



Operate

Managed Operations and Service Support

Deployment Playbook 4 of 4 — Beacon Health Limited

Go-live is not the destination it is the beginning of the work that matters. The value of a preventive health program is not measured on the day the first participant is screened. It is measured in the repeat participation rates six months later, in the clinical follow-ups that happened because a flag was caught early, in the cohort health trends that gave an organisation the evidence to act, and in the trust a community places in a program that showed up consistently and delivered what it promised. Operate is how Beacon Health ensures that what was built in Curate, structured in Orchestra, and launched in Deploy continues to deliver session after session, cycle after cycle.

THE THREE OPERATE MODELS

Beacon Health's role in the Operate phase is directly determined by the commercial model selected during Deploy. There is no single operating model, the level of Beacon Health's involvement scales with the agreement in place.

- **Fully Managed Operations (OPEX model).** Beacon Health assumes end-to-end responsibility for program operations; device management, scheduling, staffing, participant communication, clinical escalation coordination, reporting, and continuous improvement. The deploying organisation receives program outcomes and insights. Beacon Health handles everything required to deliver them.
- **Capex + Operate model.** The deploying organisation owns the hPOD equipment. Beacon Health provides structured managed services covering device support, program governance, performance monitoring, reporting, and clinical pathway oversight. Operational responsibility is shared under a defined service agreement.
- **Capex Only model.** The deploying organisation owns the equipment and assumes primary operational responsibility. Beacon Health provides advisory support, technical maintenance access, software updates, and defined escalation pathways acting as a specialist advisor and platform support partner rather than a managed service provider.

All three models share a common governance framework. The sections that follow describe the full Operate capability. The model-specific responsibility breakdown is set out in Section 7.

DEVICE AND PLATFORM SUPPORT

Every hPOD deployment is backed by structured device and platform support, ensuring that the technology continues to perform to the standard required for a clinical-grade screening program throughout the program lifecycle.

- **Preventive maintenance schedule.** We maintain a documented preventive maintenance schedule for every deployed device covering; calibration checks, consumable replacement, software updates, and physical inspection at defined intervals.
- **Remote device monitoring.** Where connectivity supports it, devices are monitored remotely for performance anomalies, connectivity issues, and system errors, enabling proactive intervention before issues affect participant experience or data integrity.
- **Software and firmware updates.** Platform updates, screening protocol refinements, and regulatory compliance changes are applied to deployed devices in a managed, tested update process with advance notice to the deploying organisation and zero unplanned downtime.



- **Technical support and helpdesk access.** Operators and program contacts have access to a defined technical support channel with documented response and resolution timeframes appropriate to the severity of the issue.
- **Device replacement and contingency.** We maintain a contingency protocol for device failure; covering temporary replacement, data continuity, and participant communication ensuring that a device issue does not cause a program to stall.
- **End-of-life and upgrade pathway.** As hPOD technology evolves, we provide a structured upgrade pathway, advising on when current devices should be refreshed, what new capabilities are available, and how upgrades are managed without disrupting the program.

Performance, Participation and Clinical Oversight

PROGRAM PERFORMANCE MONITORING AND REPORTING

A screening program without structured performance monitoring is an event series, not a program. Beacon Health maintains a continuous view of program performance and translates that view into actionable insights for the deploying organisation.

- **Individual result tracking.** Every participant result is tracked through the program lifecycle; from screening through result delivery, clinical escalation where applicable, and follow-up confirmation creating a complete longitudinal record for each individual.
- **Cohort performance dashboard.** The deploying organisation has access to a real-time anonymised cohort dashboard; showing participation rates, screening completion, result distribution, escalation volumes, and follow-up status at the program level.
- **Scheduled performance reports.** We produce structured performance reports at agreed interval; weekly, monthly, or quarterly depending on program scale; covering participation trends, health insights, operational performance, and recommendations.
- **Program health indicators.** We maintain a set of defined program health indicators; participation rate, result turnaround time, escalation response rate, data integrity score, and operator performance flagging any indicator that falls below the agreed threshold.
- **Executive summary reporting.** For programs operating at enterprise or government scale, we produce concise executive summaries translating program data into strategic insights appropriate for senior leadership and governance reporting.
- **Ad hoc reporting and data requests.** We respond to ad hoc reporting requests from the deploying organisation within agreed timeframes; supporting internal reporting, regulatory submissions, board presentations, and program reviews as required.

PARTICIPANT RE-ENGAGEMENT AND REPEAT SCREENING

Longitudinal value requires longitudinal participation. A participant who screens once provides a data point. A participant who screens regularly provides a health trajectory and that is where preventive healthcare becomes genuinely meaningful.

- **Repeat screening cycle design.** We design the repeat screening cadence for every program; defining the interval between screening cycles, the trigger for re-invitation, and the protocol for participants whose results warrant more frequent monitoring.
- **Re-invitation communications.** We design and manage the participant re-invitation process; reminding participants when their next screening is due, communicating any changes to the program, and reinforcing the value of continued participation.



- **Longitudinal health record development.** With each screening cycle, individual health records are updated; enabling trend analysis, early detection of deteriorating indicators, and a richer clinical picture for any escalation that occurs.
- **Participation trend monitoring.** We track participation trends across cycles identifying cohorts or sites where participation is declining and working with the deploying organisation and local ecosystem partners to understand and address the underlying causes.
- **Lapsed participant re-engagement.** Where participants have not re-enrolled after an expected interval, we support targeted re-engagement working with local community partners where appropriate to address barriers to return.
- **Program anniversary and milestone reporting.** At key program milestones - six months, one year, program renewal, we produce a longitudinal impact report showing how the cohort's health profile has evolved across screening cycles.

CLINICAL ESCALATION MANAGEMENT AND FOLLOW-UP TRACKING

A flag raised by a screening program is only valuable if it leads to action. Beacon Health maintains active oversight of every clinical escalation, tracking it from the moment a result is flagged through to documented resolution.

- **Escalation monitoring.** Every flagged result is logged and monitored from the point of escalation - with a defined follow-up timeline, a named responsible party, and a documented resolution status.
- **Clinical partner liaison.** Where Beacon Health has coordinated the clinical escalation pathway, we maintain active liaison with the clinical partner; confirming that flagged participants have been contacted, assessed, and referred where necessary.
- **Escalation resolution tracking.** We track every escalation to a documented resolution; confirmed follow-up, referral completion, or participant-initiated withdrawal from the process. Ensuring that no escalation is left open without a status.
- **Unresolved escalation protocols.** Where an escalation cannot be resolved within the expected timeframe, we follow a defined unresolved escalation protocol escalating to the deploying organisation's program contact and documenting the outcome.
- **Escalation pattern analysis.** We analyse escalation patterns across the program; identifying screening modalities, cohort segments, or sites generating disproportionate escalation volumes and use this analysis to refine screening protocols and clinical pathway design.
- **Clinical governance reporting.** We produce regular clinical governance reports for the deploying organisation; covering escalation volumes, resolution rates, timeframes, and any systemic issues requiring program-level response.

Continuous Improvement, Model Responsibilities and Program Exit

CONTINUOUS IMPROVEMENT AND PROGRAM EVOLUTION

A well-operated program does not stay static. Beacon Health builds continuous improvement into every Operate engagement; reviewing performance, incorporating feedback, and evolving the program as the population, environment, and technology landscape changes.

- **Regular program reviews.** We conduct structured program reviews with the deploying organisation at agreed intervals; assessing performance against objectives, reviewing open issues, and identifying opportunities to improve participation, outcomes, or operational efficiency.
- **Operator performance and retraining.** We monitor operator performance indicators and provide targeted retraining or refresher support where performance indicators suggest knowledge gaps or process drift.



- **Participant feedback integration.** We analyse participant feedback systematically; identifying recurring themes, experience gaps, and unmet needs and integrate relevant findings into program design, communication, and operational protocols.
- **Technology and protocol updates.** As IHL releases platform updates, new screening modalities become available, or regulatory requirements change, we assess the impact on deployed programs and manage the transition keeping every program current without disrupting operations.
- **Population health insight development.** Over time, aggregated and anonymised program data generates population health insights; identifying community health trends, risk factor distributions, and screening gap patterns that can inform the deploying organisation’s broader health strategy.
- **Program expansion and scaling.** Where a program has demonstrated impact and the organisation wishes to expand; to new sites, new populations, or new screening modalities we manage the expansion through the full Curate, Orchestrate, and Deploy cycle, building on the operational foundation already in place.

MODEL-SPECIFIC RESPONSIBILITIES

The table below sets out how operational responsibilities are distributed across the three Operate models. Every program operates within one of these structures, agreed at contract and documented in the program governance framework.

Responsibility	Fully Managed (OPEX)	Capex + Operate	Capex Only
Device maintenance and calibration	Beacon Health	Beacon Health	Organisation
Software and firmware updates	Beacon Health	Beacon Health	Beacon Health
Scheduling and staffing	Beacon Health	Shared	Organisation
Participant communications	Beacon Health	Shared	Organisation
Performance monitoring	Beacon Health	Beacon Health	Organisation
Reporting	Beacon Health	Beacon Health	Organisation
Clinical escalation coordination	Beacon Health	Shared	Organisation
Follow-up tracking	Beacon Health	Shared	Organisation
Continuous improvement reviews	Beacon Health	Beacon Health	Beacon Health
Local ecosystem liaison	Beacon Health	Shared	Organisation

Beacon Health retains responsibility for software updates, platform integrity, and continuous improvement reviews across all three models regardless of the commercial structure in place.



PROGRAM EXIT AND OFFBOARDING

Every program reaches a conclusion; whether through natural completion, scope change, or organisational decision. Beacon Health manages program exit as deliberately as program launch; ensuring that data, equipment, relationships, and institutional knowledge are handled responsibly.

- **Exit notice and transition planning.** Where a program is concluding, we initiate a structured transition plan at the point of exit notice; covering data handling, equipment disposition, final reporting, clinical escalation close-out, and participant communication.
- **Participant communication at close.** We design and manage the participant communication for program close; informing participants that the program is concluding, confirming their data rights, and where possible connecting them to alternative screening or care resources.
- **Final program report.** We produce a comprehensive final program report covering the full program lifecycle; participation, health outcomes, escalation resolution, operational performance, and lessons learned providing the deploying organisation with a complete record of program impact.
- **Data handling and transfer.** At program close, individual and cohort data is handled in accordance with the program's data governance framework transferred to the organisation, retained for the agreed period, or deleted as required by applicable privacy regulations and participant consent.
- **Equipment return or transfer.** Under the Fully Managed and Capex + Operate models, equipment return or transfer is managed according to the terms of the commercial agreement; with full documentation of device condition, configuration, and any outstanding maintenance items.
- **Relationship close-out and future engagement.** We conduct a formal close-out conversation with the deploying organisation; reviewing the program's impact, discussing lessons learned, and where relevant exploring how the relationship might continue in a different form or geography.

Previous: *Deploy From Presales to Go-Live* **Series:** *Curate → Orchestrate → Deploy → Operate*