



BRIEFING

Self-Isolation Pilot evaluation plan

Date:	11 November 2021	Priority:	Medium
Security classification:		Tracking number:	

Action sought		
	Action sought	Deadline
Hon Chris Hipkins Minister for the COVID-19 Response	Agree the Evaluation plan for the Self Isolation pilot	16 November 2021

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Christina Sophocleous- Jones	GM Self-Isolation Pilot	Privacy of natural persons	✓
Privacy of natural persons	Principal Policy Adviser		

The following departments/agencies have been consulted
Ministry of Health

Minister's office to complete:

- | | |
|---|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Noted | <input type="checkbox"/> Needs change |
| <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by Events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |

Comments



BRIEFING

Self-Isolation pilot evaluation plan

Date:	11 November 2021	Priority:	Medium
Security classification:		Tracking number:	2122-1778

Purpose

To seek your agreement to the Self-Isolation Pilot Evaluation plan

Recommended action

The Ministry of Business, Innovation and Employment recommends that you:

- a **Note** the Self-Isolation pilot is underway, with 80 participants expected to complete self-isolation by 18 December. *Noted*
- b **Note** that the evaluation is proceeding in tandem with the pilot. *Noted*
- c **Note** that the first report covering lessons from the application process will be provided to you on 22 November 2021. *Noted*
- d **Agree** the Self-Isolation Pilot Evaluation plan Agree / Disagree
- e **Agree** that this briefing is proactively released with any appropriate withholdings under the Official Information Act 1982. Agree / Disagree

Christina Sophocleous-Jones
Manager, Self Isolation Pilot
MIQ, MBIE

11 / 11 / 21

Hon Chris Hipkins
Minister for COVID-19

13 / 11 / 2021

Background

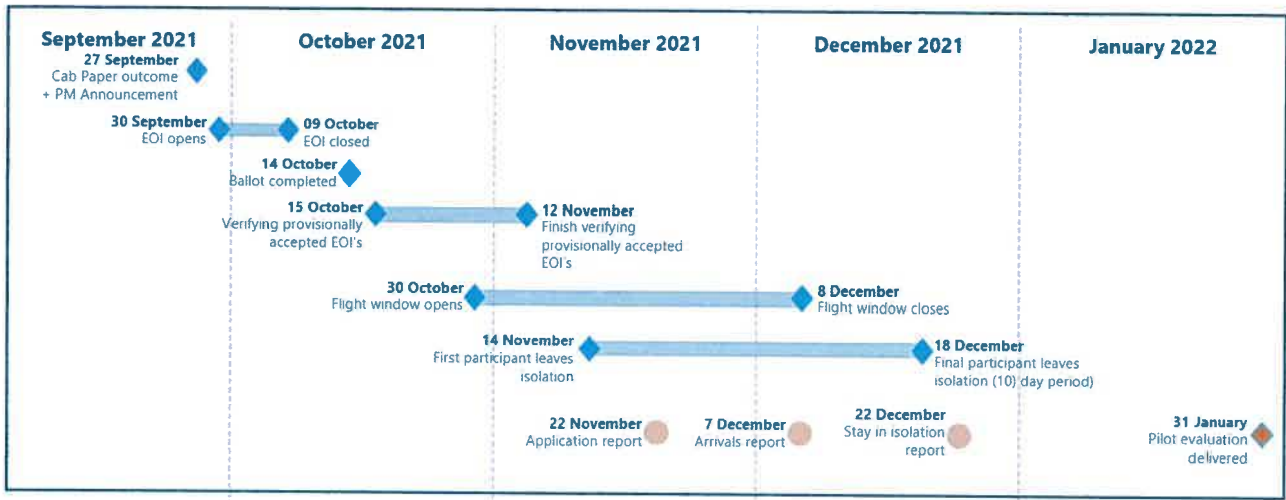
1. The self-isolation pilot is being undertaken to explore some parts of the border, health, and MIQ systems that will be needed to roll out self-isolation as one entry pathway for medium risk travellers. Eighty participants are expected to complete self-isolation by 18 December.
2. On 27 September, Cabinet agreed to the design parameters of the self-isolation pilot [CAB-21-MIN-0386 refers], including a report back to Cabinet in February 2022.
3. Cabinet further agreed that the following aspects of the approach to self-isolation will be evaluated:
 - the border system and processes;
 - the delivery of services in self-isolation (e.g. testing);
 - monitoring, compliance and enforcement;
 - the participant experience;
 - the experience of other stakeholders;

Evaluation is focussing on aspects of scalability and participant experience

4. In considering these aspects of the approach to self-isolation, an evaluation plan has been developed that assesses potential components of a self-isolation system including:
 - The requirements to be met for self-isolation (e.g. isolation plans)
 - The process for applying and approving self-isolation
 - Management of self-isolation at the border and transport to self-isolation
 - Testing and the identification of COVID positive cases at any point.
 - Monitoring of adherence to Self-Isolation protocols.
 - Response to health and other critical needs during self-isolation.
 - Safe provision of essential services during self-isolation.
5. In order to maximise the value of the pilot to inform future self-isolation options, we are proposing the evaluation particularly focus on the scalability of the components and participant experience.
6. The small scale of the pilot limits its value for evaluating public health outcomes and other rare events that are unlikely to occur in a small group of motivated low risk travellers.
7. The Self-Isolation Pilot Evaluation plan is attached (Annex One). This plan has been endorsed by the cross agency Self Isolation Steering Group. Where necessary aspects of the plan are being adapted to respond to the lower than planned number of participants and changes to the period of self-isolation and consequent changes to testing and monitoring approaches.

Self-Isolation pilot evaluation timeline

8. The pilot evaluation is being implemented in tandem with the pilot. This includes a participant survey at days 2 and 9 of their self-isolation stay. The timing of the proposed report in relation to the pilot milestones are shown on the figure below.



We will report back interim findings

9. We propose to report back findings from the evaluation at four points

22 November 2021	Lessons from the SI pilot application processes
7 December 2021	Early learning about the border and arrivals processes
22 December 2022	Early insights into adherence to protocols, and participant experience in SI.
31 January 2022	Summary evaluation report

Annexes

Annex One: Self-Isolation Pilot Evaluation plan

Annex One: Self-Isolation Pilot Evaluation plan

Monitoring and Evaluation plan – Self Isolation pilot

1. Background

This pilot is part of the Reconnecting New Zealanders work programme to allow for a phased border reopening around a risk-based system.

Cabinet endorsed a risk based approach to reopening based on three entry pathways for low, medium and higher-risk travellers. The self-isolation pilot furthers work on the medium risk entry pathway. It was agreed that the report back on the self-isolation pilot will cover:

1. The border system and processes,
2. The delivery of services in self-isolation,
3. Monitoring, compliance and enforcement,
4. The participant experience, and
5. The experience of other stakeholder

The evaluation will primarily focus on aspects of scalability and participant experience of the core components of a self-isolation system which we understand to be:

1. The requirements to be met for self-isolation (eg plans and accommodation)
2. The process for applying and approving self-isolation
3. Management of self-isolation at the border and transport to self-isolation
4. Testing and the identification of COVID positive cases at any point.
5. Monitoring of adherence to Self-Isolation protocols by returnees.
6. Response to health and other critical needs during self-isolation.
7. Safe provision of essential services during self-isolation.

Given the rapidly evolving situation with regard to the management of COVID at the border and in the community, the purpose of the pilot is to evaluate parts of the system that will be needed to run self-isolation as an entry pathway to New Zealand in the future. Because of this it has been made clear that the evaluation of the pilot needs to provide insight throughout the pilot period to influence design and decision making.

Since planning for the pilot began the Delta variant that has become the dominant variant of the virus is highly transmissible and has caused a significant domestic outbreak. This has been taken into account in the design of the pilot and will impact the evaluation in terms of understanding some areas of scale and feasibility.

Integrated with the pilot is a trial of Rapid Antigen Testing (RAT) for detecting cases at the airport. The evaluation of this trial is outside the scope of this evaluation. However we do note that the process of RAT will have an impact on the border processes at the airport.

2. Governance

The evaluation plan will be endorsed by the cross agency Self-Isolation Governance Group.

3. Stakeholders

Stakeholder group	Nature of interest Key questions	Mechanisms for engagement
Governance and Decision Makers		
Government Ministers	Safety, Costs, ability to implement, risk management, Reconnecting NZ	Regular briefings on progress End of phase reviews Evaluation report (final)
DCE MIQ, CE MBIE	Implementation and connection with MIQ	Represented on the Self Isolation Pilot Governance Group.
DPMC Officials	Reconnecting NZ programme	
Director General of Health, and Director of Public Health	Statutory Role re Public Health – protection and maintenance. Government public health advice.	
Implementation and Resourcing Agencies		
Christina Sophocleous Jones	Business Owner	
MBIE- MIQ Including RIQCC	Pilot implementation of key processes – alternative to MIQ Risks, Barriers, Opportunities and Costs.	
Ministry of Health Officials and possible local DHB officials.	IPC and resourcing and service implications for in areas of self-isolation Safety of pilot itself as well as implications of any future self-isolation programmes.	
Border Agencies (Customs and INZ)	Management at the border of arrivals (identification and separation of people)	
Airports	Impacts on airport operations.	
Beneficiaries and Participants		
MBIE- LTE	Supporting businesses to connect internationally.	
MFAT	Access to overseas markets and key relationships	
Business owners and executives and employees wanting to travel.	Access to overseas markets, clients and suppliers. The costs vs the benefits of Self-Isolation?	Survey of business participants Key informant interviews.

4. Outputs of the evaluation

1. Reports

Date	Description
22 November 2021	Short report on lessons from the balloting and enrolment processes that may need to be rolled out (eg registration, verification/approval of self-isolation plans, accommodation requirements)
7 December 2021	Early learning about the border and arrivals processes
22 December 2021	Early insights into adherence to protocols
31 January 2022	Summary evaluation report

5. Overview

The following table covers the definition of the focus areas that cabinet have requested us to report back on, key outcome of each that we will evaluate and the approaches we will take to do this. A *mapping of evaluation questions against the core processes and systems in provided in the appendices.*

Area	Outcome/s	Proposed Approaches
Border system and processes <ul style="list-style-type: none"> • <i>Application criteria</i> • <i>Verification of applications</i> • <i>Vouchers</i> • <i>Pre departure</i> • <i>Inter-agency arrivals process</i> • <i>Transport to SI location</i> • <i>Participant and stake holder experience</i> 	<ul style="list-style-type: none"> • Make sure that people staying in Self isolation meet the criteria • People get to their self-isolation locations safely and efficiently • Reduce the risk of spread of COVID 19 	<ul style="list-style-type: none"> • In-depth interviews (key staff involved: airport health, customs, transport provider, businesses) • Observations (e.g. at airport) • Project team information • Metrics (e.g. incident reports) • Survey of those who pull out
Delivery of services <ul style="list-style-type: none"> • <i>Wellbeing check</i> • <i>Saliva testing</i> • <i>Nasal testing</i> • <i>Testing positive</i> • <i>Participant and stake holder experience</i> 	<ul style="list-style-type: none"> • People are able to adhere to the testing regime • We are able to identify any positive cases of COVID 19 and escalate • Wellbeing check identify any other health concerns and self-isolating returnees are supported 	<ul style="list-style-type: none"> • In-depth interviews (health service provider, essential services) • Metrics (e.g. timing of vial delivery/receipt, incident reports) • Project team information
Monitoring, compliance and enforcement <ul style="list-style-type: none"> • <i>Monitoring</i> • <i>Breaches and escalations</i> • <i>Adherence to all requirements of SI</i> • <i>Participant and stake holder experience</i> 	<ul style="list-style-type: none"> • People adhere to self-isolation rules • We identify and efficiently act on any breaches 	<ul style="list-style-type: none"> • Metrics (compliance reports, incident reports) • In-depth interviews (key staff – security, police?, technology lead) • Project team information • Survey (day 3, end of stay)

Area	Outcome/s	Proposed Approaches
<p>Participant experience</p> <ul style="list-style-type: none"> • <i>Across the entire journey from application to departure</i> • <i>Including specific incidents and exultations</i> 	<ul style="list-style-type: none"> • Participants have a positive experience of self-isolation 	<ul style="list-style-type: none"> • In-depth interviews • Survey (Day 2 and 9) • Health information? (extra questions added to daily health checks)
<p>Experience of other stakeholders</p> <ul style="list-style-type: none"> • <i>Across the entire journey from application to departure</i> • <i>Including specific incidents and exultations</i> 	<ul style="list-style-type: none"> • Stakeholders have a positive experience of self-isolation 	<ul style="list-style-type: none"> • In-depth interviews (covered in above rows, plus could include some project team members, businesses) • Survey

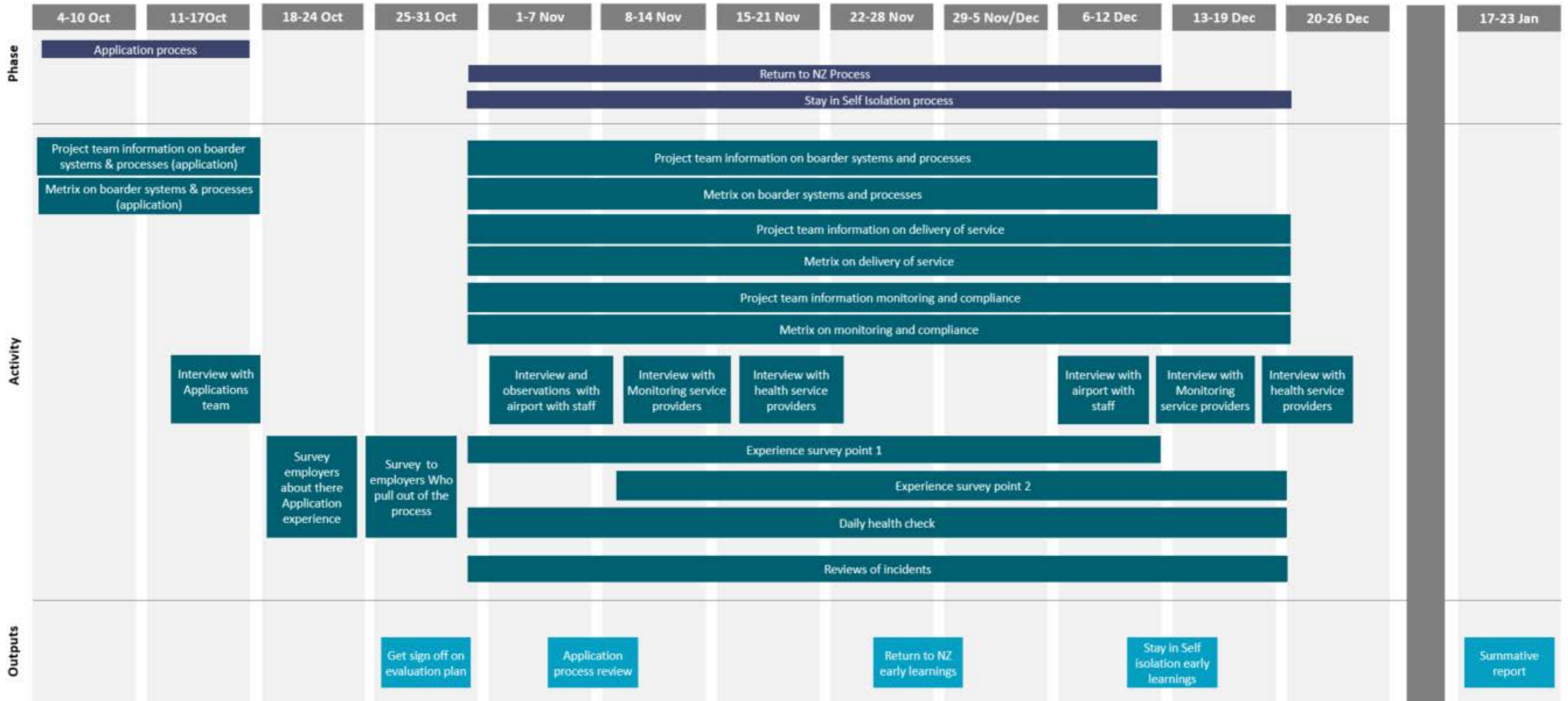
6. Data and Information Collection Approaches

The evaluation activity will vary according to the phase of the pilot. The table below summarises the key activities in relation to the point in the SI returnee journey

Methodology	Pre-Travel	Arrival and Transfer	Isolation Period	Post- exit.
Project metrics and monitoring data	EOIs and applications Information about accommodation Flight details Adequacy of the self-isolation plans – how many needed revision etc.	Incident logs at the border. Transport to self-isolation Sign up to monitoring (telephone) Communications (adequacy etc)	Rates of and reasons for early exit from SI. Transports to MQFs and other (eg hospital)	Rates of completion from admin data?
Case Reviews and Audit			Case reviews of adverse events/outcomes. tbc	
<u>Health, monitoring and SI Compliance monitoring</u> Primary purpose of evaluation is to understand the effectiveness, implementation risks and issues for scale up for each of these areas. Additional questions may be added to the health checks		Outcomes of the initial health screen and COVID testing will identify anyone directed straight into MIQ.	COVID Testing dates, method and results Health and well-being checks – dates, rates of escalation, types of issues requiring escalation, effectiveness in identifying issues. (Case reviews of adverse events) SI monitoring report on detected breaches - tbc once methods confirmed.	
<u>SI returnee surveys</u> Primary purposes 1. To identify critical issues for future improvements 2. To understand how to best support adherence with protocols during self-isolation.	n/a	Day 2 The participant experience of the process to date with focus on arrival processes <ul style="list-style-type: none"> Information and comms adequacy Health screen Separation at airport Transport Issues and feedback accommodation 	Day 13 The participants experience of the process covering <ul style="list-style-type: none"> Health and well-being checks Testing adherence and experience Adherence to isolation protocols Service delivery Issues and opportunities to improve Transports to MQFs and other (eg hospital) Costs incurred and value returned from the travel. Comparison with MIQ stays (if possible)	
<u>Traveller interviews</u> To gain in-depth understanding of traveller experience to identify how to support adherence to protocols.	N/a	n/a	In depth interviews with sample of travellers to understand in depth factors that support or undermine adherence to self-isolation protocols. (TBC – will these add the priority questions.)	
<u>Business surveys</u> (A) To inform barriers to participation (B) To understand the costs and value of self-isolation for participating business To get feedback on issues and improvements for scale up.	(A) Survey pushed out to businesses that drop out after being balloted out – to understand why and specifically address barriers and issues with requirements.			(B) Businesses participant Survey at Exit +2 days. <ul style="list-style-type: none"> Issues and Improvements. Costs incurred and value returned from the travel.
Group feedback from staff (focus or other methodology)		Post implementation lessons learnt at the border –	Post implementation lessons learnt and or focus groups Groups tbc	Post implementation lessons learnt and or focus groups Groups tbc
Interviews with key staff/personnel –		Project staff , Border staff, Health providers		

Note that while the approach to health checks, SI monitoring and border screening are being finalised the evaluation approach can not be confirmed in detail.

7. Time Line of Activities for proposed approaches



Appendices - Ethical and Consent Requirements

i) Ethics review.

The plan for evaluation has been reviewed against the MBIE Evaluation panel's checklist for ethical review.

The one item of potential concern is the use of administrative data for purposes other than originally intended. The pilot will need to utilise data existing systems at the border however the risk is managed because participants will be asked to consent to the collection of data and to sharing data between the pilot evaluation agencies.

There are no consequences for participants of not completing surveys or interviews.

ii) Privacy.

A privacy impact assessment has been undertaken to identify the privacy impacts of the pilot data collection and sharing. Mitigations rely on informed consent and secure data systems.

Wherever possible anonymised datasets are used for analytical purposes, and contact details are held securely with access limited.

iii) Informed consent

The pilot consent process will be reviewed to ensure that the requirements of the evaluation, including participation in the participant surveys or focus group activities, data collection and data sharing between agencies and the evaluation team are covered sufficiently. Clip-on activities will be considered separately in terms of the need for ethical review.

iv) Complaints and feedback processes. Issues resolution.

Systems are in place to provide mechanisms for participants to complain or provide feedback at all points in the pilot.

Appendices - Core processes and systems

We have identified the following systems and processes as being potentially important to the delivery of self-isolation going forward. Here we map the key evaluation questions to these systems and processes.

Border systems and processes

1. The requirements to be met for self-isolation (e.g. plans and accommodation)

- a. Are the requirements for self-isolation feasible for business travellers – vaccination, pre return travel covid testing, accommodation standards, testing and monitoring compliance and the requirement to isolate alone or with fellow travellers only
- b. What is required to assess the adequacy of the self-isolation plan?
- c. What accommodation are SI returnees staying in (own homes vs rented accommodation) – did it comply to the requirements (as declared), and did this introduce risk for transmission

2. The process for applying and approving self-isolation

- a. Were there aspects of the application process that created barriers to participation
- b. Was the information provided useful – what were the gaps and what could be improved?
- c. Did the application provide enough information to assess whether the SI plan met the required standard? What resourcing was required and what would be required to scale up?

3. Management the border and transport to self-isolation

- a. Did the Self-Isolation pilot voucher system work – did people have the voucher, was it recognised by airlines and at the border. What resources are required to expand this voucher system if required?
- b. Did systems for managing SI returnees at the border work effectively? Were there any issues in identifying the self-isolating participants – how was this done. What issues arose. Compare Auckland and Christchurch approaches?
- c. What impact did COVID testing have at the border on airport systems?
- d. What would be required to scale up testing at the airports?
- e. Did participants understand what was required of them on arrival? Were there issues with adherence to protocols – if so what and why?
- f. Were there any issues with the accommodation on arrival?

The delivery of services in self-isolation

4. Testing and the Identification of COVID positive cases at any point.

- a. If people tested positive at any point, what was the participant experience of transfer to MIQ, what issues arose and how were they resolved?
- b. What was the participant experience of the testing regime while isolating?
- c. Were there issues for participants in using the saliva tests and accessing saliva tests on Day 12 – if so how were these resolved
- d. How acceptable was the testing regime to participants (modality frequency etc)

5. Response to health and other critical needs during self-isolation.

- a. What was the participant experience of the wellbeing checks while isolating?
- b. Did the health checks operate as planned?
- c. How were issues identified and escalated?
- d. How frequently did non-COVID health issues arise?

- e. Did participants access health services while in managed isolation and if so how? Did the services meet the perceived need of the participants?
- f. If transfers to hospitals were required, how well did this operate, what issues arose and how were they resolved?

Monitoring, compliance and enforcement,

6. Monitoring of adherence to Self-Isolation requirements by returnees.

- a. Were there characteristics of participants that were predictive of non-compliance with self-isolation protocols?
- b. Did the monitoring process operate as planned?
- c. Did the monitoring process identify breaches?
- d. How were breaches responded to – how might the protocols for managing breaches be improved?
- e. How acceptable was the monitoring approach to participants?
- f. What issues did SI returnees face in complying with SI protocols?
- g. Did the escalation/enforcement process work effectively?
- h. Did operations support and incident management operate as planned?

7. Safe provision of essential goods and services during self-isolation.

- a. What type of services and how frequently were participants accessing them?
- b. How often did they receive goods delivered to the accommodation?
- c. How did they access services?
- d. Were there gaps in services available, - if so what and why?

Appendices – Methods and Measures

1. Monitoring Measures and Indicators

Purpose: To monitor Pilot Activity and Outcomes

Lead:

Phase: process	Measures and Indicators
Pre-travel	Number of EOI applications
	# balloted participants who did not proceed to travel?
	Reasons for travel
	Type and location of Self-Isolation accommodation (own home, rented etc)
Arrival: When	Date of return and airport
	# people completing health checks – tbc % compliant with all health checks.
	Number diverted to MIQ and why
	Types, time and results for RAT test
	Time through airport
SI health check	Response rate
	# Of escalations in response.
SI COVID testing	% of non-compliance
	# positive cases
SI monitoring	Response time to notification
	# of security visits and why
SI breaches	# and reasons
SI transfers to MIQ	# and reasons
SI transfers to hospital	# and reasons
SI – early exits	# and reasons

8. Participant/traveller experience survey (s)

Purpose: to understand the participant experience of the pilot, across all points of engagement, and to get feedback on what has worked well and what requires improvement. To understand factors that support the participant to adhere to SI protocols.

Lead: MBIE

Approach: Contract with survey provider (Cemplicity) to assist with design, implementation and analysis. Two surveys (Day 2/3 and Day 9). Interim reporting to feed into scheduled feedback to Cabinet.

Topic areas to be covered in returnee surveys

Day 2/3	Day 9
Demographics: age bands, gender, ethnicity, business type, Maori business	Returnee experience re <ul style="list-style-type: none"> • Testing • Monitoring • Value and effectiveness of health checks • identification of risks for transmission during the time in SI. • Value and effectiveness of the health checks. • Other services used or needed during SI (eg health, essential maintenance, IT) • Costs incurred during self-isolation.
Whether isolating alone or with other travellers.	
SI returnee experience re booking process (information and communications, accessing the	
Accommodation: type (own, rented, business owns, other), exercise options, compliance with requirements re ventilation, separate access etc).	
SI returnee experience re the arrival at the border: (time of arrival at airport, time to get to place of isolation, experience of tests, experience of transport, sign up to monitoring, transport), feedback on what went well and areas for improvement	
Essential services: food and other essentials, what is working, and what is not.	

Note: participant surveys may be supplemented with in-depth interviews and additional questions added to the health checks.

9. Business participant survey

Purpose: To understand the costs and benefits to business participants of self-isolation to inform future options for self-isolation.

Lead: MBIE

Approach: (2) on-line surveys – contracted provider.

- (A) Post application survey of businesses that do not proceed to understand the reasons and especially whether the requirements for the pilot posed barriers that they could not address – for example the requirements for accommodation
- (B) Post Exist survey to understand the costs and benefits of self-isolation for the business and get feedback on future options.

Topic areas to be covered in Business surveys

Survey of businesses that withdraw ¹	Survey of businesses that proceed
<ul style="list-style-type: none"> • To reasons for withdrawing • To barriers to participation • Recommendations and feedback on process 	<ul style="list-style-type: none"> • Characteristics of the business, and reason for travel. • To understand the costs and benefits of self-isolation for the business • To understand business perspective on the requirements for participation

¹ Note 10 Nov 2021, The survey of businesses that withdraw did not proceed but information collated from withdrawal emails.

	<ul style="list-style-type: none"> • To get feedback on the application process, as it relates to information supply • Compare to MIQ if available
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10. Staff focus groups/ lessons learnt activities.

Purpose: to understand the issues and where possible adapt the operational systems for self-isolation, including at the border, transport and testing, health checks and monitoring during isolation.

Lead: MBIE

MIQ project staff	Border staff	Health providers and monitoring providers
Application process and assessment of self-isolation plans Improvements to inform future application/registration processes.	Airport staff – process improvements, risks and mitigations Health screening at the airport Sign up for monitoring.	Effectiveness of the health check process in identifying issues that need escalation Escalation processes. Adequacy of information to support the process

11. Case Analysis of Critical Incidents

Purpose: To understand whether there are additional system responses and protocols that are required to respond to critical incidents in a scaled up version of self-isolation. Only include if required.

Lead: health and MBIE