Institutional Rhythms

DEMAND research shows that the extent and timing of demand for energy in large institutions, like hospitals, is an outcome of how working practices are organised.

Hospital life is characterised by routine work such as consultant rounds and meal times. Having studied three NHS hospitals, Stanley Blue (2017; 2018) shows that hospital schedules depend on interconnected sequences of regular activities that occur within and beyond the institution and which are also influenced by a combination of weekly, monthly and annual rhythms. For example, hospital discharge times are defined by the sequencing and the timings of different steps, such as senior sign off, the preparation of take home medicines, and home check. How these activities are arranged has consequences for the use of hospital time and space, all of which impact on a hospital's energy demand.

Modifying and intervening in the organisation and timing of working arrangements may offer opportunities for reducing energy demand. This is likely to involve modifying professional boundaries and division of labour that influence who works when, where and with whom. For example, the responsibilities of ambulance and hospital staff require that certain procedures are performed at certain times, e.g. during patient hand-over. These arrangements affect not only patient care and ambulance waiting times, but also congestion and log-jams of idling ambulances. Stanley Blue explains that to reduce demand for patient travel by re-arranging the timing and location of some of these procedures depends on reshaping the professional boundaries that currently hold certain sequences of healthcare delivery in place.

The research suggests that energy demand can be reduced and peak loads shifted, by focusing on how an institution's own working practices are arranged.

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