



When It Just Has to Work:

Agile Development in Safety-Critical Environments

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Nancy's Background

- 15 years safety-critical systems experience
- 10 years agile team coaching
- 3 years agile enterprise coaching
- Industries: Aerospace, Medical Devices, Sonar Weaponry, Scientific Instruments, Financial Services
- Electrical Engineering and Software Engineering, embedded systems



Brian's Background

- Originally an analytical chemist
- 15 y in clinical diagnostics (immunoassay): analytical support \rightarrow assay development \rightarrow instrument software validation
- 6 y as SW quality manager (5 in clinical trial related SW)
- 4 y as independent validation consultant to FDAregulated companies – mostly medical device
- Active in: software validation, Part 11 evaluation, software quality systems, auditing, training



When it just *has* to work: Agile Development in Safety-Critical Environments

Software too often contributes to poor safety

- Lean principles \rightarrow new style of organization & new tools
- Risk management benefits from iteration
- Essential elements: flexibility and learning, but rigor and documentation
- Teams report positive experiences



Software Can Compromise Safety

- Chemical plants
- Power stations (esp. nuclear)
- Aviation systems (civilian & military)
- Other transportation systems
- Medical devices



Right problem, wrong solution

- Software issues prompt significant number of recalls
- Many still claim solution lies in rigorous, stepwise development
- Our view is that a different lifecycle is needed
- But we arrive at the same goal



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Nothing new in Agile?

Iterative development example – Ipod



Agile revives a proven engineering tradition

2005

Source: Apple Ipod info courtesy of Wikipedia, http://en.wikipedia.org/wiki/Ipod. Not all 2010 data is complete.

2006

2002

Source Apple Inc

2003

2004

20 10



2007

2008

2009

Created using Gnumeric and Inlscape

2010

Yes Agile teams DO Plan

- We use mini specs called 'Stories'
- But they WILL change.
- Change does not break Agile
- Like palm trees in a storm, Agile process bends with changes







Work pieces: user stories

- User stories are similar to use cases
 - Written from customer view point
 - Written using words all understand
- Smaller than use cases
- Estimates are owned by the team
 - Equally likely to be too high or too low



Example user story

Story – Card, Conversation, Confirmation – headline, narrative, test

Story

Cards have the headline

Verify Sensor Module OS runs on the new Sensor Module Radar

Narrative details captured in documents

Conditions of Satisfaction

Both In and Out values are displayed and out value should equal to 2*In value

CoS becomes the root of story acceptance test

An old idea: If you have a clear goal, you are much more likely to achieve it.



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Requirements / Hazards: Converging Analyses





Risks: Analyze Early and Often

- Systematic methods (FMEA / FMECA, FTA) help analyze potential hazards
- Evaluate hazards repeatedly throughout project
- Just as requirements (aka User Stories) become more refined as design evolves -
- So identifying hazard mitigations is changing or adding to requirements
- Think of a hazard as a negative user story



Partnership: Business - Technical

Agile process has strong internal control loops





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Capture knowledge as work proceeds



Associates

Partners



Specs as a "push" system

- Large spec documents queue information and let it become stale
- Queues and large batches are signs of trouble in lean systems
- Lean-Agile teams "pull" the information they need from a product owner
 - By writing user stories together
 - Through questions raised when estimating
- Each story is a mini-spec, and its "Condition of Satisfaction" (CoS) is a criterion to test against



Lean documentation

- Many forms models, simulation, text, and tests as 'executable specs'
- Written at team's level
- Like fresh fruit best used soon after created
- "pulled" from product owner as needed to avoid rework
- Traditional documentation does not scale adequately



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What Do Defect Outcomes Suggest?

Team	Defects/Function	Point

Follett Software ¹	0.0128	agile
BMC Software ¹	0.048	agile
GMS ²	0.22	agile
Industry Best ³	2.0	traditional
Industry average ³	4.5	traditional

1 Computed from data reported in Cutter IT Journal, Vol. 9, No. 9 (Sept 2008), page 10

2 "Newbies" paper presented at Agile 2006. See last slide for full reference.

3 Capers Jones presentation for Boston SPIN, Oct., 2002



Case: Device Software

- Authors compared one Agile and one non-Agile project: found that Agile gave lower cost, shorter development time, better accommodation of change, better test cases, and higher quality
- Considered risk as integral part of development
- Iterative approach helped manage scope and limit feature creep
- Initial version was launched *without* a number of features thought essential at first (some took up to 3 yrs to add) – but product was successful and trading off nice-to-have features for 3 years of sales was easy.



Quote for the Day

"It is not the strongest of the species that survive, not the most intelligent, but the one most responsive to change."

- Charles Darwin





Recommended Reading

- Implementing Lean Software Development by Mary & Tom Poppendieck
- Agile Estimating & Planning by Mike Cohn
- The Elegant Solution by Matthew May
- The Goal by Eliyahu Goldratt
- Release It! by Michael Nygard
- Safeware by Nancy Leveson





- Cutter article by Michael Mah (on Follett, BMC Software), available by emailing him at michael.mah@qsma.com
- Papers by Nancy V. available no-charge, at http://www.leanagilepartners.com/publications.html
 - The Four Pillars of Agile Adoption
 - Embedded Agile Project by the Numbers with Newbies (Gives statistics reported for GMS team), presented at Agile 2006
- Weyrauch, Kelly, "Safety-Critical. XP Rules.", *Better Software*, July/August 2004.
- EduQuest, Inc., "FDA Auditing of Computerized Systems and Part 11," notes from course given July 2005.



Standards – Software Safety

- AAMI TIR32:2004 Medical device software risk management
- IEC 60812:2006 (2nd ed) Analysis techniques for system reliability – Procedure for failure mode and effects analysis (FMEA)
- IEC 60601-1: 2005 (3rd ed) Medical electrical equipment Part 1: General requirements for basic safety and essential performance (60601-1-4 "Programmable Electrical Medical Systems" is available standalone, but will not be in the future)
- IEC 62304:2006 Medical Device Software Software Life Cycle Processes
- ISO 13485:2003 (2nd ed) Medical devices Quality management systems – Requirements for regulatory purposes
- ISO 14971:2007 (2nd ed) Medical devices Application of risk management to medical devices



References – FDA Documents

Design Control Guidance For Medical Device Manufacturers (March 11, 1997), <u>http://www.fda.gov/cdrh/comp/designgd.html</u>
General Principles of Software Validation (January 11, 2002), <u>http://www.fda.gov/cdrh/comp/guidance/938.html</u>
Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices (May 11, 2005), <u>http://www.fda.gov/cdrh/ode/guidance/337.html</u>
Off-The-Shelf Software Use in Medical Devices (Sep. 9, 1999), <u>http://www.fda.gov/cdrh/ode/guidance/585.html</u>
Cybersecurity for Networked Medical Devices Containing Off-the-Shelf (OTS) Software (Jan. 14, 2005), <u>http://www.fda.gov/cdrh/comp/guidance/1553.html</u>



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