

2022

Audit Quality Unit

Report on 2021 quality assurance review of EY

1 March 2022

Mission

To contribute to Ireland having a strong regulatory environment in which to do business by supervising and promoting high quality financial reporting, auditing and effective regulation of the accounting profession in the public interest.

About IAASA

The Irish Auditing and Accounting Supervisory Authority ('IAASA' or 'the Authority') is designated as the competent authority in Ireland responsible for quality assurance reviews of statutory auditors and audit firms that carry out statutory audits of public-interest entities.

The Authority accepts no liability and disclaims all responsibility for the consequences of anyone acting or refraining from acting in reliance on the information contained in this document or for any decision based on it.

Introduction

Overview of EY (the Firm)



5
offices in Dublin, Cork, Galway,
Limerick and Waterford



104
audits of public-interest
entities in 2021



29
audit partners



13%
market share based on audit
fees associated with public-
interest entities in 2021



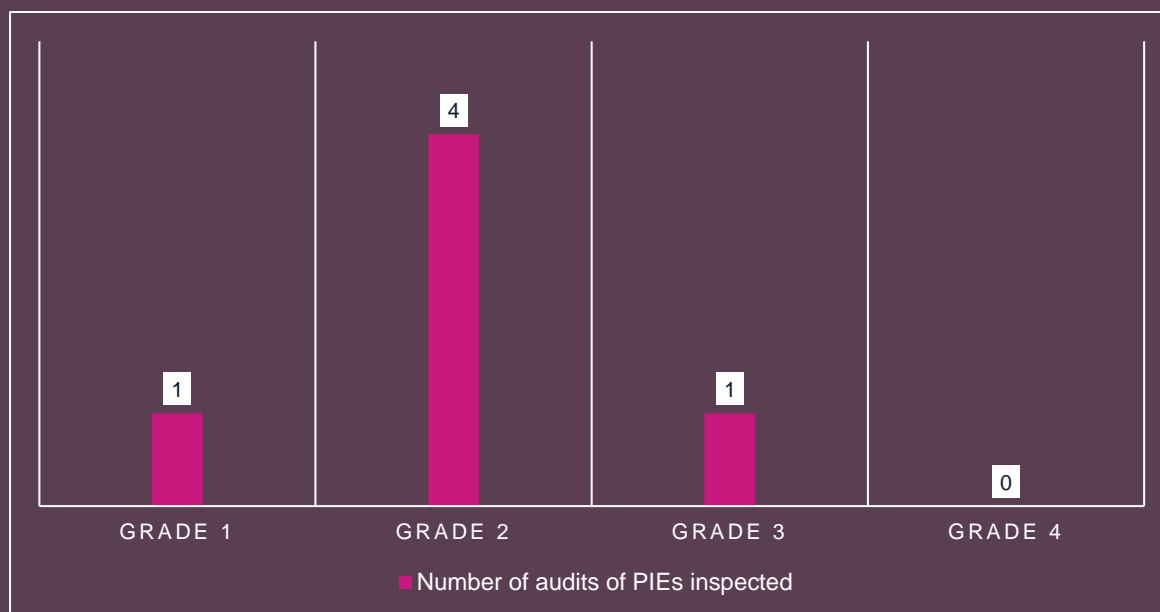
927
personnel working in the audit
function

Outcome of the quality assurance review

Firm's system of quality control - recommendations¹

There were no findings or recommendations on the Firm's system of quality control.

Audits of PIEs – grading¹



¹ See Appendix 1 for detailed description of ratings and grades

Guide to IAASA's reports on quality assurance reviews

A guide to assist readers in understanding IAASA's reports on quality assurance reviews of audit firms is available [here](#).

The guide sets out what users can expect from the quality assurance review report. It also explains how IAASA's quality assurance review process drives the form and content of these reports.

Quality assurance review explained

The purpose of a quality assurance review is to assess the effectiveness of the Firm's system of quality control.

A quality assurance review:

- assesses the design of the Firm's system of quality control
- performs compliance testing around the implementation of the Firm's procedures
- evaluates the quality of a sample of audits of public-interest entities (PIEs)

Note that a quality assurance review is not designed to identify all weaknesses that may exist in the Firm's system of quality control.

Assessing the design of the Firm's system of quality control involves a review of the Firm's policies and procedures and their impact, if any, on audit quality. Compliance testing involves a review of the Firm's implementation of its policies and procedures.

The Authority selects the sample of audits of PIEs using a risk based approach. A risk based approach allows for audits with particular complexities to be selected, as well as audits of varying sizes. As the sample of audits of PIEs is not a representative sample, results cannot be extrapolated to make inferences about audits that have not been selected. In evaluating the quality of an audit of a PIE, the Authority considers the sufficiency and quality of audit evidence across a number of selected audit areas.

Scope of the quality assurance review of the Firm

The Firm's policies and procedures

The assessment of the Firm's system of quality control is performed across 13 areas on a three year cyclical basis. In 2021, the quality assurance review assessed the design of the system of quality control in five areas:

- consultations
- internal monitoring
- methodology
- other quality control reviews
- training

For each of the five areas assessed, the Authority evaluated the Firm's policies and procedures and obtained evidence of the implementation of the Firm's policies.

Audits of public-interest entities

In 2021, the Authority selected a sample of six audits of PIEs.

For each audit selected, the Authority evaluated the quality of the audit planning and the communications with those charged with governance. For each audit selected, the Authority also evaluated the quality of audit evidence across additional audit areas. The additional audit areas were selected at the discretion of the Authority, taking into consideration the specific risks pertaining to the audit as well as other areas of focus for the Authority.

Overview of Findings

There were no findings or recommendations identified in the areas reviewed in relation to the effectiveness of the design or implementation of the Firm's system of quality control.

The Authority assigned a grade of 1 (good audit) to one audit of a PIEs, a grade of 2 (limited improvements required) to four audits PIEs and a grade of 3 (improvements required) to one audit of a PIE.

The results of the quality assurance review are set out in detail in the next section of this report.

A description of ratings and grades is set out in the Appendix to this report.

The Firm must implement each recommendation raised by the Authority to the Firm within 12 months of the date of the recommendation. The Authority follows up to ensure each recommendation is implemented. Where the Firm fails to satisfactorily implement the recommendation within the 12 month timeframe, the Authority will refer the matter to its Enforcement Unit.

Results of the quality assurance review

Overview of areas

Consultations The Authority evaluated whether the Firm had adequate policies and procedures for consultations and differences of opinion.

The Authority performed procedures to understand the Firm's policies related to consultations and differences of opinion and obtained evidence of the Firm's implementation of its policies.

The Authority has no findings or recommendations to report in this area.

Internal monitoring The Authority evaluated whether the Firm had adequate procedures to monitor its system of quality control and to respond appropriately to issues identified by the monitoring process.

The Authority performed procedures to understand the Firm's internal monitoring, including reviews of audit files and the Firm's system of internal quality control. The Authority performed procedures to understand the Firm's arrangements for reporting on the outcome of the internal monitoring process. The Authority obtained evidence of the Firm's implementation of its policies.

The Authority has no findings or recommendations to report in this area.

Methodology The Authority evaluated whether the Firm had adequate procedures to ensure that audits are performed effectively and in accordance with both professional and auditing standards.

The Authority evaluated whether the Firm's audit methodology reflects the requirements of the auditing standards applicable in Ireland. The Authority performed procedures to understand how the Firm has developed its audit methodology and its policies for change management. The Authority also performed procedures to understand the Firm's policies around review and approval of audit work, the Firm's policies on the use of specialists and the IT system used within the Firm's audit practice. The Authority obtained evidence of the Firm's implementation of its policies.

The Authority has no findings or recommendations to report in this area.

Other quality control reviews The Authority evaluated the Firm’s policies and procedures for other quality control reviews on audit engagements.

Other quality control reviews supplement the review procedures performed by the engagement team and through internal monitoring programs. These include reviews such as pre-issuance financial statement reviews, key performance indicator reviews, in-flight or hot file reviews and cold file reviews. The Authority performed procedures to understand the other quality control reviews in place at the Firm and obtained evidence of the Firm’s implementation of its policies.

The Authority has no findings or recommendations to report in this area.

Training The Authority evaluated whether the Firm’s partners and staff receive the necessary training to ensure that audits are performed effectively and in accordance with both professional and auditing standards.

The Authority performed procedures to understand the Firm’s policies in relation to training their partners and staff. The Authority evaluated whether the Firm had adequate procedures to ensure that audit partners and staff undertake appropriate training to maintain their theoretical knowledge, professional skills and values at a sufficiently high level. The Authority obtained evidence of the Firm’s implementation of its policies.

The Authority has no findings or recommendations to report in this area.

Summary of audits of PIEs inspected

	Assigned grade ²	Audit areas reviewed
Audit one	1	<ul style="list-style-type: none">• Accounting estimates• Auditor’s report• Audit planning• Cash and cash equivalents• Communications with those charged with governance• Expenses

² See Appendix 1 for detailed description of ratings and grades

	Assigned grade²	Audit areas reviewed
Audit two	2	<ul style="list-style-type: none"> • Accounting estimates • Audit planning • Auditor's report • Cash and cash equivalents • Communications with those charged with governance • Going concern • Opening balances • Revenue recognition
Audit three	2	<ul style="list-style-type: none"> • Accounting estimates • Audit planning • Auditor's report • Cash and cash equivalents • Communications with those charged with governance • Expenses • Going concern
Audit four	2	<ul style="list-style-type: none"> • Accounting estimates • Auditor's report • Audit planning • Cash and cash equivalents • Communications with those charged with governance • Consultations • Going concern • Expenses
Audit five	2	<ul style="list-style-type: none"> • Accounting estimates • Auditor's report • Audit planning • Cash and cash equivalents • Communications with those charged with governance • Consultations • Going concern
Audit six	3	<ul style="list-style-type: none"> • Accounting estimates • Auditor's report • Audit planning • Cash and cash equivalents • Communications with those charged with governance • Going concern

Key recommendations arising from the inspection of audits of PIEs

This table sets out the key recommendations for the Firm arising from the inspection of audits of PIEs. These are recommendations that were deemed by the Authority to be key to an individual inspection or which were recurring across inspections. Not all recommendations apply to all audits of PIEs inspected and not all recommendations issued are included in this table.

Audit area	Recommendation
Auditor's report	The Authority recommends that, going forward, the engagement team ensures that the auditor's report is addressed appropriately.
Communication with those charged with governance	<p>The Authority recommends that, going forward, the following matters are communicated to those charged with governance:</p> <ul style="list-style-type: none">• The significant risks identified by the engagement team.• All matters required by the auditing standards to be included in the additional report to those charged with governance explaining the results of the audit.• The planned timing of the audit.• Changes to planned audit procedures.
Controls relating to a significant risk	The Authority recommends that, going forward, the audit file clearly evidences the procedures performed around the design and implementation of controls relating to significant risks. This should include explicit identification of the relevant control and the procedures performed to test both its design and implementation
Financial statement disclosures	<p>The Authority recommends that, going forward, the audit file sufficiently evidences the following:</p> <ul style="list-style-type: none">• Substantive procedures for each material financial statement disclosure.• Support for the credit ratings disclosed in the financial statements.• Reconciliation of the information in the financial statements, including disclosures to the underlying accounting records.• Procedures to respond to the assessed risks of material misstatement regarding the disclosures relating to accounting estimates and the related estimation uncertainty.

Audit area	Recommendation
Inquiries of management and those charged with governance	The Authority recommends that, going forward, when identifying the risks of material misstatement due to fraud, the engagement team should make inquiries of the entity's management and those charged with governance of the entity.
Intercompany receivables	The Authority recommends that, going forward, the engagement team sufficiently evidences the procedures performed to evaluate the recoverability of intercompany receivables, and retains the supporting evidence on the audit file.
Risk assessment	<p>The Authority recommends that, going forward, the engagement team sufficiently evidences consideration of all relevant quantitative and qualitative factors, when completing the risk assessment relating to financial instruments.</p> <p>The Authority also recommends that, going forward, the audit file consistently identifies and evidences the significant and fraud risks identified by the engagement team.</p>
Use of the Entity's internal audit function	<p>The Authority recommends that, going forward, the engagement team evidences its determination as to whether the work of the internal audit function can be used for the purposes of the audit.</p> <p>Further, the Authority recommends that, going forward, the engagement team evidences a discussion with the internal audit function of their planned use of the work of the internal audit function.</p> <p>The Authority also recommends that going forward, the engagement team sufficiently evidences its initial evaluation, and subsequent conclusion, on whether, in aggregate, using the work of the internal audit function to the extent planned would still result in the auditor being sufficiently involved in the audit.</p>

Results of follow up procedures

The Firm is required to implement the Authority's recommendations within 12 months. The Authority is satisfied that all recommendations made to the Firm in 2020 were appropriately implemented in 2021.

Purpose and limitations of this report

The purpose of the quality assurance review is to assess the effectiveness of the Firm's system of quality control. The purpose of this report is to communicate any deficiencies identified through the quality assurance review and the recommendations arising.

This report is not intended to serve as a balanced scorecard or as an overall rating tool. Although this report on the quality assurance review may comment positively on certain items, it is not designed to give a balanced analysis of all areas of the Firm.

Where an inspection of an audit of a PIE identifies an area where the Firm did not obtain sufficient audit evidence, this does not necessarily indicate that the audit opinion is inappropriate or that the financial statements are misstated. Furthermore, it would be inappropriate to infer that any issues identified in this quality assurance review report are replicated in audits that have not been inspected by the Authority.

Appendix – Detailed description of ratings and grades

Ratings

Findings arising in relation to the effectiveness of the design or implementation of a firm's system of quality control have their significance rated by way of a red-amber-yellow (RAY) system.

● **Red** indicates that a finding is a significant deficiency³. Failure to implement a recommendation and/or remediation set out in a prior finding in relation to a firm's system of quality control, or, in relation to a matter arising from a PIE inspection is also likely to be assigned a red grading.

● **Amber** indicates that an improvement is required. This is a less than significant failure to:

- meet the requirements of the ethical standards and International Standard on Quality Control (Ireland) 1 (ISQC 1); or
- apply a firm's processes or procedures.

● **Yellow** indicates that a finding is a minor deficiency. This is:

- a minor failure in the application of a firm's procedures or processes; or
- a low level deficiency that has the potential to develop into a significant or less than significant failure to meet the requirements of the ethical standards and ISQC 1.

Grades

Each of the audits of PIEs inspected as part of the quality assurance review is assigned a grade.

- 1** A **1** grade is a good audit with no concerns regarding the sufficiency and quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Any concerns are very limited in their implications (both individually and collectively).
- 2** A **2** grade is an audit that requires limited improvements. There are only limited concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be some concerns, their implications (both individually and collectively) are limited.
- 3** A **3** grade is an audit that requires improvements. There are some concerns, assessed as less than significant⁴, regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be concerns, their implications (both individually and collectively) are less than significant.
- 4** A **4** grade is an audit that requires significant improvements. There are significant concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. There may be concerns in other areas, with implications that are individually or collectively significant.

³ A significant deficiency is a significant failure to meet the requirements of the ethical standards or ISQC 1; or, a pervasive failure to apply a firm's processes or procedures where there is more than a remote likelihood that the deficiency could affect the firm's independence or the quality of audits performed by the firm.

⁴ For audits of PIEs, four key factors will be considered in assessing 'significance' of findings, these are as follows: the materiality of the area or matter concerned; the extent of any concerns regarding the sufficiency or quality of audit evidence (e.g. whether they relate to specific elements of the audit evidence only or are more pervasive to the overall sufficiency or quality of audit evidence in the areas concerned); whether appropriate professional scepticism appears to have been exercised in forming audit judgements; and the extent of any non-compliance with standards or the firm's methodology identified.



IAASA

Irish Auditing & Accounting
Supervisory Authority

**Irish Auditing & Accounting
Supervisory Authority**

Willow House
Millennium Park
Naas, Co. Kildare
W91 C6KT
Ireland

Phone: +353 (0) 45 983 600
Email: info@iaasa.ie

www.iaasa.ie