Thank you for arranging access to the building and the opportunity to find from Rother's Compliance Officer David Carter his recollection of the issues with movement in the building over the last 10 years or so.

I can report my findings to the Winchelsea Residents Association as follows:

We were informed by Rother's Contracts Compliance Officer that the toilets have been locked up and out of use for the last two years, prompted by Covid Regulations and influenced by a concern that uneven floors presented trip hazards and risk of claims against the council, as elsewhere Accessible WCs remained open.

The exterior of the building shows multiple signs of structural movement.

1. At roof level, the verge tiles reveal that the gables have moved apart by approx 30mm each side.

2.The brickwork to the east gable appears to have an outward lean.  There are a number of stepped cracks in the brickwork walls plus areas where the brickwork has moved out from the face on the west gable wall.  There is significant movement to the rear wall to the Men's compartment with a gap to the vertical edge of the window closest to the centre of the block.  This movement is apparent from the inside as about 20mm movement since redecoration about 8 years ago.

3. There are ancillary rooms in the centre of the block at the rear to which access was not possible; outside this area there is noticeable ground subsidence with concrete trench foundations well above ground level.  It is not clear if this concrete is original to the building or an attempt at underpinning subsequently.

4. Internally, there are issues with the plasterboard ceiling where joints have opened up and some plasterboard edges now unsupported.  In the Men's, the last redecoration included fixing battens under the plasterboard joints to address this issue.  In the Women's, the redecoration included applying filler to these problem areas, but these now need securing with battens.

5. The floors which are tiled are in reasonable condition in the Women's and the Disabled Access cubicle, with a minor disturbance to the thresholds which are now a few millimetres above the floor level and present a trip hazard.  In the Men's, the floor has major disturbances due to ground movement; in the last refurbishment these areas were taken up and re-tiled as evident from the contrasting colour of the new tiles, plus issues with levels at the threshold.  But this repair has also failed badly.

In interpreting the cause of the movement experienced by a single storey building over 70 years or so, there are two likely candidates.

a) The planting of Cupressus trees as a screen hedge by the neighbouring landowner (Greyfriars) and their subsequent neglect to become a line of mature tress, will have had a significant impact on the moisture content of the underlying subsoil. Clay shrinks by up to 25% by volume so, depending on the clay content of the subsoil, this could well explain the situation.  Removing the trees or introducing a root barrier in contrast would allow the subsoil to swell, so building movement can be just as severe in the other direction.

b) The location of the building may well coincide with medieval cellars with substantial voids below ground.  The appearance of above ground foundations may be linked to this possibility, as buildings from the 1950's founded in clay would be expected to have deep trench foundations with the brickwork starting more than 600mm below ground level.  An above ground foundation may have been employed to protect exposed archaeology, (that is an alternative explanation to some subsequent remedial works for underpinning).

Judging by the extent of movement above ground, it must be suspected there will be problems with the buried drains.  There may be knowledge, of those responsible, of drains having failed or persistent blockages. A camera survey, or exposing by excavation, of the drains accessible from the access points at the rear would help identify any issues.

Addressing the immediate need for a public WC facility, it would seem the Disabled Access WC could be re-opened quickly.  The RADAR key entry lock could be changed to a latch. The threshold slight step could be reduced by grinding the tile edge flush with the floor.  These operations would take a couple of hours.

The next stage of re-opening might concentrate on the Women's compartment, where some repairs to the ceiling are needed by battening under unsupported edges of plasterboard, levelling the threshold as in the previous item.  Other cracks and gaps could be filled and interior redecorated.  This compartment then could be designated Unisex.

Further refurbishment really requires a more thorough examination of the issues.

Rob Mortimer