

2021

Audit Quality Unit

**Report on 2020 quality
assurance review of
PricewaterhouseCoopers
Ireland**

15 March 2021

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 (audits of PIEs).

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 PricewaterhouseCoopers Ireland (the Firm)



7
offices in Dublin, Cork, Galway,
Kilkenny, Limerick, Waterford
and Wexford



179
audits of public-interest
entities in 2020



51
audit partners



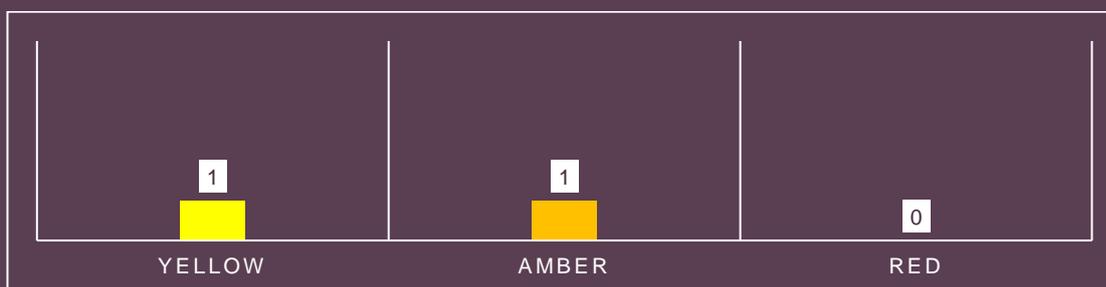
22%
market share based on audit
fees associated with public-
interest entities in 2020



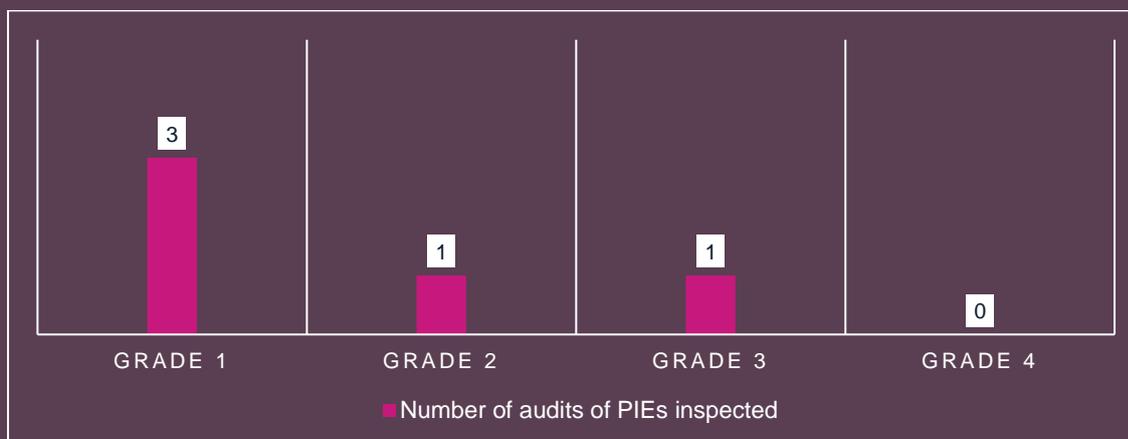
1,521
personnel working in the audit
function

Outcome of the quality assurance review

Firm's system of quality control - recommendations¹



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 2020, the quality assurance review assessed the design of the system of quality control in four areas:

- ethics and independence
- acceptance and continuance
- documentation
- complaints and allegations

For each of the four 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 2020 the Authority selected a sample of five audits of PIEs. For each audit selected, the Authority evaluated the quality of evidence across the following audit areas:

- audit planning
- communications with those charged with governance
- completion areas

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

The quality assurance review identified one matter requiring improvement in the Firm's system of quality control. The quality assurance review also identified one minor deficiency in the Firm's system of quality control. These matters are discussed in the next section of this report.

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

Ethics and independence	<p>The Authority evaluated whether the Firm had adequate procedures to provide reasonable assurance that the Firm and its personnel comply with relevant ethical and independence requirements. The Authority performed a range of procedures to understand the Firm's policies around ethics and independence. These included examining policies regarding financial interests, conflicts of interest and the independence of partners and staff from the Firm's audit clients. The Authority obtained evidence of the Firm's implementation of its policies.</p> <p>The Authority noted that the Firm's independence compliance audit detected that some of the Firm's partners and professional staff failed to record all of their financial interests in the Firm's independence tracking system in a timely manner. None of the late recorded financial interests caused the Firm to be in breach of external independence rules. Full details of this finding and recommendation are set out below. (Finding 1)</p>
Acceptance and continuance	<p>The Authority evaluated whether the Firm had adequate procedures to ensure appropriate acceptance and continuance of audit clients. The Authority performed procedures to understand the Firm's policies around the acceptance and continuance of audit clients, including whether the Firm's policies ensure an appropriate response to any issues identified. The Authority obtained evidence of the Firm's implementation of its policies.</p> <p>The Authority noted that, for one client, the engagement team had failed to complete all of the Firm's required audit acceptance procedures prior to issuing the engagement letter. Full details of this finding and recommendation are set out below. (Finding 2)</p>
Documentation	<p>The Authority evaluated the Firm's policies around audit documentation and data security. The Authority performed procedures to understand the Firm's policies on audit documentation, including the assembly of final engagement files and their confidentiality, retention, accessibility and retrievability. The Authority also evaluated the Firm's policies to ensure the security of data. The Authority obtained evidence of the Firm's implementation of its policies.</p> <p>The Authority has no findings or recommendations to report in this area.</p>
Complaints and allegations	<p>The Authority evaluated the Firm's process for identifying and dealing with complaints and allegations. The Authority interviewed senior personnel to determine if any significant complaints existed. The Authority performed procedures to understand the Firm's processes for dealing with audit-related complaints or allegations, which originated internally or externally. The Authority also evaluated the Firm's arrangements for 'whistle-blowing' and how these arrangements have been communicated. The Authority obtained evidence of the Firm's implementation of its policies.</p> <p>The Authority has no findings or recommendations to report in this area.</p>

Findings and recommendations on the Firm's system of quality control

Area and significance rating	Background	Issue	Recommendation
<p>Ethics and independence</p> <p>Finding 1</p> <p>● Amber</p>	<p>The International Standard on Quality Control (Ireland) 1 requires firms to establish procedures to provide reasonable assurance that they are notified of breaches of independence requirements, and to enable appropriate actions to resolve such situations.</p> <p>The Firm's policies require partners and professional staff to record all acquisitions or disposals of reportable financial interests in the Firm's independence tracking system within 14 calendar days of the transaction.</p> <p>On at least an annual basis, partners and professional staff are required to confirm the completeness and accuracy of their portfolio in the Firm's independence tracking system.</p> <p>The Firm routinely conducts an independence compliance audit, which includes choosing a sample of partners and client facing professionals and assessing whether they had recorded all reportable</p>	<p>The Firm's independence compliance audit detected that a number of the Firm's partners and professional staff failed to record, in a timely manner, all of their transactions relating to their financial interests in the Firm's independence tracking system.</p> <p>The Firm concluded that none of the late reported transactions caused the Firm to be in breach of external independence rules.</p> <p>All of the non-compliant individuals had stated in their latest available annual independence confirmation that they had complied with the Firm's independence policies and procedures.</p> <p>As the Firm conducts its independence compliance audit on a sample basis, there is a risk that other partners and professional staff could also be failing to record their transactions in financial</p>	<p>The Authority notes that the Firm has taken a number of actions to improve compliance with the Firm's policies in this area, including:</p> <ul style="list-style-type: none"> • application of an accountability framework, which includes inter alia, financial penalties for breaches of the firm's independence policies; • increasing the types and frequency of communications, training and guidance; • implementing a real time review of the completion of annual compliance confirmations, with follow-up where necessary; • increasing the number and frequency of the compliance audits in respect of personal independence. <p>The Authority agrees with the above actions and recommends that the Firm continues</p>

Area and significance rating	Background	Issue	Recommendation
	financial interests in the Firm's independence tracking system, in accordance with the Firm's policy.	interests in the Firm's independence tracking system on a timely basis.	with their implementation. Further to this, the Authority recommends that the Firm continues to monitor the effectiveness of these actions to ensure compliance with the Firm's own policies in this area.
Finding 2 Acceptance and continuance  Yellow	<p>The Firm's own policy requires that, for new audit clients, the relevant client acceptance procedures are completed before issuing the engagement letter in the form the Firm expects the client to sign.</p> <p>The Authority selected a sample of ten audit engagements to test if they were compliant with the Firm's own policy relating to audit acceptance and continuance.</p>	<p>For one new audit client in the sample, the engagement letter was signed and sent by the engagement partner prior to their sign-off of the audit acceptance form. This was not in accordance with the Firm's own policy.</p>	<p>The Authority notes that the Firm has reminded engagement leaders that engagement letters should not be signed and issued in advance of them signing the relevant acceptance and continuance form.</p> <p>The Authority agrees with the above action.</p>
Documentation	The Authority has no findings or recommendations to report in this area.		
Complaints and allegations	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• audit planning• communications with those charged with governance• completion• journal entry testing• related party balances
Audit two	1	<ul style="list-style-type: none">• accounting estimates• audit planning• communications with those charged with governance• completion• journal entry testing
Audit three	1	<ul style="list-style-type: none">• accounting estimates• audit planning• communications with those charged with governance• completion• journal entry testing
Audit four	3	<ul style="list-style-type: none">• accounting estimates• audit planning• communications with those charged with governance• completion• going concern• group audit• journal entry testing• revenue recognition
Audit five	2	<ul style="list-style-type: none">• accounting estimates• audit planning• communications with those charged with governance• completion• group audit• IT audit• journal entry testing• revenue recognition

² See Appendix 1 for detailed description of ratings and grades

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
Group audit	The Authority recommends that for those matters identified by the component auditor as significant, where relevant to the group audit engagement, the group audit file demonstrates how the group engagement team reviewed and evaluated the key working papers supporting the component auditor's conclusions in the area.
IT audit	The Authority recommends that relevant and key working papers prepared by the component auditors in respect of their understanding and scoping of the group IT environment are retained within the audit documentation on the group audit file.
Revenue recognition	The Authority recommends that the group audit file includes sufficient evidence of the extent of the work performed by the component auditor on the significant risk areas that are relevant to the group audit engagement. For one revenue stream, further evidence should be retained in the audit documentation on the group audit file on the nature of the work performed by the component auditor.

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 2019 were appropriately implemented in 2020.

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.



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