medical Services Division (MSD) of the United Nations (UN), New York headquarters. The collaboration began February 23, 2014 with Dr. Jillann Farmer, Director of Medical Services, and consultant Joy Kosta, principal from Human Capital Strategy, with oversight from an OHRM working project team, managed by Barnaby Donlon, Planning, Monitoring, and Reporting Section of the Strategic Planning and Staffing Division in Human Resources and a Steering Committee led by Yoon Barker, Chief, Planning, Monitoring and Reporting Service, Office of Human Resources Management.

The purpose of the workforce planning pilot was to support Medical Services Division’s strategy execution, and to test workforce planning approaches that could be recommended for the larger organization to the General Assembly in August 2014.

As of the date of this white paper six weeks into the MSD pilot, strategic workforce planning (WFP) implementation was still in progress. The pilot tested two methodologies, an organizational maturity model, and a manager’s assessment (all developed by the consultant and submitted to B. Donlon for UN files). Implementation of WFP in a department typically takes 90 days; this pilot completed a significant percentage of a five step implementation for Medical Services with Dr. Farmer’s collaboration and HR support. Examples of implementation are described in this paper, with accompanying screenshots that can apply to the larger UN organization. Lessons learned and change management recommendations for workforce planning in the Medical Services Division and the larger working team are offered.

A draft of this executive summary was previewed by manager of the WFP working project team, Barnaby Donlon, before deployment to a one year international assignment within the UN. For further questions or discussion, please do not hesitate to contact the consultant and writer of this executive summary, joy.kosta@human-capital-strategy.com

http://strategicworkforcedevelopment.com/
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Definition

Medical Services adopted a working definition and scope from the larger OHRM project team—“Workforce Planning is a management process that involves anticipating demand for talent and delivering the right supply (of qualified staff and non-staff resources) as expeditiously as possible to ensure achievement of strategic objectives, and ultimately, UN mandates.”

Key Point: WFP is a continuous disciplined process, not a one-time event, to achieve strategic objectives through intentional talent deployment.

Since WFP gets key objectives accomplished through people, a best practice is to make implementation continuous; in that sense strategic activities are operationalized and achieved by design.

Methodology

While workforce planning is the newest specialization in talent management, a methodology for implementation requires partnership between a leader (senior manager) and human resources. A seven step methodology tested by Medical Services was streamlined to the five step framework pictured in Figure 1. The framework begins with an updated strategy map (Organizational Demand). Medical Services used their 2013-2016 strategy map to help kick off and refine workforce planning implementation.

Figure 1: Workforce Planning Methodology

Strategic workforce planning involves five essential steps.
Each of the major five steps (Figure 1) has five supporting implementation steps (described in the following sections and summarized in a manager’s readiness assessment previewed by the WKP Advisory Committee).

**STEP 1: Organizational Demand, implementation and examples**

MSD did much of the essential foundation work before this WFP project began, summarized in their strategy map, developed by Dr. Farmer. MSD’s 2013-2016 strategy map included strategic objectives, key initiatives and performance indicators, a SWOT and risk analysis to determine relative priorities, and a timeframe for implementation over 36 months.

MSD’s work in these areas was recent enough to work with, and grounded the WFP pilot; the value of this foundation is not to be underestimated, and talking through it was covered in the first WFP pilot meeting. Without the organizational demand being both current and showing foresight to look out 18-36 months about desired results achieved by people, undertaking WFP can be like parachuting into a forest and trying to find the way out while blindfolded.

**Key point:** Refresh and affirm your department strategy and demand before beginning strategic workforce planning.

**FIGURE 2:** Medical Services Division strategic objectives and initiatives 2013-2016.
While MSD has many strategic objectives and initiatives, three were selected as interdependent prerequisites to make progress on the rest—interdisciplinary teamwork to improve service to managers and staff, leading a safe workplace, and the core service of occupational health, improving and restoring employees’ health and wellness.

**Objective:** Our workplace enables personal and professional development by equipping us with knowledge and skills for our roles and future demands

1. **Strategic initiative:** Implementation of Service Improvement Groups with multi-disciplinary team membership and leadership to grow capacity and build teamwork

**Objective:** Robust consultation, governance and accountability

2. **Strategic initiative:** Develop incident reporting system

**Objective:** Help our partners achieve occupational health goals

3. **Strategic initiative:** Sick leave case management project

As an ongoing practice, MSD recognizes the benefit of continually affirming, refining and revising its strategy\(^1\), checking its WFP against the following best practices; each of the descriptive statements below helps keep organizational strategic demands relevant, with an eye to preparing the workforce to meet future demands over the next 18-36 months.

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\(^1\) Transient Strategy, Harvard Business Review

[https://enterprisersproject.com/sites/default/files/Transient%20Advantage.pdf](https://enterprisersproject.com/sites/default/files/Transient%20Advantage.pdf)
FIGURE 3: First step in WFP assessment for leaders-managers

STEP 1. DIVISION/DEPARTMENT DEMAND

1) I know my division/department strategy and supporting priority objectives.

2) My division/department strategy and supporting priority objectives has been affirmed and communicated in the last six months.

3) People in every job (role) in my division/department have a line of sight to understand what they do to support the current division/department strategy.

4) My division/department strategy and supporting priority objectives has changed in the last six months.

5) I utilize a process to regularly refresh, affirm, refine or revise our division/department strategy, including anticipating future demands we will need to (continue to) meet in the next 18-36 months.

STEP 2: Talent Demand

With organizational demand clarified, MSD proceeded to identify talent demands—what kind of talent (roles and competencies) would best execute priority strategic initiatives—in other words what roles they could place their bets on. Similar to recruiting’s practice to discuss position requirements with hiring managers before assessing candidates, this question was easier to answer by focusing on roles and competencies first, before assessing individual people’s readiness to perform in those roles. While it is important that people in every job have a line of sight as to how they support their department’s vision, as strategic initiatives change, leaders rely on some roles more than others. Criteria were used to determine which roles were most critical to achieving the three priority strategic initiatives in MSD.

2 The Differentiated Workforce, Mark Huselid, Chapter 12 and http://www.markhuselid.com/pdfs/workforce/2-WorkforceDifferentiationDrivesStrategicCapabilities.pdf
Examples for MSD follow.

**FIGURE 4: Assessing which roles are critical**

<table>
<thead>
<tr>
<th>Criteria for critical roles:</th>
<th>ID TALENT DEMAND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head Nurse</strong></td>
<td></td>
</tr>
<tr>
<td>1. Position affects one or more of our strategic capabilities</td>
<td>(1) Not at all</td>
</tr>
<tr>
<td>2. Directly affects cost-savings</td>
<td></td>
</tr>
<tr>
<td>3. Mistakes by incumbents are costly &amp;/or can go undetected</td>
<td></td>
</tr>
<tr>
<td>4. To what extent would improved performance in this role improve dept performance?</td>
<td></td>
</tr>
<tr>
<td>5. Selection of wrong person is costly</td>
<td></td>
</tr>
<tr>
<td>6. Top talent in this role is difficult to attract and retain</td>
<td></td>
</tr>
</tbody>
</table>
Key Point: It's important to note what roles are in and what roles are out, because WFP only focuses on roles critical to executing strategic initiatives.

For example, x-ray technician (which can be outsourced without risking achieving strategic objectives) is a support role, and not a critical role for MSD’s priority objectives. Looking at all roles in strategic workforce planning is akin to “boiling the ocean” and can quickly become an unwieldy undertaking.

A few more points were less obvious at the outset and important to address about critical roles:

i. Independent of the number of people in these roles

ii. May not always be leadership/ most highly paid roles

iii. May be entirely new roles (or duties), and

iv. Even if a critical role currently exists, refresh the knowledge, skills, and abilities needed in the role to deliver on the updated strategy.

All of the above points apply to G4 and G5 MSD staff who could be taking on new responsibilities as Project Support Assistants, in Service Improvement Groups (SIGS—fundamental to MSD’s objective to provide efficient, customer-focused services).
For MSD, three critical roles are Senior Medical Officer/Chief of Counseling, Head Nurse, and Project Support Assistants (see Figure below).

**FIGURE 5: Summarizing Talent Demand (Critical Roles) for MSD**

<table>
<thead>
<tr>
<th>STEP 2</th>
<th>TALENT DEMAND SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for critical roles</td>
<td>Senior Medical Officer/Chief of Counseling</td>
</tr>
<tr>
<td>1. Position affects one or more of our strategic capabilities</td>
<td>✓ All</td>
</tr>
<tr>
<td>2. Directly affects cost-savings</td>
<td>Efficiencies</td>
</tr>
<tr>
<td>3. Mistakes by incumbents are costly &amp;/or can go undetected</td>
<td>Incident reporting</td>
</tr>
<tr>
<td>4. Significant performance gap (from highest to lowest performers)</td>
<td>“huge capability gap”</td>
</tr>
<tr>
<td>5. Selection of wrong person is costly</td>
<td>Rated 4 (out of 5)</td>
</tr>
<tr>
<td>6. Top talent in this role is difficult to attract and retain</td>
<td>“single biggest issue”</td>
</tr>
</tbody>
</table>

If strategy specifies where a department wants to focus, critical roles will determine if you get there; for this reason critical roles can be referred to as “roles of impact,” and when these roles are filled by qualified individuals, their output delivers the greatest return on investment (ROI), often two-three times the compensation paid for these positions³.

MSD categorized all roles in the NY headquarters, as critical, core, or support. Within the core role group, Nurses and Medical Officers were also flagged as “feeder jobs” because ideally the Head Nurse and Senior Medical Officers are recruited from this internal talent pool.

As an ongoing practice, MSD recognizes the benefit of continually reviewing its demand for talent, following best WFP practices; each of the descriptive statements below can be used at the outset as well as anytime the business unit strategy changes.
**STEP 3: Talent Supply**

An “a-ha” moment in applying this WFP methodology was jumping too quickly to managing talent supply—the realization being that managing a supply in the absence of a clarified demand, would product questionable results, if any results at all (see Figure below).

**FIGURE 8: STEP 3 Talent Supply (Internal and External)**
FIGURE 9: Vacancies in critical roles compromises achieving strategic objectives.

Since talent in critical roles bring two-three times the value of the compensation they are paid, having these roles empty compromises achieving strategic objectives (see Cost of Vacancy calculations in Figure below). When critical roles are vacant, the organization may save payroll dollars, unaware of the much larger cost of not making headway on strategic initiatives. For Medical Services, if they are fully staffed in critical roles and can case manage to reduce sick leave, the productivity impact to the entire UN will be significant; measures are underway to capture this impact, as part of setting desired outcomes for MDS staff in critical roles.

Moreover, if high performers are deployed in critical roles, and if they are stretched to cover two-three open jobs, they cannot be successful at what they are “wired to do” and their engagement predictably drops, their retention does too.\(^4\) Current vacancies suggests that turnover may be an emerging problem.

There are two related aspects to talent supply in WFP, and they both ideally align with efforts around mobility (a priority identified by the General Assembly member states).

1) Is a critical role filled? Do we track time to fill? Do we attract the best candidates? Do we aim to have two qualified candidates externally and internally to deploy into a critical role, even before there is a vacancy, and sometimes before there is an approved requisition?

2) What is the readiness of the internal supply, in terms of most if not all required competencies, to deliver good performance when deployed in a critical role?

“In an ideal world, talent supplies are recruited from within.” Deputy Director, MDS

Key Point: When critical roles are difficult to fill, either a “fast track” selection process and/or a rapid targeted workforce development initiative become key actions for WFP.
FIGURE 11: Metrics on internal supplies of talent for critical roles

<table>
<thead>
<tr>
<th>Talent Supply Metrics</th>
<th>Senior Medical Officer</th>
<th>Medical Officers (feeder group)</th>
<th>Head Nurse</th>
<th>Nurses (feeder group)</th>
<th>G5-G4 for Project Support Asst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg Tenure EODUNS</td>
<td>5</td>
<td>4</td>
<td>17</td>
<td>6.5</td>
<td>7 years</td>
</tr>
<tr>
<td>Age Range</td>
<td>46</td>
<td>36-61</td>
<td>57</td>
<td>34-60</td>
<td>37</td>
</tr>
<tr>
<td>Gender</td>
<td>1 man 2 women</td>
<td>4 men 7 women</td>
<td>1 woman</td>
<td>1 man 7 women</td>
<td>10 men 7 women</td>
</tr>
<tr>
<td>Countries of origin</td>
<td>3 various (not U.S.)</td>
<td>8 various (not U.S.)</td>
<td>1 U.S.</td>
<td>4 U.S. 6 other</td>
<td>3 U.S. 9 other</td>
</tr>
<tr>
<td>Performance Ratings</td>
<td>DATA FORTHCOMING FROM OHRM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Seeing talent as assets to accomplish strategic outcomes and managing those assets requires quantifiable knowns and characteristics. In other words, “money in the bank” does not tell us much about what we can do, whereas “x amount of currency in y denominations, with z liquidity” tells a whole lot more about how to use and deploy those assets to achieve goals. MSD is partnering with OHRM to gather data that could make them experts on their talent supply in critical roles. An initial cut of talent data includes: years of experience, gender, tenure, nationality, and number of rostered applicants for critical roles. MSD also plans to look at number of first choice offers accepted, source of best performers and quality of hire/time to productivity.

Key point: Next to the manager's responsibility, keeping critical roles filled by highly capable staff depends on a joint partnership with talent acquisition and talent development in human resources; in this way, WFP furthers integrated talent management.

STEP 4: Gap Analysis and Action Planning

Filling vacancies in critical roles alone is not sufficient. The talent in those roles needs to have the competencies to achieve strategic objectives, which by definition are not easy to accomplish. The readiness of talent onboard to tackle tasks in strategic objectives is critical. Taking the asset metaphor one step further, if the strategy is the biggest commitment a
department makes to the larger organization, then the performance and capability of talent in critical roles is akin to having the down payment on that investment, followed by the ability to pay the organization, making monthly payments and milestones of progress on strategic initiatives.

MSD planned to embark on an educational needs assessment and other staff assessments to quantify readiness to tackle strategic initiatives, and detail action plans.

**FIGURE 12: Gap Analysis and Action Planning**

Key point: Talent strategies for individuals in critical roles fall into a balanced mixture of the following Action Plans: “buy” (hire), “borrow” (contract), “build” (develop), “bind” (engage and retain.)
At a high level, Figure 13 below summarizes the talent gaps MSD prepared to tackle.

**FIGURE 13: High level talent gap analysis for WFP in Medical Services**

<table>
<thead>
<tr>
<th>Targeted future scenario</th>
<th>Critical Roles to execute strategic objectives</th>
<th>Workforce Planning Delta: Current Supply vs. Projected Need</th>
<th>Talent Strategy</th>
<th>Balance: Buy, Borrow, Build, Bind, Bounce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Case management</strong></td>
<td>Senior &amp; other Medical Officer/Counselor</td>
<td>Fill 2 asap</td>
<td>Buy (fill vacancies)</td>
<td>Customize onboarding</td>
</tr>
<tr>
<td></td>
<td>Head Nurse</td>
<td>Fill 1 asap</td>
<td>Build competencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Incident Reporting</strong></td>
<td>Senior Medical Officer/Counselor</td>
<td>Fill 2 asap</td>
<td>Build competencies</td>
<td>Buy (fill vacancy)</td>
</tr>
<tr>
<td></td>
<td>Head Nurse</td>
<td>Fill 1 asap</td>
<td>Build future supply (nursing careepath)</td>
<td></td>
</tr>
<tr>
<td><strong>3. Service Improvement Groups</strong></td>
<td>Project Management Assistants</td>
<td>Redistribute work</td>
<td>Build competencies</td>
<td>Borrow?</td>
</tr>
</tbody>
</table>

If strategy looks 18-36 months into the future, it would be inconsistent to not ask talent to be prepared for various future scenarios they might face as they attempt to further strategic objectives. Not doing so would amount to asking staff to build a house with outdated blueprints. The second statement in the managers’ assessment on gap analysis states:

4.2 *I anticipate future conditions (in the next 18-36 months) talent in critical roles will need to work under, and establish targets re: their readiness to deliver on strategic objectives.*

MSD identified existing, continuing, increasing, and emerging trends that the world (both the larger UN Member States, and the world of occupational medicine and healthcare) demand. Tracking these demands (including economic, political, industry shifts, societal, technological, legal-regulatory, and environmental) is a continuous disciplined process that refines or revises the workforce plan underway.
The upper left quadrant in the Scan figure is elaborated in the two figures below. Note that the Scan figure can provide metrics on talent supply as well.

**FIGURE 14:** A summary worksheet of demand and supply.

<table>
<thead>
<tr>
<th>WORKSHEET SUMMARIZES DEMAND &amp; SUPPLY</th>
<th>EXTERNAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.5, 4.2 World Demands</strong></td>
<td><strong>Labor Market Supply</strong></td>
</tr>
<tr>
<td>MSD examined trends 18-36 months out</td>
<td>• Global, national and local data for talent</td>
</tr>
<tr>
<td>• Economic conditions</td>
<td>• Healthcare-specific trends and patterns</td>
</tr>
<tr>
<td>• Political actions (Health Care Reform)</td>
<td>• Competitive employer activity</td>
</tr>
<tr>
<td>• Innovation</td>
<td>• Ability to attract and hire top talent</td>
</tr>
<tr>
<td>• Societal changes</td>
<td></td>
</tr>
<tr>
<td>• Technology interventions</td>
<td></td>
</tr>
<tr>
<td>• Legal policies and compliance</td>
<td></td>
</tr>
<tr>
<td>• Environmental</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy Demand</th>
<th>Workforce Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strategic objectives</td>
<td>• What roles in the workforce impact the execution of strategy? Senior Medical Officer/Counselor, Head Nurse, Project Support Assistant</td>
</tr>
<tr>
<td>• Business goals &amp; constraints</td>
<td>• What are the important issues with the people in these roles in terms of retention, retirement, engagement, capabilities, pipeline, diversity?</td>
</tr>
<tr>
<td>• Technology introductions (Telehealth)</td>
<td></td>
</tr>
<tr>
<td>• Strategic initiatives</td>
<td></td>
</tr>
<tr>
<td>o Service improvement groups</td>
<td></td>
</tr>
<tr>
<td>o Incident reporting</td>
<td></td>
</tr>
<tr>
<td>o Sick leave case management</td>
<td></td>
</tr>
</tbody>
</table>

**FIGURE 14:** MSD 3-19-14: Tracking External Demands

- **Economic**
  - GDP: reverting to decreasing subscriptions
  - Cost of health care going up: insurance premiums, disability pensions, sick leave. As a result, "streamline" ability to manage during lengthy sick leave is reduced
  - Increased specialization in healthcare accompanies increased costs

- **Political**
  - "Global Health" initiative not taking interest in re-entry, note completely ignored the JIU report on sick leave. JLU/WPS reported: mandatory "sick leave" leading to staff shortages, and burnout external staff supply

- **Industry Trends**
  - Increase emphasis on quality and safety of healthcare, and cost containment: blurred professional boundaries - roles between doctors and nurses less clear, primary driver.
  - "Videspread" shortages of doctors means hire more people at junior level, forced to hire for high level administrative leadership tasks vs. pure medical clinical tasks

- **Societal**
  - "UN society" there is a wellness/illness mentality and tendency to see UN as obligated parent who must care for all needs. When all entitlements are exhausted, staff ask for additional on "humanitarian grounds"

- **Technological**
  - UMOJ is coming, increase demands and efficiencies.
  - Ehr/er systems are entrenching in the organization.

- **Legal/Regulatory**
  - Medical clearance for travel to become streamlined/more automated
  - Registration: trying to find out how many doctors across the system are registered, and registered in the country where they are posted.

- **Environmental**
  - Reduce unnecessary flying (medevac) by use of technologies.
  - Pollution in Beijing, Vaccination resistant malaria. Cholera.

- High likelihood of continuing or increasing
- High impact on strategic objectives
MSD selected a variety of combinations of continuing and increasing trends and envisioned how they might play out over 18-36 months; the objective of this activity is to:

- Marshall shared vision amongst staff deployed in critical roles
- Build agility and prepare for the future, even when certainty can’t be predicted.

With respect to MSD’s three strategic objectives, the following scenarios were envisioned by Dr. Farmer.

**FIGURE 15: Possible future scenarios for Medical Services**

“Thinking about healthcare costs going up, and still managing to reduce sick leave became our targeted future scenario. This process was not clear cut, but it was good to wrap one’s brain around preparing for future probabilities, and trying our best to influence outcomes.” Director, Medical Services
Key point: It is recommended to not put all of one’s effort in just one of these types of action plans, but to balance actions. As of the milestone reporting date of this paper, the balance of actions for MSD shifted from “build” to “buy.” It is realistic to anticipate the need to do some of both, and shift focus underway as emerging demands and talent supplies change.

Several actions were planned as of April 30, 2014.

FIGURE 16: High level action plan for WFP in Medical Services

<table>
<thead>
<tr>
<th>Role</th>
<th>Gap</th>
<th>Action to Close Gap</th>
<th>Status</th>
<th>Owners</th>
<th>Monitor &amp; Report Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical role: Senior Medical Officer</td>
<td>Update required competencies</td>
<td>Borrow (Contract)</td>
<td>Temps in positions through (date) Fill two vacancies by: (date)</td>
<td>HR &amp; MSD Director</td>
<td></td>
</tr>
<tr>
<td>Feeder role: Medical officer</td>
<td>Assess and select against updated competencies</td>
<td>Buy (Recruit)</td>
<td>Fill three vacancies by: (date) Build through participation in Service Improvement Group</td>
<td>MSD Director Consultant</td>
<td></td>
</tr>
<tr>
<td>Critical role: Head Nurse</td>
<td>Update required competencies</td>
<td>Buy (Recruit)</td>
<td>Target date fill by: (date)</td>
<td>HR &amp; MSD Director</td>
<td></td>
</tr>
<tr>
<td>Feeder role: Nurse</td>
<td>Assess against updated competencies</td>
<td>Bind (Retain)</td>
<td>Develop career path by: (date) Build through participation in Service Improvement Group</td>
<td>Learning Services Consultant</td>
<td></td>
</tr>
<tr>
<td>Critical role: Project Support Assistants</td>
<td>Assess and select against updated competencies</td>
<td>Re-deploy, Build (Develop)</td>
<td>Build through participation in Service Improvement Group</td>
<td>Consultant</td>
<td></td>
</tr>
</tbody>
</table>

As of this project milestone, data on employees on sick leave was being compiled in order to prioritize case management. Overall, mental health was a predominant cause of sick leave. This is an example of how “demand” might shift the action plans, to “borrow” or contract for mental health case management from outside the organization for confidentiality.5

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Monitoring and Reporting

At six weeks into MSD’s WFP process, progress on the five WFP methodology steps is summarized below.

**FIGURE 17: MSD Six week snapshot**

<table>
<thead>
<tr>
<th>WFP STEPS</th>
<th>Specifics</th>
<th>% Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affirm strategy</td>
<td>Selected 3 strategic initiatives</td>
<td>100%</td>
</tr>
<tr>
<td>2. TalentDemand</td>
<td>Identified 3 critical roles, &amp; 2 feeder groups</td>
<td>100%</td>
</tr>
<tr>
<td>3. TalentSupply</td>
<td>Collecting metrics on applicants &amp; incumbents</td>
<td>90%</td>
</tr>
<tr>
<td>4. Gap Analysis</td>
<td>In progress</td>
<td>75% In progress</td>
</tr>
<tr>
<td>Action Planning</td>
<td>Borrow: TJO Buy: Fill vacancies asap Emphasis: Build &amp; Bind (engage/retain)</td>
<td>50% In progress</td>
</tr>
<tr>
<td>5. Monitoring &amp; Reporting</td>
<td>Monthly via metrics</td>
<td>25% Planning measures</td>
</tr>
</tbody>
</table>

Next steps for Medical Services

A development in MSD (not atypical in workforce planning) was to take advantage of new talent supply opportunities, in this case, the unexpected resignations of a few individuals, allowing new critical role positions to be created and recruited for (position descriptions written subsequent to this paper). While it is typically faster and more expensive to “buy talent” than “build talent,” if these new roles can be filled expeditiously by external hires, it also can advance executing strategic initiatives to deploy talent who can hit the ground running. A recommendation to consider is hire affordable talent with most of the prerequisite competencies and also invest in their rapid talent development to increase their likelihood of success in critical roles.
Lessons Learned

1. Refresh and affirm your department strategy and demand before beginning strategic workforce planning.
2. It’s important to note what roles are in and what roles are out, because strategic workforce planning only focuses on roles critical to executing strategic initiatives.
3. When critical roles are difficult to fill, either a “fast track” selection process and/or a rapid targeted workforce development initiative become key actions for WFP.
4. Next to the manager’s responsibility, keeping critical roles filled by highly capable staff depends is a joint partnership with talent acquisition and talent development in human resources; in this way, WFP furthers integrated talent management.
5. Talent strategies for individuals in critical roles fall into a balanced mixture of the following Action Plans: “buy” (hire), “borrow” (contract), “build” (develop), “bind” (engage and retain.) It is recommended to not put all of one’s effort in just one of type of action plan, but to balance “Buy, Build, Borrow, Bind/Engage” actions. It is realistic to anticipate the need to shift focus underway as emerging demands and talent supplies change.
6. Even in early stages, and throughout scaled implementation, engage stakeholders in an interdisciplinary effort (strategic planning, line leaders, human resources) guided by change management and senior sponsors, especially for process improvement and supporting technology requirements.

Conclusion

The pilot of a strategic workforce plan with the Medical Services Division had a two-fold purpose:

1. Demonstrate a strategic workforce planning methodology in action for the larger organization to understand how it could be adapted in individual division implementations. The Advisory Group for WFP was given a preview readiness assessment (with 25 specific implementation steps of the five-step framework), intended for manager leaders of individual divisions.
2. Get a customized implementation underway for Medical Services, following a framework they could refresh and sustain.

The larger UN organization will be guided on policy and implementation for strategic workforce planning by a meeting of the General Assembly member states in August 2014. At the time of this executive summary submission, tackling workforce mobility (to fully tap internal talent supplies) was foreshadowed, with a hand-off to another group within Human Resources.

Larger systemic issues in human resources supporting systems accompanied by best change management practices was anticipated by the Steering Committee to evolve from operational headcount planning to strategic workforce planning and deployment.
Key point: Even in early stages, and throughout scaled implementation, engage stakeholders in an interdisciplinary effort (strategic planning, line leaders, human resources) guided by change management and senior sponsors, especially for process improvement and supporting technology requirements.

A high level two year organizational readiness plan, depicted in Figures 18-19, was submitted by the working project team lead, Barnaby Donlon.

**FIGURE 18:** WFP: A longer journey for the organization

![Next Steps: Proposed Approach for Future Phases](image-url)

- **June - December 2014**: Continue testing and refining WFP approach through multiple pilot projects
  - Complete pilot exercise with Medical Services and summarize lessons learned
  - Update methodology toolkit and examples drawn from MSD pilot
  - Implement WFP for one job family, one field entity, and one non-field entity
  - Align project planning efforts and share lessons learned with mobility team and WFP Advisory Group
  - Advocate for changes in Umoja and Inspira that will enable effective WFP practices

- **2015**: Develop workforce plans to support implementation of mobility framework
  - In line with the mobility project plan, focus on the needs of POLNET, the first Job Network to pilot the mobility framework
  - Apply lessons learned from 2014 WFP projects and implement oversight body recommendations
  - Continue advocating for changes in Umoja and Inspira that will enable effective WFP practices
  - Develop WFP model based on effective data collection methods established

- **2016**: Continue supporting—and broaden—support for mobility
  - Mainstream WFP practices beyond job networks covered by mobility
  - Streamline WFP process and implement tools to support rapid planning
  - Develop project plan to scale implementation to cover full scope of personnel in UN Secretariat by 2018
  - Begin transitioning HR role from process facilitator to advisory function
FIGURE 19: WFP: A longer journey for the organization

For most organizations it takes years to evolve from an operational to a strategic approach to workforce planning.

For further questions or discussion, please do not hesitate to contact the consultant and author of this executive summary, joy.kosta@human-capital-strategy.com