

**THE REPORT OF THE TRUSTEES AND AUDITED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2008**

**FOR**

**BRISTOL UROLOGICAL INSTITUTE**

**BRISTOL UROLOGICAL INSTITUTE**

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FOR THE YEAR ENDED 31 DECEMBER 2008**

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**Report of the Trustees and Financial Statements**  
**For the Period 1st January 2008 to 31st December 2008**

**Reference and Administrative Information**

**Vice-President**

Mr David Frank

**Medical Director**

Mr David Gillatt

**Executive Director**

Ms Adele Long

**Director**

Professor Paul Abrams

**Members of the Board of Trustees**

Mr Tim Pearce (Chairman)

Professor Paul Abrams

Mr Tony Bates (appointed July 08)

Mr Philip Davey

Mr Peter Durie (resigned Feb 08)

Mrs Patricia Davis (appointed Sept 08)

Mr Tony England (appointed Feb 09)

Mr Roger Feneley

Mr David Frank

Mr David Gillatt

Mr John Hammonds (resigned May 08)

Mr Richard Kinder

Professor Peter Mathieson

Mr John Miles

Mr Louis Sherwood (to March 09)

Professor Avril Waterman-Pearson (retired June 09)

Mr Raj Persad (appointed May 08)

Professor Steven West (appointed June 08)

Mr Stephen Webster (appointed Sept 09)

**Administration Manager**

Mrs Karen Evely

Bristol Urological Institute,

Southmead Hospital,

Bristol

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Registered in England and Wales No: 2845363.

Registered as a Charity No: 1025402

Registered Office: Narrow Quay House,

Narrow Quay, Bristol, BS1 4AH

Company Secretary

QUAYSECO LTD

**Auditors**

Goldwyns (Bristol) Limited,

9 Portland Square,

Bristol BS2 8ST

**Solicitors**

Burges Salmon,

Prince Street,

Bristol BS1 4AH

**Bankers**

NatWest Bank

Filton Bristol Branch,

PO Box 182,

4 Church Road,

Filton, Bristol BS99 5AA

## **Objectives and Activities for the Public Benefit**

The trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning future activities.

The current and ongoing objectives being pursued by the charity are:

- to improve the treatment and care of people with urological disorders
- to provide a high standard of undergraduate and postgraduate teaching and continued training for nurses, medical students, doctors and surgeons
- to support and develop urological research, with particular emphasis on urological cancers and the problems of urinary function.

The BUI is located in a purpose-built building on the Southmead site of the North Bristol NHS Trust. There are four clinical assessment/consultation rooms, education and conference facilities, office accommodation and a basic science suite comprising bladder laboratories for neurophysiology, engineering and evaluation and microbiology and an analytical laboratory housing an atomic absorption spectrophotometer. There is also a surgical skills training facility.

The BUI aimed to meet its objectives during 2008 through the delivery of established training courses and the development of new courses, and the continuation of its collaborative research programmes. Fundraising activities were planned for the period to ensure continuity and development of research.

The BioMed Centre and the Prostate Cancer Care and Research Centre come under the umbrella of the BUI and are housed within the building. The BioMed Centre is the co-coordinating partner for the BioMed Healthcare Technology Cooperative (HTC).

## **Structure, Governance and Management**

The Bristol Urological Institute (BUI) is a registered charity and a company limited by guarantee. It was incorporated on 17th August 1993, is governed by a Memorandum and Articles of Association, and is a non-government, non-political, non-religious organisation.

The Board of Trustees met, with a quorum of three. Meetings were held on 12<sup>th</sup> February, 22<sup>nd</sup> May and 15<sup>th</sup> September. New trustees are nominated by the Board, based on the particular experience and skills they can bring to the BUI. They are eligible to be re-elected, pursuant to Article 7.3 of the Charity's Articles of Association, and are subsequently reappointed by the membership of the charity, unless at the meeting it is resolved not to fill the vacancy, or unless a resolution for the reappointment of a retiring trustee is put to the meeting and lost. Upon resignation of a trustee, the Board nominates a successor to fill the resulting vacancy and all new appointments are ratified by the members of the charity at the following AGM.

New trustees are briefed of their legal obligations, responsibilities and their role in the charity. Copies of recent financial statements and trustee annual reports are also provided upon appointment. Trustees are encouraged to review the Charity Commission publications for further guidance.

Professor Paul Abrams stepped down as Medical Director of the BUI in April but remains as a Director and Trustee. Mr David Gillatt, a Consultant Urological Surgeon, with an international reputation in the field of uro-oncology, and Trustee of the BUI took up this position in April 2008. Ms Adele Long, Director of the BioMed HTC, was appointed as Executive Director of the BUI in July 2008. They have joint responsibility for the implementation of a new BUI strategy to become the UK's leading centre for Urological Research, Innovation and Education.

Organisational changes in the year included the formation of a Medical Advisory Committee (MAC) to oversee and approve the BUI research and education programmes and a BUI Management Committee (BMC) to oversee the day-to-day running of the BUI. These Committees replace the BUI Management Executive Committee. In 2008 the MAC fulfilled the role of both Committees, meeting on a monthly basis with a quorum of four members.

### **Trustees**

Mr Tim Pearce took over as Chairman of the Board of Trustees in February 2008.

During 2008 5 new trustees were appointed. These were Dr Tony Bates, Mrs Pat Davis, Mr Rajendra Persad, Professor Avril Waterman-Pearson and Professor Steven West.

Mr Peter Durie and Mr John Hammonds resigned as trustees in 2008. Peter Durie was appointed as a Trustee in 1994 and became Chairman of the Board of Trustees in 1999 guiding the BUI through its period of expansion and new build. John Hammonds retired as a Consultant Urologists in the South West region during the year and felt that his role as a Trustee should also terminate. The BUI wish to express its sincere thanks for the service of both Trustees.

In March 2009 Mr Louis Sherwood passed away. He had been a Trustee for over 9 years and his wisdom and encouragement will be greatly missed.

### **Risk Management**

During the year the charity, as required by the Standards of Recommended Practice (SORP), has identified risks and set out actions or systems to counter them. The task of monitoring the charity's financial control systems and procedures and of identifying risks with any financial issues is undertaken by the Executive Director with the Administration Manager. Administration Manager reports any issues for concern to the Trustees who also receive quarterly financial reports. The Trustees approve the forthcoming year's budget.

## **Achievements and Performance**

### **How our activities delivered public benefit:**

The benefits of the charity's work are the improvement of treatment and care, the provision of teaching and training and to support and develop on-going research with the goal being to assist sufferers, their carers and families. The trustees are pleased that the achievements and performance of the charity, as set out below, demonstrate significant progress.

### **RESEARCH**

The BUI carries out research ranging from basic science laboratory-based research to clinical trials and evaluations of new treatments and technologies. The BUI encourages and supports wide participation in research.

Dissemination included the submission of four MD thesis, publications in scientific journals, trade and popular press and presentations at both national and international meetings. Local television have also focused on some areas of our research which are topical and newsworthy such as the possible side effects of using Ketamine (a social drug) on the urinary system and the use of Botox in surgery for stress incontinence.

### **Research Projects**

The BUI had a portfolio of over 50 active research projects in 2008, many studies are collaborative and around half were contracted through North Bristol NHS Trust (NBT).

### Functional Urology

- International Consultation on Incontinence Modular Questionnaire. The development of a series of symptom and quality of life assessment questionnaires for pelvic dysfunction and lower urinary tract symptoms
- Men after prostate surgery - MAPS. Conservative treatment for men with urinary incontinence after prostate surgery
- Prospective randomised comparative trial of a Tension-free Vaginal Tape (TVT) vs transobdurator insertion technique (Monarc) for the surgical treatment of Stress Urinary Incontinence
- Ultrasound estimated bladder weight for diagnosing bladder outlet obstruction in men
- Long-term outcome for men with lower urinary tract symptoms recruited to the CLasP randomised trial comparing transurethral resection of the prostate, conservative management and laser therapy
- A randomised, double-blind, parallel group, placebo and active controlled, multicentre study to assess the efficacy and safety of the Beta-3 agonist in subjects with symptoms of overactive bladder
- Impact & severity of overactive bladder syndrome (OAB) in younger women
- Use of the ice water test to determine the involvement of specific nerves (C-fibres) in overactive bladder of unknown cause
- Neural control of bladder function: validation of an in situ model. Examining the neural control of lower urinary tract physiology and pathophysiology, including overactive bladder and bladder pain syndromes.
- Development of an in vitro model organ bath for monitoring peripheral nerve responses
- Urinary tract disease associated with chronic ketamine use
- The comparison of different techniques for the diversion of urine after bladder removal using a segment of small bowel.

### BioMed

- Bacterial factors that modulate the encrustation process of catheters in long term use
- Smart Port – Development of a new suprapubic urinary drainage system
- Ultrasound image processing during urodynamics, with a view to non-invasive assessment of the bladder
- Role of citrate in catheter encrustation in patients with long-term indwelling catheters
- Evaluation of urodynamic system devices (UDS) for the Centre of Evidence-Based Purchasing
- Quality Control of UDS signals: a computerised method for measuring the quality of a UDS trace.
- Adoption of CT3000 (Urodynamics cuff test) into service delivery for National Centre for Technology Adoption
- Use of the pelvic toner as a device to aid pelvic floor muscle training in the treatment of stress urinary incontinence in women
- Living with a long-term catheter: examining needs, impact on quality of life and associated costs
- Development of a catheter patient database and a network for BioMed
- In vitro & clinical trials of a *Proteus* sensor to detect the early stages of catheter encrustation
- Tackling Ageing Continence through Theory, Tools & Technology (TACT3): a collaborative study to reduce the impact of continence difficulties for older people, including the development of devices to detect urine odour and leakage
- Study to evaluate a novel hydrophilic intermittent catheter.

- Construction & use of lux gene-expressing *Proteus mirabilis* strains to investigate the pathogenesis of urinary catheters & the bladder.
- Decision making criteria employed by healthcare professionals in choice of intermittent catheter
- Categorising the change of shape of the functioning bladder
- An investigation of the activity of electrochemically activated solution (ECAS) on urinary tract pathogens
- Audit to assess patient satisfaction of the catheter clinic at Southmead Hospital
- Development of a fluid dispenser for elderly & disabled people
- An exploration of the experiences of older people living with a long-term urinary catheter.
- Evaluations of novel catheter coatings
- Effect of long term catheterisation on caregivers (MSc)

### Uro-oncology

- An Investigation of methods for the detection of urinary tract cancers using volatile analyses
- New prognostic biomarkers in prostate cancer
- ProTect –study: evaluating the effectiveness of 3 different treatments for prostate cancer.
- Does VEGF165b have an inhibitory effect on angiogenesis in transitional cell carcinoma of the bladder?
- Investigating a novel urine-based non-invasive screening test for prostate cancer based on an early morning urine sample
- Complete cytokeratin profile of human prostate
- Mass spectrometry of urine to identify markers of prostate cancer
- Retrospective analysis of the outcomes of prostate cancer treatment

### Endourology

- Bipolar transurethral resection of prostate using saline - TURIS
- Randomised, controlled trial comparing spontaneous ureteric stone passage rates with tamsulosin versus placebo in the management of acute renal colic.
- A comparison between transurethral resection of the prostate (TURP) & bipolar cutting loop diathermy for the treatment of benign prostatic hyperplasia.
- Laparoscopic cryoablation of small renal masses

### **Research Highlights**

#### **Men After Prostate Surgery (MAPS)**

Surgery for prostate disease can lead to urinary incontinence. The BUI took part in this multicentre study to establish whether conservative treatment in the form of pelvic floor muscle training and biofeedback improves urinary incontinence in men post transurethral resection of the prostate (TURP) or radical prostatectomy compared to a control/standard treatment group. Ninety-two men participated, of whom 24 were eligible for randomisation into the study, 11 to control and 13 to active treatment. The last patient was recruited in June 2008. The findings are expected to be announced early in 2010.

#### **Is one tape better than another for use in surgery for stress incontinence?**

This multicentre, UK-based study was led by Professor P Abrams, and was completed in 2008. The aim was to determine whether the MONARC subfacial hammock (TOT) is equivalent to the synthetic low tension vaginal tape (TVT) in the treatment of stress urinary incontinence. Both are accepted surgical procedures for patients with stress urinary incontinence. The recruitment target was 180 patients in total and the BUI recruited 29, of whom 24 were randomised to treatment. The findings confirmed that TVT and TOT produce comparable outcomes, in keeping with the findings of previous studies, and concluded that patient satisfaction should be considered as an outcome measure when making assessments of long-

term success. The preliminary findings were presented at the ICS annual conference. The study was sponsored by American Medical Systems

### **ProTect Study**

This study, funded by the NIHR Health Technology Assessment programme, is an evaluation of the benefit of the early detection and comparison between 3 different treatments for prostate cancer. It is the largest randomised controlled trial for prostate cancer in the world, and Bristol is one of the largest of nine participating centres within the UK. The study commenced in 1999, and 2008 marks the end of the recruitment stage with follow-up of patients until at least 2013. The study entails randomising patients who have undergone screening and been diagnosed as having prostate cancer into one of three treatment arms - surgery, radiotherapy and active monitoring. By the end of 2008, approximately 485 men had been diagnosed with prostate cancer in Bristol with an even distribution to the 3 treatment arms.

### **Long-term open-label extension trial for subjects completing the phase III trial of fesoterodine for the treatment of overactive bladder syndrome (OAB)**

Medical treatment for the condition of overactive bladder syndrome is limited. This multicentre, UK-based study was an extension to an earlier study designed to determine the efficacy and safety of a new drug for the treatment of OAB. Patients who took part in the original study were eligible to enter; five were recruited at the BUI. The study was completed and the drug is now licensed for use under the name Fesoterodine by Pfizer Ltd.

### **Urodynamic practice in SW region**

This study formed an MSc dissertation conducted by research nurse Julie Ellis-Jones. Research into urodynamics practice revealed that, although training and guidelines exist, the translation of theory into practice may require a more robust framework incorporating structured mentoring and clinical assessment to facilitate practical application of knowledge. The research was undertaken among multidisciplinary urodynamic teams across the South West region and the results from this stage of enquiry will inform future plans for specific continuing professional development initiatives. Julie was awarded a Florence Nightingale Research Scholarship to support her dissertation year. Her thesis was submitted in September 2007 and she was awarded an MSc (Merit) in February 2008.

### **A comparison of transurethral resection of the prostate (TURP) methodologies**

Treatment of benign prostatic obstruction involves removal of the inner portion of the prostate (TURP). A comparison of two cauterisation techniques for TURP using bipolar or monopolar instruments indicated that the two techniques were comparable. This challenges the opinion that bipolar cauterization (using a high frequency electrical current passed through tissue from one electrode to another) is thought to involve less heat spread into the prostatic tissue with a shallower sealing effect and less tissue charring than monopolar.

Optimum visibility is required for the TURP operation and two bipolar cutting telescopes, the Olympus and Gyrus, were compared for their flow characteristics and irrigating potential. Results indicated that the Olympus cutting telescopes cleared a concentration of dye from the working area faster than Gyrus cutting telescopes. Findings from these studies will be presented in 2009.

### **Novel urinary test for prostate disease & complete cytokeratin profile of human prostate.**

We know that prostate cells are detectable in urine and these projects aimed to identify differences in cell profile between prostate cancer, benign prostate enlargement and normal prostate. So far the results do not indicate any detectable differences. These projects form the thesis of research fellow Helena Burden.

### **Mass spectrometry of urine to identify markers of prostate cancer**

This pilot carried out in collaboration the BRI and UWE, used mass spectrometry analysis of urine to identify markers of prostate cancer. The study is now complete and results indicate that there is a detectable difference between cancer and normal patients using mass spectrometry. The researchers were awarded a prize at the SW Urologists Meeting in April 2008.

### **Can bladder weight be used as an indicator of benign prostatic enlargement?**

Benign prostatic enlargement (BPE) is a common problem in men over 50 years of age. Current diagnostic tests are invasive and unpleasant for the patient. The aim of this study was to investigate whether using ultrasound to estimate bladder weight could be used to diagnose obstruction, thus avoiding the need for invasive tests. Over 1000 scans were performed on 283 patients. The results showed that men with an obstruction to the bladder outlet and those with an overactive bladder had an increase in bladder weight. Verathon Medical have developed an updated version of the ultrasound scanner used, and it has been agreed that the BUI will carry out further testing using this model. The results of this study were presented at the European Association of Urology (EAU) annual meeting in Milan (March 2008) and the American Urological Association (AUA) annual meeting in Orlando (April 2008)

### **Development of a Sphincter sensor for urodynamics**

Conducted under the EU Framework 6 programme Healthy Aims, the BioMed Centre collaborated to develop and test a novel device to permit urodynamics testing to be undertaken over a longer period of time, thus giving more accurate diagnostic measurement. The device has a sensor mounted on a catheter which is inserted into the urethra to measure pressure within the bladder. Further development and testing is ongoing.

### **International Consultation on Incontinence Modular Questionnaire (ICIQ)**

The ICIQ project aims to create a series of tools (patient questionnaires) for the assessment of lower urinary tract and bowel symptoms. Fourteen questionnaires have been developed and validated so far, and are being used in clinical practice throughout the world. The most recent project achievement was the completion of a questionnaire for anal incontinence, which is being used in the UK with translations anticipated for international use. The ICIQ has secured further funding from educational grants provided by industry to continue the project for the next 2 years, focussing on the assessment of issues related to urinary symptoms for individuals with spinal cord disease, long-term catheter users, and children, as well as further evaluation of the existing questionnaires.

Presentations were given at the Royal College of Nursing Continence Conference in York and the International Continence Society's annual conference in Cairo, Egypt in 2008

### **Living with a Long Term Catheter (LTC); users needs, quality of life and costs**

This study, which started in 2006, is designed to develop tools to assess quality of life and cost of LTC. The results will also be used to inform the design of new medical devices, and service provision.

The first phase of the project led, by the BioMed and funded by the Wright Bequest, was completed in 2008, and resulted in a draft long form questionnaire. Phases 2 and 3, funded by Actional Medical Research and led by the University of Southampton in collaboration with the University of Surrey and the BioMed Centre, will refine and validate the questionnaire and establish the costs of living with a long-term catheter.

### **Construction and the use of lux gene-expressing *Proteus mirabilis* strains to investigate the pathogenesis of urinary catheters and the bladder**

The insertion of a fluorescent marker into *Pr. mirabilis* means the growth and colonisation of the organism can be followed in real time, allowing *in situ* evaluation of the circumstances under which the organism initiates biofilm formation and encrustation within the catheterised urinary tract. This project is in collaboration with and funded by the University of the West of England.

### **Role of citrate in urinary encrustation in patients with urease-producing organisms.**

This clinical study demonstrated that increasing fluid intake and supplementing drinks with citrate effectively raised the nucleation pH within long-term catheterised patients. This simple strategy could reduce the risk of catheter encrustation. Further funding is being sought to do a larger clinical study to

determine whether this can increase the time between catheter changes. The work was presented at Association of Continence Advisors, May 2008.

### **Ice Water Test**

Overactive bladder (OAB) is a common condition that causes an urgent desire to pass urine, and in some cases results in incontinence. This study looked at the involvement of specific nerves (C-fibres) in causing the symptoms of patients with OAB of "unknown" origin using the ice water test. The bladder is instilled with ice water to induce muscle contractions, triggered by the C-fibres. The results showed that in a large proportion of these patients C-fibres are involved. Drug therapies that suppress C-fibre activity may be effective for treating OAB where the cause is unknown.. This justifies using anti-C fibres' therapies in these patients. This investigation was funded by Pfizer. The results were presented in the form of a thesis to the University of London and an MD degree awarded.

### **Infrastructure**

#### **The BioMed Healthcare Technology Co-operative (HTC)**

The BioMed HTC is a Department of Health initiative, now in its 4<sup>th</sup> year. During the first 3 years a programme of specific projects were defined including the development of devices and products in the field of intractable urinary incontinence. The BioMed HTC now has a portfolio of around 30 collaborators grant funded and commercial projects designed to understand and improve the lives of patients with continence problems. Investment in this area of research reached over £1 million during the period 2005 - 2008. The BioMed HTC became a partner of the Devices for Dignity HTC, formed in January 2008, and the two initiatives have plans for future device development programmes.

In February the BioMed HTC celebrated its third anniversary by inviting guests from its stakeholder communities to an Open Day at the Institute. The day comprised presentations and demonstrations of the research that is going on and the facilities that the Centre is able to offer.

The BioMed was invited to participate in an initiative funded by the Department of Health and the Medical Research Council and run by the James Lind Alliance to identify the top 10 research questions that will tackle treatment uncertainties & research priorities in urinary incontinence. The results of this work will be completed and published in 2009.

#### **Bladder & evaluation lab at the BUI**

Through the generous support of the North Bristol NHS Trust Small Grants Scheme, a high quality bladder evaluation laboratory at the BUI has been established. This includes a test system for urodynamic equipment and catheters and a bladder laboratory system to allow more advanced and life-like testing in bladders. These facilities will facilitate specialist research and enhance the reputation of the department as a centre of excellence for urology.

In 2008 the Institute was in receipt of research grants from a number of bodies (listed on page 21 of the accounts).

The following organisations collaborated with the BUI during 2008

University of Aberdeen	Albyn Medical	Limbs & Things Ltd
University of Bath	American Medical Systems	Mediplus Ltd
University of Bristol	Andromeda Medizinsche	Mediwatch plc
Brunel University	Systeme GmbH	North Bristol NHS Trust
University of Cardiff	Astellas Pharma Ltd	Pfizer Ltd
University of Glamorgan	Astra Zeneca UK Ltd	Principality Medical Ltd
University of Leeds	Bard Limited	Quo-Tec Ltd
University College London	Bayer plc	Ranier Technology Ltd
University of Newcastle	Biplas Ltd	Sanofi Synthelabo
University of Southampton	BITECIC Ltd	Solution Project Management Ltd
University of Surrey	Clinimed Ltd	TWI Ltd
University of the West of England	Coloplast A/S	Bath Institute of Medical Engineering
	DSM Biomedical Materials	

University of Pittsburgh, U.S.	European Technology	Health Technologies KTN
University of Warsaw, Poland	for Business Ltd	MediWales
	Galil Medical UK Ltd	National Cancer Research Institute
	GlaxoSmithKline UK Ltd	PromoCon (Disabled Living)
	Laborie Medical Technologies	South West Public Health
	Inc	Observatory

### **BUI Presentations, Publications and Awards**

Presentations were made at national and international meetings. In May researchers and partners of the BioMed Centre hosted two sessions at the Annual Conference of Continence Advisors. Members of the BUI have contributed to the literature with the publication of two books during 2008 and more than 60 papers in peer reviewed journals, together with editorials, letters, case reports and web publications. Two BUI research nurses staff gained awards; Julie Ellis-Jones received the lifetime title of "Florence Nightingale Scholar" by the Florence Nightingale Foundation and Nikki Cotterill was given the New Investigator Award at the ICS 2008 Annual Meeting in Cairo. Dr Cotterill also had the distinction of being a finalist for the Nursing Times Award 2008 for Continence.

### **National and International Meetings**

American Urological Association (AUA) – Chicago, U.S.  
 Annual Conference of Continence Advisors, Glasgow  
 British Association of Urological Surgeons (BAUS) Annual Meeting, Manchester  
 BAUS Section of Endourology  
 European Association of Urology, Milan, Italy  
 International Continence Society, Cairo, Egypt  
 International Consultation on Incontinence Meeting, Paris, France  
 Italian Society of Uro-Oncology  
 National Conference for Injecting Drug Use  
 National Institute for Health (NIH) Symposium on Kidney Stones, Washington DC, US  
 NICE Audit Meeting  
 RCN Annual Continence Conference  
 UK Continence Society 15th Annual Scientific Meeting  
 Urological Society of Australia and New Zealand  
 Société Internationale d'Urologie Congress Meeting, Santiago, Chile  
 Southwest Urology Meeting  
 World Congress of Endourology, Shanghai

## **EDUCATION, COURSES AND MEETINGS**

During the year the BUI ran both regular and new courses and meetings designed for postgraduate education and professional development in clinical and non-clinical disciplines. Sixteen courses were planned for the year, many forming part of our ongoing programme of training. Twenty three courses, seminars and meetings were run during the period. These included successful practical and lecture-based training courses in urodynamics, the management of the overactive bladder, female urology, laparoscopy procedures and renal cryoablation. Delegates to these courses were primarily doctors and other health professionals.

### **Urodynamics Training Courses**

Symptoms of bladder dysfunction do not inform the underlying cause. Urodynamics is a test that is done to assess bladder function, and plays an important role in planning patient management. The tests are

performed within a urology outpatient department by nurses, technicians and doctors. The BUI offers a variety of training courses in this area combining the knowledge and experience of the specialists from our own Urodynamics Unit with new developments and procedures. Forty-nine delegates attended the Basic Urodynamics course, now in its 25<sup>th</sup> year, (47 in 2007) and 132 to the Certificate in Urodynamics Courses (125 in 2007) which continues to attract delegates nationally and internationally who want to enhance their practical knowledge. The Certificate courses, run in Bristol and franchised to other hospitals within the UK, are tailored to individuals' needs, and a certificate of competence is awarded after successful completion of a multiple choice questionnaire exam. Places are limited and most courses run to full capacity. Neither the Consolidation Course nor the Expert in Urodynamics Course were run in 2008, mainly due to clinical commitments of the Faculty, but both are planned for 2009 in response to demand.

### **Other Courses**

The 3-day BAUS (British Association of Urological Surgeons) Section of Endourology Course was once again organised at the BUI following the success of the course in 2007. This course is designed to help Specialist Registrars in Urology who are almost at the end of their training, to obtain hands-on experience of new surgical procedures before their transition to consultant level.

Two groups of Norwegian Urology Specialists came to Bristol in May for two 2-day meetings on the current surgical procedures and drugs available for the treatment of stress incontinence and overactive bladder. These were led by Professors Paul Abrams and Marcus Drake and sponsored by Pfizer Ltd. Pfizer also supported three courses for Norwegian GPs held in 2008. A session on andrology was also incorporated into these meetings led by specialists in the South West region. Three further courses are planned for the Autumn of 2009.

The 14th Annual Scientific Meeting was held in January 2008 and was preceded by the British Journal of Urology International (BJUI) visiting Professor's day. Professor Marberger from Vienna spent the day with the specialist trainees from the South West region offering a wealth of experience and knowledge in all aspects of urology. The annual meeting was entitled 'Urologic Oncology - Old problems, New Solutions', and was chaired by Mr Raj Persad supported by Mr David Gillatt and Mr Richard Pocock with guest speakers including Professor Marberger and Professor Brausi (Modena, Italy).

### **FUNDRAISING**

The BUI continues to be the chosen charity of many groups, individuals and organisations. The BUI secured 5 places in the 2008 Flora London Marathon, with 7 runners raising funds for BUI. A team of 5 runners took part in the Bristol Half Marathon in September on behalf of the BUI. The Rotary Club of Bristol organised the third Run for the Future event to raise money for the BUI Prostate Cancer Care Appeal. Over 500 people ran, jogged or walked the 5km route, encouraged by TV personality Carol Vorderman, to raise money for the BUI. This fund supports two research scientists at the University of the West of England to undertake projects into the early diagnosis and treatment of the prostate cancer. A zip slide event was organised at Bristol City Football Club also in aid of the Prostate Cancer Care Appeal in which over 50 people participated. The Bristol City Football Supporters Club chose the Prostate Cancer Care Appeal as its nominated charity for the year and the Wurzel's and Thatchers Cider also raised. The American Women Abroad held a charity auction in aid of the BioMed Centre. Bristol City and County Bowling Association and Benevolent Fund nominated the BUI as their charity for the second year running and raised funds specifically for kidney cancer research. Many other companies and private individuals raised funds through auctions, coffee mornings, special birthdays, Golden Wedding parties and event sponsorship.

## Plans for Future Periods

The charity will continue to have as its aim supporting urological research and education in the South West of England while delivering to patients throughout the NHS and further afield.

- Improvements to BUI governance are a priority for 2009. The first stage will be through the development and implementation of new financial and management systems agreed by the Trustees in 2008. This will include the transfer of accounting to SAGE, a new budgeting system and a database of research projects. These changes will permit more accurate and rapid reporting and offer greater management control.
- The BUI will continue to deliver a research programme to further knowledge in its key urology themes. The outputs may be a publication in a peer-reviewed journal that will add to the body of knowledge, a new product or device prototype and in some cases will result in direct patient benefit where a clear outcome is adopted into clinical practice or a new product reaches the market.

Research priorities will be decided by the Medical Advisory Committee, chaired by the BUI Director. Research activity can be expensive and the BUI seeks to improve efficiency through the formation of Skill Centres that permit integrated multi-disciplinary working. This will enable us to deliver better value to research funders including charitable donors. Management will be through a BUI Management Committee, chaired by the BUI Executive Director.

- Following the strategic developments in 2008, the BUI will be proactive in strengthening its relationships with other strategic and operational partners. Initially efforts will focus on core partners such as the Universities of Bristol and the West of England with whom we already have collaborations. This will include joint appointments and integrated working. Underpinning these relations will be memoranda of understanding.
- The BUI has a close association with North Bristol NHS Trust, with the majority of staff employed through the Trust and all our patient-based research projects now contracted and administered through the Trust to ensure proper governance and protection for patients and researchers alike.
- Plans for a new hospital on the Southmead site and expansion of the Learning and Research Zone scheduled for 2013, will impact on the BUI building activities of the BUI. We are optimistic that the changes will result in a better clinical service for the people of Bristol and that the research strategies of the two hospital trusts and universities will enhance the reputation of all. During the next year we will be engaging in discussions with the hospitals and universities to ensure that the best interests of the BUI and its stakeholders are met.
- An international reputation is important for research organisations when competing for research funding and in establishing and maintaining a high calibre of research staff. The BUI has always had international links through its courses and research projects, however, in 2009 we plan to bring international affairs firmly into the BUI strategy. We propose to take up an invitation to join the UKTI Passport to Export programme and, with a delegation from the University of the West of England led by the Vice-Chancellor and Pro-Vice Chancellor, visit potential partners in the US and Malaysia with a view to delivering education and research services and to establish new collaborations.
- Fundraising activity will be developed through the appointment of a full-time Fundraising and Marketing Manager. The post holder will work with a new Fundraising Group, to be chaired by Mrs Pat Davis, a BUI Trustee. The Fundraising Group will comprise a cohort of volunteers who will bring a range of expertise to the BUI. With the BUI Executive, a plan for fundraising will be

developed and implemented. These activities are not expected to deliver an increase in charitable income to the BUI in 2009, but will create a foundation for a more targeted approach in subsequent years that will increase donations.

- A review of BUI marketing and communications will be undertaken in 2009. This will include branding of the BUI and its constituent sections, the BioMed and Prostate Cancer Care and Research Centres. Our communications with our stakeholders is of utmost importance and we will seek advice on website design, newsletters, the annual report and other means of communicating our work to the public and partners, to develop and implement a marketing plan towards the end of 2009 and into 2010.
- Eighteen courses, seminars and meetings are included in the education timetable for 2009. A number of new courses are planned including an operative course demonstrating the use of Botox in urology. The urodynamic courses will be scheduled throughout the year including the Expert and Consolidation courses. A series of workshops to cover new technologies in urology diagnostics in primary and secondary care are planned and should attract clinicians, academics and industry with aims to identify and attract new collaborations, develop themes of research and stimulate innovation. The 15<sup>th</sup> Annual Scientific Meeting, entitled Robotics, Recertification and the Real World, will be held in January 2009 and the 16<sup>th</sup> annual meeting is planned for November and will be a showcase meeting of the BUI.
- A seminar was held in March 2009 at the University of West of England on the progress made in the research and treatment of prostate cancer. The seminar was aimed at the public and was attended by almost 100 people.
- New Posts
  - a. A neurophysiologist will be appointed to work on translational research in Bladder Function research programme. This person will be a key member of the neurophysiology group comprising researchers from BUI, UWE and UoB.
  - b. Two Project Facilitators will be appointed to lead and develop projects for grant proposal and to manage successful projects. One will be supported through BioMed HTD grant and other BioMed funding; the second is supported through NBT R&D pump-priming funds for 1 year.
  - c. A Senior Research Nurse will be appointed to head up the clinical studies Skill Centre.
  - d. A Clinical Scientist post will be advertised to undertake some ongoing projects and develop new projects. A key responsibility will be to take on the main liaison with the Centre for Evidence-based Purchasing (CEP).

## **Financial Review**

During the year the principle funding sources of the charity were from educational courses, research projects and fundraising.

The charity ran a series of successful training courses throughout the year which raised gross income of £188,394 (2007 £161,775). Associated course costs were £179,551 (2007 £139,189), resulting in a surplus of £8,843 (2007 £22,586).

Research activities generated income of £587,677 (2007 £363,804), including £586,250 (2007 £315,415) relating to research and salary grants for specific projects which is analysed in note 5 to the financial statements. Research expenditure was £405,531 (2007 £316,576), resulting in a surplus of £182,146 (2007 £47,228).

Fundraising activities generated income of £58,732 (2007 £94,428). Associated costs were £52,681 (2007 £48,547), which resulted in a surplus of £6,051 (2007 £45,881). The Rotary Club of Bristol organised the third Run for the Future in September in Bristol, in aid of the BUI Prostate Cancer Care and Research Appeal, which raised income of £50,473 (2007 £58,737). In April, a team of 7 runners participated in the Flora London Marathon and raised £6,829 (2007 £24,426), with one runner raising funds specifically for the Prostate Cancer Care fund.

Voluntary income donated during the year amounted to £77,940 (2007 £38,913) and Investment income amounted to £41,207 (2007 £34,684).

Net surplus funds for the year amount to £272,220 (2007 £158,039) which, when added to the fund balances brought forward as at 1 January 2008 of £2,685,057 gives funds balances carried forward at 31 December 2008 of £2,957,277.

### **Reserves policy**

The Trustees have established the level of reserves (funds that are freely available) required to allow the charity to continue operating for 12 months, if for any reason expected income is not forthcoming. In determining the level of reserves, the trustees have taken into account the annual operating costs as shown in the Statement of Financial Activities, after adjusting for depreciation. All other unrestricted operating costs, including course costs, research and fundraising costs have been incorporated within the reserves calculation on the assumption that these will be required for the courses and activities scheduled within the subsequent 12 month period. The trustees therefore consider the ideal level of reserves to be £202,000.

The actual reserves at 31 December 2008 were £194,938, which is slightly lower than the target level. The Trustees are aware of the shortfall in reserves at the year end and are currently reviewing all unrestricted income streams, concentrating on maximising the surplus of the educational courses and general fundraising.

## **Statement of Disclosure of Information to Auditors**

In accordance with company law, as the company's directors, we certify that :

- so far as we are aware, there is no relevant audit information of which the company's auditors are unaware; and
- as the directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

## **Statement of Trustees' Responsibilities**

The trustees in office during the period, and at the end of this report, are set out on page 1.

Company law requires the trustees to prepare financial statements that give a true and fair view of the state of affairs of the charity at the end of the financial year and of the surplus or deficit for that period.

In doing so, the trustees are required

to :

- select suitable accounting policies and then apply them consistently;
- make sound judgments and estimates that are reasonable and prudent; and
- prepare the financial statements on the going concern basis, unless it is appropriate to presume that the charity will continue in business.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enables them to ensure that the financial statements comply with the Companies Act 1985. The trustees are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

## **Voluntary help**

The trustees recognize and acknowledge the many individuals who have voluntarily assisted the Charity in achieving its aims. Particular thanks go to the patient and carers who give their time and expertise on research advisory groups and who help with the production of communication materials. A special thanks also goes to the Rotarians of Bristol in their organization and running of the Run for the Future.

## **Auditors**

A resolution proposing that Goldwyns be re-appointed as auditors of the charity will be put to the Annual General Meeting.

## **BY ORDER OF THE TRUSTEES**

Mr Tim Pearce – Trustee

26 October 2009

**REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF  
THE BRISTOL UROLOGICAL INSTITUTE**

We have audited the financial statements of The Bristol Urological Institute for the year ended 31 December 2008, which comprise of the Statement of Financial Activities (including Summary Income and Expenditure Account), the Balance Sheet, and the related notes. These financial statements have been prepared under the historical cost convention and the accounting policies set out therein and the requirements of the Financial Reporting Standard for Smaller Entities (effective January 2007).

This report is made solely to the charitable company's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members as a body, for our audit work, for this report, or for the opinions we have formed.

**Respective responsibilities of trustees and auditors**

As described in the Statement of Trustees' responsibilities the trustees (who are also the directors of The Bristol Urological Institute for the purpose of company law) are responsible for the preparation of the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Principles).

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you if, in our opinion, the information given in the Trustees' Annual Report is consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding trustees' remuneration and other transactions with the charity is not disclosed.

We read the Trustees' Annual Report and consider the implications for our report if we become aware of any apparent misstatements within it.

**Basis of audit opinion**

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charitable company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

**REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF  
THE BRISTOL UROLOGICAL INSTITUTE**

**Opinion**

In our opinion:

- The financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities of the state of the charitable company's affairs as at 31 December 2008, and of its incoming resources and application of resources, including its income and expenditure, in the year then ended;
- The financial statements have been properly prepared in accordance with the Companies Act 1985; and
- The information given in the Trustees' Annual Report is consistent with the financial statements.

Goldwyns (Bristol) Limited  
Registered Auditor  
Chartered Accountants  
9 Portland Square  
BRISTOL  
BS2 8ST

26 October 2009

**BRISTOL UROLOGICAL INSTITUTE**

**STATEMENT OF FINANCIAL ACTIVITIES  
(INCLUDING INCOME & EXPENDITURE ACCOUNT)  
FOR THE YEAR ENDED 31 DECEMBER 2008**

	Notes	Unrestricted Year ended 31.12.08 £	Restricted Year ended 31.12.08 £	Total Year ended 31.12.08 £	Total Year ended 31.12.07 £
<b>Incoming resources</b>					
<i>Incoming resources from generated funds</i>					
Voluntary income	3	13,949	63,991	77,940	38,913
Activities for generating funds	3	5,581	53,151	58,732	94,428
Investment income	3	39,212	1,995	41,207	34,684
<i>Incoming resources from charitable activities</i>					
Education and courses	4	169,353	19,041	188,394	161,775
Research and trials	4	40,420	547,257	587,677	363,804
<i>Other incoming resources</i>		-	-	-	-
		-----	-----	-----	-----
<b>Total incoming resources</b>		<b>268,515</b>	<b>685,435</b>	<b>953,950</b>	<b>693,604</b>
		=====	=====	=====	=====
<b>Resources expended</b>					
<i>Costs of generating funds</i>					
Fundraising	6	10,493	42,188	52,681	48,547
<i>Costs of charitable activities</i>					
Education and courses	7	136,244	43,307	179,551	139,189
Research and trials	7	36,235	369,296	405,531	316,576
<i>Governance</i>	8	43,967	-	43,967	31,253
		-----	-----	-----	-----
<b>Total resources expended</b>		<b>226,939</b>	<b>454,791</b>	<b>681,730</b>	<b>535,565</b>
		=====	=====	=====	=====
<b>Net incoming resources before transfers</b>		<b>41,576</b>	<b>230,644</b>	<b>272,220</b>	<b>158,039</b>
		=====	=====	=====	=====
<b>Net movement in funds and net income for the year</b>		<b>41,576</b>	<b>230,644</b>	<b>272,220</b>	<b>158,039</b>
Fund balances brought forward at 1 January 2008		1,792,850	892,207	2,685,057	2,527,018
Prior year adjustment	2	(1,639,488)	1,639,488	-	-
		-----	-----	-----	-----
<b>Fund balances carried forward at 31 December 2008</b>		<b>194,938</b>	<b>2,762,339</b>	<b>2,957,277</b>	<b>2,685,057</b>
		=====	=====	=====	=====

**BRISTOL UROLOGICAL INSTITUTE**

**BALANCE SHEET AS AT  
31 DECEMBER 2008**

		2008		2007 As restated	
	Notes	£	£	£	£
<b>FIXED ASSETS:</b>					
Tangible assets	11		1,779,839		1,810,235
<b>CURRENT ASSETS:</b>					
Debtors	12	125,347		145,696	
Cash at bank and in hand		<u>1,156,024</u>		<u>934,612</u>	
			1,281,371	1,080,308	
<b>CREDITORS:</b> Amounts falling due within one year	13	<u>103,933</u>		<u>205,486</u>	
<b>NET CURRENT ASSETS:</b>			<u>1,177,438</u>		<u>874,822</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES:</b>			<u>2,957,277</u>		<u>2,685,057</u>
<b>FUNDS:</b>					
Unrestricted funds	16		194,938		153,362
Restricted funds	16		<u>2,762,339</u>		<u>2,531,695</u>
			<u>2,957,277</u>		<u>2,685,057</u>

These financial statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies and with the Financial Reporting Standard for Smaller Entities (effective January 2007).

**ON BEHALF OF THE TRUSTEES:**

Mr T Pearce-Trustee

Mr A England- Trustee

Approved by the Trustees on 26 October 2009

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2008

1. ACCOUNTING POLICIES

**Basis of Preparation**

The financial statements have been prepared under the historical cost convention, in accordance with the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in 2005 applicable accounting standards and the Companies Act 1985.

**Company Status**

The charity is a company limited by guarantee. The members of the charity are the trustees named on page 1. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity.

**Fund Accounting**

Unrestricted funds are general funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity, and which have not been designated for other purposes.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aims and uses of the restricted funds are set out in note 16 of the financial statements. Investment income is allocated to the appropriate fund.

**Foreign Currencies**

Transactions in foreign currencies are recorded at the rate ruling at the date of transaction. Monetary assets and liabilities are retranslated at the rate of exchange ruling at the balance sheet date. All differences are taken to the Statement of Financial Activities.

**Pension costs**

The charity contributes to a defined contribution pension scheme. Contributions payable for the year are charged in the Statement of Financial Activities.

**Incoming Resources**

Voluntary income is recognised in the statement of Financial Activities where there is entitlement, certainty of receipt and the amount can be measured with sufficient reliability.

Income from generated activities is recognised as earned. Investment income is recognised on a receivable basis. Income from charitable activities includes grant income receivable and course fees and sponsorship income. Grant income included in this category provides funding to support research and trial activities and is recognised where there is entitlement, certainty of receipt and the amount can be measured with sufficient reliability. Course fees and sponsorship income are recognised when the courses are held.

Where equipment is provided to the charity as a donation that would normally be purchased from our suppliers, this contribution is included in the financial statements at an estimate based on the value of the contribution to the charity. Donated services and facilities are analysed in note 3.

**Resources Expended**

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the activity. Where costs cannot be directly attributed to particular headings and activities they have been allocated to activities on a basis consistent with use of the resources.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Charitable activities include expenditure associated with the education and courses and research and trials and includes both the direct costs and the support costs relating to these activities.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with constitutional and statutory requirements.

Support costs include central functions that have been allocated to activity cost categories on a basis consistent with the use of resources, e.g. staff costs by their time spent and other costs by their usage.

# BRISTOL UROLOGICAL INSTITUTE

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008

### Taxation

The charity is exempt from income tax and corporation tax on its charitable activities. The charity is not registered for VAT and is unable to recover VAT on its purchases. All irrecoverable VAT is included within the appropriate headings.

### Tangible fixed assets and depreciation

Tangible fixed assets are capitalised and included at cost including any incidental expenses of acquisition. Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Buildings	- 5% on cost
Office equipment	- 15% on reducing balance
Plant and equipment	- 25% on reducing balance

Included within leasehold interest in buildings is the new purpose-built building, from which the charity operates. The total cost of this building as at 31 December 2008 is £1,639,488. Depreciation has not been provided in respect of the interest in this leasehold building. This is a departure from the Financial Reporting Standards for Smaller Entities. In the opinion of the trustees, the buildings useful economic life is so long that the depreciation charge would be immaterial.

## 2. PRIOR PERIOD ADJUSTMENT

A prior period adjustment has been made regarding the classification of the purpose-built building and associated equipping costs as a restricted fund asset. The effect of this adjustment is that brought forward unrestricted reserves have decreased by £1,639,488 and restricted reserves have increased by £1,639,488. There has been no impact on the prior year reported surplus and total funds remain unchanged.

## 3. ANALYSIS OF INCOMING RESOURCES FROM GENERATED FUNDS

	Year ended 31.12.08	Year ended 31.12.07
<b>Voluntary income</b>		
Individual donors	37,010	38,563
Corporate donors	30,930	350
Donated equipment	10,000	-
	-----	-----
<b>Total voluntary income</b>	<b>77,940</b>	<b>38,913</b>
	=====	=====
<b>Activities for generating funds</b>		
London Marathon	6,829	24,426
Run for the Future	50,473	58,737
Subscriptions	1,430	1,490
Wine evening	-	9,775
	-----	-----
<b>Total activities for generating funds</b>	<b>58,732</b>	<b>94,428</b>
	=====	=====
<b>Investment income</b>		
Interest receivable	41,207	34,684
	-----	-----
<b>Total investment income</b>	<b>41,207</b>	<b>34,684</b>
	=====	=====

**BRISTOL UROLOGICAL INSTITUTE**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2008**

**4. ANALYSIS OF INCOMING RESOURCES FROM CHARITABLE ACTIVITIES**

	Note	Education and Courses	Research and Trials	Year ended 31.12.08	Year ended 31.12.07
<b>Grant funding receivable</b>					
Research, study and salary grants	5	-	586,250	586,250	315,145
<b>Other income receivable for charitable activities</b>					
Course fees and sponsorship income		181,048	-	181,048	159,743
Course, travel and subsistence grants for researchers		7,346	-	7,346	2,032
Private patient receipts		-	1,427	1,427	2,709
Fund overhead recharges		-	-	-	45,950
		-----	-----	-----	-----
		188,394	587,677	826,071	525,579
		=====	=====	=====	=====

**5. ANALYSIS OF RESEARCH, SALARY AND STUDY GRANTS RECEIVABLE**

	PA Research	Oncology	Scientific Insight	Bio Med	Total 2008	Total 2007
	£	£	£	£	£	£
Aarhus University	135,317	-	-	-	135,317	-
Albyn Medical SL	-	-	-	-	-	3,150
Allergen	12,000	-	2,350	-	14,350	-
AMS Lockbox	54,483	-	-	-	54,483	46,000
Andromeda Medizinische	-	-	321	-	321	3,150
Astellas Pharma	10,000	-	-	-	10,000	-
Astra Zeneca	-	-	-	-	-	6,958
Bain Consulting	-	-	-	350	350	-
Bard Limited	-	-	-	500	500	21,605
Bath Institute Medical Engineering	-	-	12,800	-	12,800	7,475
Bioexcell	-	-	500	-	500	-
Charles Hayward Foundation	-	-	-	10,130	10,130	-
Chiltern	-	-	-	-	-	9,182
CliniMed Limited	-	-	-	7,300	7,300	9,325
Contura International	1,993	-	-	-	1,993	-
Coloplast Limited	5036	-	-	307	5,343	-
DSM Biomedical materials	-	-	-	8,889	8,889	9,531
European Technology for Business Ltd	-	-	-	1,000	1,000	-
Exomedica Limited	-	-	-	250	250	-
Ferring Pharmaceuticals	-	-	-	-	-	6,000
Frances Augustus Newman Foundation	-	-	-	-	-	25,000
Health Servs. Research Unit	5,146	-	-	-	5,146	-
Healthy Aims	-	-	-	10,650	10,650	900
Help the Aged	-	-	-	-	-	11,000
Hollister	-	-	-	243	243	-
Icon	3,000	-	-	-	3,000	-
J Hughes Enterprises	-	-	20,000	-	20,000	-
James Tudor Foundation	-	-	-	-	-	13,012
Laborie	-	-	-	-	-	3,138
MAPS	-	-	5,454	-	5,454	3,180

**Continued...**

**BRISTOL UROLOGICAL INSTITUTE**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2008**

**5. ANALYSIS OF RESEARCH SALARY AND STUDY GRANTS RECEIVABLE continued.....**

	PA Research	Oncology	Scientific Insight	Bio Med	Total 2008	Total 2007
	£	£	£	£	£	£
MediPlus	-	-	-	75	75	2,148
Medi Watch Plc	-	-	-	-	-	3,150
MediWales	-	-	-	1,500	1,500	-
Medical Measurement	3,964	-	964	-	4,928	2,201
MDTi	-	-	-	2,250	2,250	-
NBT NHS Trust	25,282	-	6,119	108,610	140,011	8,604
Neotec Medical Equipment	-	-	-	-	-	993
Ono Pharma	48,207	-	-	-	48,207	-
Pfizer	12,117	-	-	-	12,117	-
Plethora	-	-	-	-	-	37,760
PPD Development	-	-	-	-	-	40
Principality Medical	-	-	-	500	500	-
Prostate Cancer Foundation	-	20,500	-	-	20,500	20,500
Rochester Medical	-	-	-	8,915	8,915	385
Rosetrees Trust	-	-	-	5,000	5,000	-
Royal College of Surgeons	-	-	10,940	-	10,940	-
Schwartz Pharma	990	-	-	-	990	2,425
Smiths Medical International	-	-	-	250	250	-
Solution Project Management	-	-	1,914	-	1,914	-
Technology Strategy Board	-	-	-	2,084	2,084	-
True North Innovation	-	-	-	50	50	-
Tyco Healthcare Group	-	-	-	5,500	5,500	-
Verathon	12,500	-	-	-	12,500	58,333
	-----	-----	-----	-----	-----	-----
	330,035	20,500	61,362	174,353	586,250	315,145
	=====	=====	=====	=====	=====	=====

**6. ANALYSIS OF COSTS OF GENERATING FUNDS**

	Year ended 31.12.08 £	Year ended 31.12.07 £
London Marathon costs	1,468	1,549
Prostate Cancer Care appeal including Run for the Future	25,176	40,945
Wine evening costs	-	2,729
Support costs (note 8)	3,169	2,054
Marketing and consultancy costs	22,581	-
Other costs	287	1,270
	-----	-----
	52,681	48,547
	=====	=====

**BRISTOL UROLOGICAL INSTITUTE**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2008**

**7. ANALYSIS OF COSTS OF CHARITABLE ACTIVITIES**

	Education and courses £	Research and trials £	Total Year ended 31.12.08 £	Total Year ended 31.12.07 £
Direct course and conference expenses	81,931	-	81,931	87,563
Advertising of courses	1,841	-	1,841	1,855
Research costs	38,043	334,320	372,363	255,026
Depreciation	12,393	26,621	39,014	49,201
Support costs (note 8)	45,343	44,590	89,933	62,120
	-----	-----	-----	-----
	179,551	405,531	585,082	447,765
	=====	=====	=====	=====

**8. ANALYSIS OF SUPPORT COSTS**

	Education and Courses £	Research and Trials £	Fundraising £	Governance £	Total Year ended 31.12.08 £	Total Year ended 31.12.07 £
Business rates	5,585	5,585	-	5,585	16,755	-
Administration salaries	29,376	6,931	-	17,327	53,634	49,231
Secretarial costs	1,069	13,301	-	1,703	16,073	12,038
Recruitment costs	-	-	-	-	-	-
Telephone	69	1,662	-	-	1,731	1,130
Printing, postage & stationery	2,781	5,808	1,495	1,745	11,829	7,592
Information technology	1,350	3,533	1,400	-	6,283	6,041
External audit	-	-	-	14,377	14,377	5,640
Legal and professional fees	400	-	-	1,942	2,342	2,699
Insurance	3,033	3,033	-	788	6,854	6,028
Sundry	-	2,250	-	-	2,250	2,027
Finance charges	1,159	784	274	-	2,217	1,374
Repairs and maintenance	-	1,703	-	-	1,703	1,627
Training costs	521	-	-	500	1,021	-
	-----	-----	-----	-----	-----	-----
	45,343	44,590	3,169	43,967	137,069	95,427
	=====	=====	=====	=====	=====	=====

**9. TRUSTEES' REMUNERATION**

Out of pocket expenses were reimbursed to trustees in their capacities as researchers for the charity as follows:

	Total year ended 31.12.08 Number	Total year ended 31.12.08 £	Total year ended 31.12.07 Number	Total year ended 31.12.07 £
Course, travel and accommodation costs	2	1,772	2	776
		-----		-----
		1,772		776
		=====		=====

The trustees neither received nor waived any emoluments during the period (2007: £nil).

**BRISTOL UROLOGICAL INSTITUTE**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2008**

**10. STAFF COSTS (INCLUDING RESEARCHERS SALARIES)**

	Total year ended 31.12.08 £	Total year ended 31.12.07 £
Salaries	188,122	211,595
Social security costs	14,795	9,971
Pension costs	21,419	18,283
Researcher and technician salary grants	101,916	53,680
	-----	-----
	326,252	293,530
	=====	=====

No employee earned more than £60,000 during the year.

The number of employees, analysed by function, was:

	Total year ended 31.12.08 Number	Total year ended 31.12.07 Number
Researchers (full and part time)	11	10
Management and administration of the charity	3	2
	-----	-----
	14	12
	=====	=====

The average number of full time equivalent employees during the year was 6 (2007: 7)

**11. TANGIBLE FIXED ASSETS**

	Leasehold Interest in Buildings £	Office Equipment £	Plant & Equipment £	Total £
<b>COST</b>				
At 1 January 2008	1,670,051	87,030	271,306	2,028,387
Additions	-	6,283	11,677	17,960
Disposals	-	(1,881)	(28,501)	(30,382)
	-----	-----	-----	-----
At 31 December 2008	1,670,051	91,432	254,482	2,015,965
	=====	=====	=====	=====
<b>DEPRECIATION</b>				
At 1 January 2008	17,932	44,062	156,158	218,152
Charge for year	1,529	7,323	29,248	38,100
Eliminated on Disposals	-	(1,461)	(18,665)	(20,126)
	-----	-----	-----	-----
At 31 December 2008	19,461	49,924	166,741	236,126
	=====	=====	=====	=====
<b>NET BOOK VALUE</b>				
At 31 December 2008	1,650,590	41,508	87,741	1,779,839
	=====	=====	=====	=====
At 31 December 2007	1,652,119	42,968	115,148	1,810,235
	=====	=====	=====	=====

**BRISTOL UROLOGICAL INSTITUTE**

**NOTES TO THE FINANCIAL STATEMENTS  
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**12. DEBTORS**

Amounts falling due within one year:

	2008	2007
	£	£
Other debtors	119,249	144,908
Prepayments	6,098	788
	-----	-----
	<u>125,347</u>	<u>145,696</u>
	=====	=====

**13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2008	2007
	£	£
Other creditors	69,546	193,597
Accrued expenses	34,387	11,889
	-----	-----
	<u>103,933</u>	<u>205,486</u>
	=====	=====

**14. PENSION COSTS**

The charity contributes to a defined contribution pension scheme and contributions are charged in the statement of financial activities as they accrue. The charge for the period was £21,419 (2007: £18,283).

**15. AUDITORS REMUNERATION**

The auditors' remuneration consists of the following:

	2008	2007
	£	£
For audit services	9,080	5,640
For accounting services	4,653	-
For provision of accounting software & support	2,406	-
	<u>16,139</u>	<u>5,640</u>
	=====	=====

**BRISTOL UROLOGICAL INSTITUTE**

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**16. STATEMENT OF FUNDS**

	At 31 December 07 As restated £	Income £	Expenditure £	Transfers	At 31 December 08 £
<b>Unrestricted funds:</b>					
General fund	153,362	268,515	226,939	-	194,938
	-----	-----	-----	-----	-----
<b>Total unrestricted funds</b>	153,362	268,515	226,939	-	194,938
	-----	-----	-----	-----	-----
<b>Restricted funds:</b>					
BioMed	155,876	191,827	105,840	-	241,863
Building	1,639,488	-	-	-	1,639,488
Endourology	28,237	1,201	7,321	-	22,117
Functional Urology	-	-	-	566,467	566,467
Urological Cancers	-	-	-	292,404	292,404
Oncology	28,532	23,606	44,068	(8,070)	-
Andrology	12,759	-	2,267	(10,492)	-
Urodynamics	28,685	5,995	8,519	(26,161)	-
PA Research	314,563	304,731	154,285	(465,009)	-
Prostate Cancer Care	268,563	86,248	75,499	(279,312)	-
Radiology	7,793	86	857	(7,022)	-
HS Research	6,921	206	2,105	(5,022)	-
Scientific Insight	40,278	71,535	54,030	(57,783)	-
	-----	-----	-----	-----	-----
<b>Total restricted funds</b>	2,531,695	685,435	454,791	-	2,762,339
	-----	-----	-----	-----	-----
<b>Total funds</b>	2,685,057	953,950	681,730	-	2,957,277
	=====	=====	=====	=====	=====

In order to simplify the fund accounting of the Charity, transfers have been made between the various restricted funds so that they are classified within common theme headings. The original restrictions placed on the funds have not changed and will continue to be expended in accordance with the specific restrictions imposed by donors or for the specific purposes that the funds were raised.

Two new restricted funds have been created being the Urological Cancers and Functional Urology funds. Transfers from the previous restricted funds have been made as follows:

- Oncology, Prostate Cancer Care, and HS Research funds have been transferred to Urological Cancers fund.
- Andrology, Urodynamics, PA Research, Radiology and Scientific Insight have been transferred to Functional Urology.

The General fund represents the free funds of the charity, which are not designated for particular purposes.

The building fund represents the construction and equipping costs of the purpose built building, from which the charity operates.

The Endourology Fund provides support for research staff within this speciality and facilitates their attendance at national and international meetings to further their education.

The BioMed fund supports research and the development of new technologies and devices for the management of urinary continence.

The Urological Cancers fund provides resources to assist with the research into the effective treatment of urological cancers.

The Functional Urology fund provides support for research staff working in the field of benign prostate disease, lower urinary tract dysfunction, andrology and all aspects of female reconstructive urology.

**BRISTOL UROLOGICAL INSTITUTE**

**NOTES TO THE FINANCIAL STATEMENTS  
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**17. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

	Unrestricted Funds £	Restricted Funds £	Total Funds £
<b>Fund Balances at 31 December 2008 are represented by:</b>			
Tangible fixed assets	87,417	1,692,422	1,779,839
Current assets	154,959	1,126,412	1,281,371
Current liabilities	(47,438)	(56,495)	(103,933)
	-----	-----	-----
<b>Total Net Assets</b>	<b>194,938</b>	<b>2,762,339</b>	<b>2,957,277</b>
	=====	=====	=====

**18. RELATED PARTY TRANSACTIONS**

The charity paid legal fees of £2,292 (2007 £3,463) to Burges Salmon LLP, a firm in which P C Davey, a trustee, is a partner. These fees related to company secretarial work, and occurred at an arm's length basis, with appropriate safeguards in place to avoid conflicts of interest.

**19. CONTROLLING PARTY**

The charity is under the joint control of the trustees.

**20. CONTINGENT LIABILITY**

Discussions are being held between the charity and the facilities department of the North Bristol NHS Trust in relation to charges levied against the charity for building and other estate services provided by the Trust. An invoice for £22,382 was issued by the Trust on 30<sup>th</sup> May 2007 for the annual costs of the building. This, along with subsequent accruals for costs, have not been included in the financial statements or paid by the charity as further discussions are required by the charity to highlight potential counter charges from the charity to the Trust for its use of the BUI building.